DLN: 93493133006201

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Maine change Intel death of Section Inte			pplicable Please	C Name of organization	07-01-2009 and ending 06-30-201	.0	D Employer ide	entification number
Name change Print Print	┌ Add	Iress ch	nange use IRS	SCIENCE & ART	THE ADVANCEMENT OF			
Total relation Specific Institute Specific Specifi	☐ Nar	ne cha	nge print or					
Terminated Control C	Init	ıal retu	rn Specific	Number and street (or P		ess) Room/suite		
New YORK, NY 100037120 F Name and address of principal officer DR GEORGE CAMPBELL IN 7 F RAST 7TH STREET New YORK, NY 10003 H(b) Are all affiliates included?	Ter	mınate		30 COOPER SQUARE 7TH	FLOOR		G Gloss receipts	\$ 121,927,142
F Name and address of principal officer DR GEORGE CAMPSELLIR T STREET NEW YORK, NY 10003 T New YORK, NY 10003 T T STREET NEW YORK, NY 10003 T STREET T STREET T STREET T STREET NEW YORK, NY 10003 T STREET	- Am	ended	return			•	1	
DR GEO RGE CAMPBELL IR 7 EAST TYT STREET NEW YORK, NY 10003	App	lication	n pending	NEW TORK, NT 1000371	.20		_	
TAX-exempt status					ıpal officer			
Towesement status						affili	ates?	Yes ✔ No
Tax-exempt status			NEWY	'ORK,NY 10003		H(b) Are a	all affiliates includ	ed?
Website: ► WWW COPEREDU	. Ta	v-evem	ont status 🔽 E01//	c) (2) d (incort no.)	047/0\/1\ or			
Part 1 Summary			<u> </u>		947(a)(1) 01 327	H(c) Gro	up exemption nu	mber 🟲
Part					Other •	Year of f	ormation 1859 M	State of legal domicile N
1 Sheffy describe the organization's mission or most significant activities				Trust Association	other P	E rear or r	omidadin 1033	Totale of legal dofficie. 141
Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 7 7 7 7 7 7 7 7	vemance		BACHELOR'S AN					
Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 5,		2	Check this box 🕨	if the organization dis	continued its operations or disposed	of more than		
Total gross unrelated business revenue from Part VIII, column (C), line 12 Table	త ల్ల	3						
Total gross unrelated business revenue from Part VIII, column (C), line 12 Ta S,	Ě		•	_		b)		
Total gross unrelated business revenue from Part VIII, column (C), line 12 Table	<u> </u>							
Note New tourselated business taxable income from Poor - T, line 34 Prior Year Current Year Prior	4.							
Note Prior Year Prior Year Current Year						•		
Program service revenue (Part VIII, line 2g)					·	Pri	or Year	Current Year
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8	Contributions ar	nd grants (Part VIII, line	1h)		14,875,671	9,221,849
11 Other revenue (Part VIII, column (A), lines 5, 60, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	E E	9	Program service	revenue (Part VIII, line	· 2g)		5,092,988	2,980,030
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9.50	10	Investment inco	me (Part VIII, column (A), lines 3, 4, and 7d)		-6,607,457	31,525,210
12	ш		•	, , , , , , , , , , , , , , , , , , , ,			25,898,189	3,518,166
### Separate and similar amounts paid (Part IX, column (A), lines 1-3)		12				e	39,259,391	47,245,255
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5- 10) 16a Professional fundraising fees (Part IX, column (A), line 11e)		13					1,788,673	1,965,840
10 33,349,313 34,798,7 16a		14	Benefits paid to	or for members (Part IX,	column (A), line 4)		0	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	st.	15		ompensation, employee	benefits (Part IX, column (A), lines !	5 –	33.349.313	34,798,775
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	#36 #	16a	•	draising fees (Part IX, co	olumn (A), line 11e)		· · · · · · · · · · · · · · · · · · ·	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	Х	ь						
19 Revenue less expenses Subtract line 18 from line 12	ш	17					23,003,145	28,738,104
Beginning of Current Year 20 Total assets (Part X, line 16)		18	Total expenses	Add lines 13-17 (must	equal Part IX, column (A), line 25)		58,141,131	65,502,719
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.		19	Revenue less ex	penses Subtract line 18	3 from line 12		-18,881,740	-18,257,464
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.	₩ ₩ ₩					_	-	End of Year
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.	6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	20	O Total assets (Part X, line 16)					879,082,554
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.	주 주 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전						318,958,468	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge	žĒ	22	Net assets or fu	nd balances Subtract lır	ne 21 from line 20		529,205,314	560,124,086
	Pai	t II	Signature B	ock				
	Not Assets or End Balances	14 15 16a b 17 18 19 20 21 22	Grants and simil Benefits paid to Salaries, other of 10) Professional fun Total fundraising ex Other expenses Total expenses Revenue less ex Total assets (Partotal liabilities (Net assets or fure) Signature Billing Under penalties of paid to the salaries of partotal to the salari	ar amounts paid (Part IX) or for members (Part IX) ompensation, employee draising fees (Part IX, copenses (Part IX, column (D), I (Part IX, column (A), lin Add lines 13–17 (must spenses Subtract line 18 art X, line 16) (Part X, line 26)	A, column (A), lines 1-3) benefits (Part IX, column (A), lines solumn (A), line 11e) column (A), line 11e) line 25) 4,440,311 les 11a-11d, 11f-24f) equal Part IX, column (A), line 25) from line 12 examined this return, including accompanying	Beginnir schedules and	1,788,673 0 33,349,313 0 23,003,145 58,141,131 -18,881,740 ng of Current Year 861,507,184 332,301,870 529,205,314	28,7 65,5 -18,2 End of Yea 879,0 318,9 560,1
-	Sign Here		THERESA C WES	TCOTT VP FINANCE, ADMIN 8	& TREASURER			
			Droparer's k		Date	Check If	Preparer's identif	fving number
Here Signature of officer Date THERESA C WESTCOTT VP FINANCE, ADMIN & TREASURER Type or print name and title	Paid		signature			self-		
Here Signature of officer Date THERESA C WESTCOTT VP FINANCE, ADMIN & TREASURER Type or print name and title Preparer's signature Date Check if self- (see instructions)		arer's		rs KPMG LLP			ETAL b	
Here Signature of officer Date	Use (Only	ıf self-employed),	•			FIN F	
Here Signature of officer Date			, == ,		102		Phone no 🕨 (2	12) 758-9700
Here Signature of officer Date	Mav t	he IR	S discuss this reti		own above? (see instructions)			▼Yes 「No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

SEE SCHEDULE O

2	Did the organization undertake any the prior Form 990 or 990-EZ? .	significant program se	rvices during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new service	es on Schedule O			
3	Did the organization cease conductions services?	ting, or make significar	it changes in how it con	nducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes o	n Schedule O			
4	Describe the exempt purpose achi Section 501(c)(3) and 501(c)(4) of allocations to others, the total exp	organizations and section	on 4947(a)(1) trusts ar	re required to report the ar	
4a	(Code) (Expense	es \$ 6,106,476	ıncludıng grants of \$	222,213) (Revenue \$	1,401,833)
	ENGINEERING THE ALBERT NERKEN SCI ELECTRICAL AND MECHANICAL ENGINEE AND ENTREPRENEURIAL ROLES IN A WO NERKEN SCHOOL ENCOURAGES INTERDI ENVIRONMENTAL ISSUES AND MATERIAL	RING, AS WELL AS AN INTER RLD THAT FACES COMPLEX (ISCIPLINARY STUDIES IN A N	DISCIPLINARY ENGINEERING CHALLENGES POLITICALLY, S	G DEGREE THE GOAL IS TO PRE OCIALLY AND ENVIRONMENTALL'	PARE STUDENTS FOR LEADERSHIP Y AT THE GRADUATE LEVEL, THE
	(C. I.	2.054.567		442.707.) (D	(05.004.)
4b	(Code) (Expense ART THE SCHOOL OF ART, OFFERING A CURRICULUM THAT ENCOMPASSES ALL T VIDEO, GRAPHIC DESIGN, PHOTOGRAPH' EXTRAORDINARY POOL OF PRACTICING	FOUR-YEAR PROGRAM LEAD THE FUNDAMENTAL DISCIPLI Y AND PRINTMAKING THE S	DING TO THE BACHELOR OF INDEXES AND RESOURCES OF THE TUDENTS IN THE PROGRAM	IE VISUAL ARTS, PAÍNTING, SCU BENEFIT FROM A FACULTY DRA	LPTURE, DRAWING, FILM AND
4с	(Code) (Expense	es \$ 2,617,316	including grants of \$	95,244) (Revenue \$	365,696)
	ARCHITECTURE THE IRWIN S CHANIN PREPARING STUDENTS FOR A RICH ARR DEGREE THROUGH CLOSE INTERACTION LASTING ABILITY TO PRODUCE AN ARCH	AY OF OPPORTUNITIES IN TI N WITH A FACULTY OF INTER	HE PROFESSION, AS WELL AS RNATIONALLY RECOGNIZED F	S A NEW POST PROFESSIONAL MPRACTITIONERS AND SCHOLARS	ASTER OF ARCHITECTURE II , STUDENTS GRADUATE WITH THE
4d	Other program services (Describ	pe in Schedule O)			
	(Expenses \$ 41,346,4	10 including grants o	of\$ 1,504,5	87) (Revenue \$	517,420)
4e	Total program service expenses▶	\$ 54,021,76	9		
		. , ,			Form 990 (2009)

Part IV	Checklist of	Required	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
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	Yes	
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

orm	990 (2	2009)					Page 5
Pa	rt V	Statements Regarding Other IRS Filings and Tax Compliance	е				
						Yes	No
1a		the number reported in Box 3 of Form 1096, Annual Summary and Transmittal Information Returns. Enter -0- if not applicable					
			1a	134			
b	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c		rie organization comply with backup withholding rules for reportable payments t og (gambling) winnings to prize winners?	o vend	dors and reportable	1c	Yes	
2a	Enter Staten	the number of employees reported on Form W-3, Transmittal of Wage and Tax nents filed for the calendar year ending with or within the year covered by this	2a	1,075			
b	If at lo	east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-fil ctions)	oloyme	ent tax returns?	2b	Yes	
3a		e organization have unrelated business gross income of \$1,000 or more durin?	_	•	3a	Yes	
b	If "Ye	s," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i>	edule (o	3b	Yes	
4a	over,	y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities ac int)?	count,	or other financial	4a	Yes	
b	See th	s," enter the name of the foreign country	Report	of Foreign Bank and			
5a	Wast	he organization a party to a prohibited tax shelter transaction at any time durii	ng the	tax year?	5a		Νo
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited	tax sh	elter transaction?	5b		No
c		s" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-E oited Tax Shelter Transaction?			5c		
6a		the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible?			6a		No
b		s," did the organization include with every solicitation an express statement th not tax deductible?			6b		
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contributives provided to the payor?			7a		No
b	If "Ye	s," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c		e organization sell, exchange, or otherwise dispose of tangible personal properm 8282?		which it was required to	7c		No
d	If "Ye	s," indicate the number of Forms 8282 filed during the year	7d				
e		e organization, during the year, receive any funds, directly or indirectly, to pay it contract?			7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		No
g	Foral	as required?	7g				
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?							
8	the su	oring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring orgess holdings at any time during the year?	anızat	ion, have excess	8		
9	Spons	oring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?							
ь	Did th	e organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facilit	receipts, included on Form 990, Part VIII, line 12, for public use of club ies	10b				

30 COOPER SQUARE 7TH FLOOR NEW YORK, NY 100037120

(212) 453-4140

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body 1a 29			
ь	Enter the number of voting members that are independent 1b 28			
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	Yes	
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		Νο
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
·	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ► NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor	n 🕨
	MILTONYUEN			

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

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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title A verage hours per week A	Check this box if the organization did		sate any	/ curi	rent	or fo	rmer c	ffice	r, director, trustee	or key employee	
week or director o		A verage hours		tion (ched		I		Reportable compensation	Reportable compensation	Estimated amount of other
See add'l data			Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W-	organizations (W- 2/1099-	from the organization and related
	See add'l data										
											-
	,										

Forr	n 990 (2009)				Page 8
1b	Total	2,516,270	0		682,018
2	Total number of individuals (including but not limited to those listed above) who re \$100,000 in reportable compensation from the organization 49	eceived more than			
				Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or hon line 1a? <i>If</i> "Yes," complete Schedule J for such individual	•	ployee 3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and oth organization and related organizations greater than \$150,000? If "Yes," complete individual	•	he 4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelat rendered to the organization? If "Yes," complete Schedule J for such person	_	ces 5		No
s	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors th \$100,000 of compensation from the organization	nat received more than			
	(A) Name and business address	(B) Description of	services	(C Compe	
SEE	SCHEDULE O				
	Total number of independent contractors (including but not limited to those listed a	bove) who received mor	e than		
_	\$100,000 in compensation from the organization 🕒 9				
				Form 99 0	0 (2009)

Form 99			.f. Davidson					Page 9
Part	2111	Statement o	or Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated camp	paigns 1a					
gra	b	Membership du	es 1b					
ts, a⊪	c	Fundraising eve		619,800				
<u>_</u>	d	Related organiz Government grants	ations 1d	962,670				
ons sin	e f	_	ons, gifts, grants, and 1f	7,639,379				
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no	t included above butions included in					
S E	h	Total. Add lines	1a-1f	▶	9,221,849			
<u> </u>				Business Code				
renu	2a	TUITION AND STUE	DENT FEES	611,600	2,462,660	2,462,660		
Program Service Revenue	b	AUXILIARY ACTIVIT		611,710	133,080	133,080		
A C e	с	ALL OTHER PROGR	AM SERVICE REVENUE	611,600	384,290	384,290		
Š	d							
Ē	e f	All other progra	ım service revenue					
Į,	ľ							
<u> </u>	g		2a-2f	+	2,980,030			
	3		ome (including dividend ar amounts)	· · · · · · · · · · · · · · · · · · ·	31,997,365	+	5,040	31,992,325
	4		tment of tax-exempt bond p	-	0		·	
	5	Royalties		•	0			
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental	2,146,660					
	Ь	expenses	2 146 660					
	С	Rental income or (loss)	2,146,660		2 445 552			2 445 550
	d	Net rental incor		► (II) O ther	2,146,660			2,146,660
	7a	Gross amount from sales of assets other than inventory	(i) Securities 73,986,731	(II) O thei				
	b	Less cost or other basis and sales expenses	74,458,886					
	С	Gain or (loss)	-472,155		472.455			472.455
	d 8a	Net gain or (los Gross income f	s)		-472,155			-472,155
Other Revenue	54	events (not inc \$619	luding ,800 reported on line 1c) e 18					
Ē	ь	less direct evi	a penses b	52,600 223,001				
₹	c		loss) from fundraising (-170,401			
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19					
	b c	Less direct expenses b Net income or (loss) from gaming acti		vities	0			
	10a	Gross sales of returns and allo						
	ь	Less cost of a	oodssold b					
	С		loss) from sales of inve	entory 🕨	О			
		Miscellaneous	Revenue	Business Code				
	11a	OTHER REVEN	UE	611,710	41,957	41,957		
	Ь	AUXILIARY IN	COME	532,000	1,499,950	1,499,950		
	C	A 11 4-1-						
	d e	All other revenu	ue : 11a-11d					
		iotai. Add IIIles	, II u - II u · · ·		1,541,907			
	12	Total revenue.	See Instructions	▶[47,245,255	4,521,937	5,040	33,666,830

	990 (2009)				Page 10
Part	IX Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations m			()	
	ll other organizations must complete column (A) but are not required to	complete columi	ns (B), (C), and (B)	(D). (C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $,$ line 21 $$	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,965,840	1,965,840		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,350,553		1,126,010	224,543
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	22,446,850	19,916,097	1,471,149	1,059,604
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,781,587	1,392,772	243,258	145,557
9	Other employee benefits	7,541,286	5,904,667	1,026,178	610,441
10	Payroll taxes	1,678,499	1,444,594	 	92,965
11	Fees for services (non-employees)	, ,	, ,	,	<u>, , , , , , , , , , , , , , , , , , , </u>
 a	Management	0			
h	Legal	346,983		346,983	
c	Accounting	191,215		191,215	
d	Lobbying	39,050		39,050	
e	Professional fundraising See Part IV, line 17	0		33,030	
	Investment management fees	0			
f	<u> </u>		622.007	240.002	60.212
g 42	Other	1,053,013		 	69,313
12	Advertising and promotion	344,726	•	 	270 544
13	Office expenses	3,153,133	2,579,005	203,587	370,541
14	Information technology	0			
15	Royalties	0			
16	Occupancy	4,335,343		 	179,063
17 18	Travel	295,843	179,398	47,321	69,124
	state, or local public officials	0			
19	Conferences, conventions, and meetings	576,370	315,309	 	249,142
20	Interest	10,272,500	7,986,848	1,375,652	910,000
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	6,455,777	5,787,823	 	437,454
23	Insurance	334,134	279,269	32,301	22,564
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	LIBRARY CONSORTIUM	112,590	112,590		
ь	STUDENT SERVICES	742,389	742,389		
с	LIBRARY BOOKS AND				
d	PERIODICALS	204,588	204,588		
e	GREAT HALL & OTHER PROGRAMS	280,450	280,450		
f	All other expenses		·		
25	Total functional expenses. Add lines 1 through 24f	65,502,719	54,021,769	7,040,639	4,440,311
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in	25,552,713	2.,021,703	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,
	column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	ı		35,951,715	1	19,198,787
	2	Savings and temporary cash investments			8,134,618	2	2,674,023
	3	Pledges and grants receivable, net			8,689,788	3	5,568,941
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II		n 4958(f)(1)) and			
		Schedule L				6	
ets ets	7	Notes and loans receivable, net			1,525,786	7	1,393,152
ssets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			11,379,158	9	10,484,091
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	262,046,386			
	ь	Less accumulated depreciation	10b	62,800,794	190,103,048	10c	199,245,592
	11	Investments—publicly traded securities			60,411,167	11	32,216,228
	12	Investments—other securities See Part IV, line 11			544,972,345	12	599,503,014
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			339,559	15	8,798,726
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			861,507,184	16	879,082,554
	17	Accounts payable and accrued expenses .			41,561,240	17	31,897,440
	18	Grants payable				18	
	19	Deferred revenue			11,518,207	19	106,528,467
	20	Tax-exempt bond liabilities				20	
<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	,				
ä		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties		•	271,970,000	23	175,000,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			7,252,423	25	5,532,561
	26	Total liabilities. Add lines 17 through 25			332,301,870	26	318,958,468
<u></u>		Organizations that follow SFAS 117, check here ▶ 🔽 and com	plet e l	lines 27			_
ψ		through 29, and lines 33 and 34.					
181	27	Unrestricted net assets		398,731,919		473,751,964	
Fund Balances	28	Temporarily restricted net assets			68,729,934		23,302,702
Ē	29	Permanently restricted net assets			61,743,461	29	63,069,420
Ξ		Organizations that do not follow SFAS 117, check here ▶ ☐ at	nd con	nplet e			
ō	20	lines 30 through 34.				, l	
ets	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for	ınas		E20 20E 244	32	E60 104 000
Net	33	Total labelitation and not proved to be seen to the se			529,205,314	33	560,124,086
	34	Total liabilities and net assets/fund balances	861,507,184	34	879,082,554		

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. See separate instructions.

Inspection

Employer identification number

TE COOPER CIENCE & /		THE ADVANCE	EMENT OF			13-5562985	
Part I	Reaso	n for Pub	lic Charity State	us (All organization	is must complete this pa		
					ugh 11, check only one bo		
1	A church	, conventio	n of churches, or ass	sociation of churches	section 170(b)(1)(A)(i).		
2 🔽				(A)(ii). (Attach Sche			
з Г					ribed in section 170(b)(1)((A)(iii).	
4			organization operate y, and state	d in conjunction with	a hospital described in sect	tion 170(b)(1)(A)(iii). E	nter the
5 厂					ıty owned or operated by a	governmental unit desc	 rıbed ın
<u> </u>			()(iv). (Complete Pa		cribed in castion 170/h)/1	\/ A \/\	
6 7			-	-	cribed in section 170(b)(1)		
, ,	describe	d ın	·	·	s support from a governmer	ital unit of nom the gene	stat public
8			(Complete Pa	170(b)(1)(A)(vi) (Co	mnlata Dart II \		
9					of its support from contrib	utions mambarshin face	s and aross
9 1	-		·	• •	ct to certain exceptions, ai	,	
	•				ess taxable income (less s	• •	
		_			509(a)(2). (Complete Part	· ·	Sillesses
o	·			•		•	
1 F	_	_	•	•	public safety See section		.h
1 ,	one or mo	ore publicly	supported organizat	tions described in sec rting organi <u>za</u> tion and	nefit of, to perform the func tion 509(a)(1) or section 5 complete lines 11e throug II - Functionally integrated	09(a)(2) See section 5 h 11h	
е Г	other tha section 5	n foundatio 509(a)(2)	n managers and othe	er than one or more pu	trolled directly or indirectly iblicly supported organizati	ons described in section	n 509(a)(1) or
f	If the org		eceived a written det	ermination from the I	RS that it is a Type I, Type	II or Type III supporti	ng organization,
g	Since Au		006, has the organız	ation accepted any gi	ft or contribution from any o	of the	1
	(i) a pers	on who dire	ectly or indirectly co	ntrols, either alone or	together with persons desc	cribed in (ii)	Yes No
	and (III) b	elow, the g	overning body of the	the supported organi	zatıon?	11g	(i)
	(ii) a fam	ııly member	of a person describe	ed ın (ı) above?		11g	(ii)
	(iii) a 35	% controlle	ed entity of a person	described in (i) or (ii)	above?	11g((iii)
h	Provide t	he following	g information about t	he supported organıza	tion(s)		
(i Nam suppo	ie of	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above	(iv) Is the organization in col (i) listed in your governing	(v) Did you notify the organization in col (i) of your	(vi) Is the organization in col (i) organized	(vii) A mount of

(i) Name of supported organization	(ii) EIN	organization (described on lines 1- 9 above or IRC section (see	organization in col (i) listed in your governing document?		organization in col (i) listed in your governing		col (i) listed in col (i) of your col (i) organization in col (i) organized		tion in janized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No		
Total										

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)			
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/					
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	include any "unusual									
_	grants ") Tax revenues levied for the									
2	organization's benefit and either									
	paid to or expended on its									
	behalf									
3	The value of services or facilities									
_	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions by									
	each person (other than a									
	governmental unit or publicly									
	supported organization) included on									
	line 1 that exceeds 2% of the									
	amount shown on line 11, column									
_	(f) Dublic Support Subtract line F from									
6	Public Support. Subtract line 5 from line 4									
S	ection B. Total Support	1		-						
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total			
7	A mounts from line 4									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar									
9	sources Net income from unrelated									
9	business activities, whether or									
	not the business is regularly									
	carried on									
10	Other income (Explain in Part									
	IV) Do not include gain or loss									
	from the sale of capital assets									
11	Total support (Add lines 7									
4.5	through 10)	/5								
12	Gross receipts from related activities	,	•			12				
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□			
	check this box and stop here						-1			
S	ection C. Computation of Pub	lic Support P	ercentage							
14	Public Support Percentage for 2009			11 column (f))		14				
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15				
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox			
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □			
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi				
	box and stop here. The organization				,		▶			
17a	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14									
	ıs 10% or more, and ıf the organizat									
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp				
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□			
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_								
	Explain in Part IV how the organizat						clv			
	supported organization						▶ ┌			
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•			

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 13-5562985

Name: THE COOPER UNION FOR THE ADVANCEMENT OF

SCIENCE & ART

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	Position (that a		c)	cka			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
DON BLAUWEISS MEMBER - BOARD OF TRUSTEES	1 0	×						0	0	0
MICHAEL BORKOWSKY MEMBER - BOARD OF TRUSTEES	1 0	х						0	0	0
FRANCOIS DEMENIL MEMBER - BOARD OF TRUSTEES	1 0	×						0	0	0
JOHN C MICHAELSON MEMBER - BOARD OF TRUSTEES	1 0	Х						0	0	0
BRUCE PASTERNACK MEMBER - BOARD OF TRUSTEES	1 0	×						0	0	0
MARTIN TRUST MEMBER - BOARD OF TRUSTEES	1 0	Х						0	0	0
EDWARD FEINER MEMBER - BOARD OF TRUSTEES	1 0	×						0	0	0
STANLEY N LAPIDUS MEMBER - BOARD OF TRUSTEES	1 0	Х						0	0	0
WILLIAM H SANDHOLM MEMBER - BOARD OF TRUSTEES	1 0	х						0	0	0
MARC FAPPLETON MEMBER - BOARD OF TRUSTEES	1 0	Х						0	0	0
THOMAS DRISCOLL MEMBER - BOARD OF TRUSTEES	1 0	х						0	0	0
JEFFREY R GURAL MEMBER - BOARD OF TRUSTEES	1 0	×						0	0	0
PHILIP P TRAHANAS MEMBER - BOARD OF TRUSTEES	1 0	х						0	0	0
JASON H WRIGHT MEMBER - BOARD OF TRUSTEES	1 0	х						0	0	0
ROBERT AQUILINA MEMBER - BOARD OF TRUSTEES	1 0	Х						0	0	0
LAWRENCE B BENENSON MEMBER - BOARD OF TRUSTEES	1 0	Х						0	0	0
ROBERT A BERNHARD MEMBER - BOARD OF TRUSTEES	1 0	×						0	0	0
RONALD W DRUCKER CHAIRMAN OF THE BOARD	1 0	х						0	0	0
MARK EPSTEIN VICE CHAIRMAN	1 0	х						0	0	0
AUDREY FLACK MEMBER - BOARD OF TRUSTEES	1 0	х						0	0	0
DOUGLAS A P HAMILTON MEMBER - BOARD OF TRUSTEES	1 0	х						0	0	0
RICHARD LINCER MEMBER - BOARD OF TRUSTEES	1 0	Х						0	0	0
SANDRA PRIEST ROSE MEMBER - BOARD OF TRUSTEES	1 0	Х						0	0	0
GEORGIANA J SLADE MEMBER - BOARD OF TRUSTEES	1 0	х						0	0	0
CYNTHIA WEILER MEMBER - BOARD OF TRUSTEES	1 0	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours		(C) Position (check al that apply)		tion (check all hat apply)					(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week	() =] _ 		organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations						
CHARLES S COHEN MEMBER - BOARD OF TRUSTEES	1 0	Х						0	0	0		
VIKAS KAPOOR MEMBER - BOARD OF TRUSTEES	1 0	Х						0	0	0		
MOSHE SAFDIE MEMBER - BOARD OF TRUSTEES	1 0	Х						0	0	0		
JUDITH RODIN MEMBER - BOARD OF TRUSTEES	1 0	Х						0	0	0		
GEORGE CAMPBELL PRESIDENT	35 0			х				528,961	0	139,512		
ROBERT HAWKS THROUGH 120209 VP BUSINESS AFFAIRS/TREASURER	35 0			х				286,484	0	194,565		
RONNI DENES VP-EXTERNAL AFFAIRS	35 0			x				229,198	0	43,142		
LAWRENCE CACCIATORE SECRETARY TO BOARD OF TRUSTEES	35 0			x				89,190	0	27,682		
LOUISE BAYKASH ASSISTANT SECRETARY	35 0			х				78,650	0	26,518		
THERESA C WESTCOTT VP BUSINESS AFFAIRS/TREASURER	35 0			x				44,593	0	7,509		
ELEANOR BAUM DEAN SCHOOL OF ENGINEERING	35 0				х			243,476	0	44,719		
ANTHONY VIDLER DEAN SCHOOL OF ARCHITECTURE	35 0					х		274,528	0	45,194		
JUDITH SASKIA BOS DEAN SCHOOL OF ART	35 0					Х		209,895	0	41,010		
WILLIAM GERMANO DEAN HUMANITIES&SOCIAL SCIENCE	35 0					Х		199,825	0	39,899		
JAMEEL AHMAD PROFESSOR CIVIL ENGINEERING	35 0					Х		159,987	0	35,500		
SIMON BEN AVI PROFESSOR ENGINEERING	35 0					Х		171,483	0	36,768		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
LIBRARY CONSORTIUM	112,590	112,590		
STUDENT SERVICES	742,389	742,389		
LIBRARY BOOKS AND				
PERIODICALS	204,588	204,588		
GREAT HALL & OTHER PROGRAMS	280,450	280,450		

DLN: 93493133006201

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

- If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),
- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only
- If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
- If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then
- ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization THE COOPER UNION FOR THE ADVANCEMENT OF Employer identification number

JC.	13-55	13-5562985						
Par	t I-A Complete if the organization is exempt under section 501(c) or is a section	n 52	7 org	janizatio	n.			
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV							
2	Political expenditures	 -	\$					
3	Volunteer hours							
Par	t I-B Complete if the organization is exempt under section 501(c)(3).							
1	Enter the amount of any excise tax incurred by the organization under section 4955	F	\$					
2	Enter the amount of any excise tax incurred by organization managers under section 4955	-	\$					
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			┌ Yes	┌ No			
4a	Was a correction made?			☐ Yes	┌ No			
b	If "Yes," describe in Part IV							
Par	tel-C Complete if the organization is exempt under section 501(c) except secti	on 50	1(c)	(3).				

	e e e e e e e e e e e e e e e e e e e		 		
L	Enter the amount directly expended by the filing organization for section 527 exempt function activities	•	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	-	\$		_
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	►	\$		
1	Did the filing organization file Form 1120-POL for this year?		 ┌ Yes	┌ N	0

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	art II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).											
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,								
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals						
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)									
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)									
c	Total lobbying expenditures (add lines 1a and 18	b)										
d	Other exempt purpose expenditures											
e	Total exempt purpose expenditures (add lines 1											
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both									
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir										
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0								
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000								
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00								
	Over \$17,000,000	\$1,000,000										
		•										
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)										
h	Subtract line 1g from line 1a If zero or less, enter	er -0-										
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -										
j	If there is an amount other than zero on either line section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No						
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five						
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı						
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total						
2a	Lobbying non-taxable amount											
b	Lobbying ceiling amount (150% of line 2a, column(e))											
c	Total lobbying expenditures											
d	Grassroots non-taxable amount											

Part II-B	Complete if the organization is exempt under section 501(c)(3) and h	as NOT filed Form 5768	
	(election under section 501(h)).		

		(6	a)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		48,465
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV		Νo	
j	Total lines 1c through 1i			48,465
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912		'	
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		l	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
		=047		

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		THE NEW YORK CITY COUNCIL, THE NEW YORK CITY BOROUGH PRESIDENT, THE MAYOR'S OFFICE AND RELEVANT CITY AGENCIES WERE LOBBIED REGARDING THE NEW YORK CITY BUDGET THE LOBBYING WAS NECESSARY TO FURTHER COOPER UNION'S MISSION IN THE AREAS OF EDUCATION, RESEARCH, COMMUNITY OUTREACH PROGRAMS AND FACILITIES DEVELOPMENT

1

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DLN: 93493133006201

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

erna	l Revenue Service	► Attach to Fe	orm 990. ► See separate instructions.			Inspec	tion
	me of the organ			Emp	loyer identificat	ion numbe	er
	E COOPER UNION FO ENCE & ART	OR THE ADVANCEMENT OF		13-	5562985		
Pa	rt I Organ	izations Maintaining Donor A	dvised Funds or Other Similar I			Comple	te if the
	organi	zation answered "Yes" to Form 99				 	
	T-4-1	A - m d - 6 m	(a) Donor advised funds	1	(b) Funds and ot	her accou	ints
	Total number a						
		tributions to (during year) nts from (during year)					
	55 5 5	ue at end of year		+			
	funds are the c	organization's property, subject to the	sors in writing that the assets held in do organization's exclusive legal control?			☐ Yes	┌ No
	used only for c	<u>-</u> , , , , , , , , , , , , , , , , , , ,	donor advisors in writing that grant fund efit of the donor or donor advisor, or for			☐ Yes	┌ No
a	rt III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes"	to Forr	n 990, Part IV	, lıne 7.	
	Preservat Protection Preservat Complete lines	n of natural habitat ion of open space	on or pleasure) Preservation of a Preservation of a Preservation of a	ı certıfie	d historic struct		a
					Held at the I	End of the	Year
а	Total number o	of conservation easements		2a			
b	Total acreage	restricted by conservation easements		2b			
c	Number of con	servation easements on a certified his	toric structure included in (a)	2c			
d	Number of con	servation easements included in (c) a	cquired after 8/17/06	2d			
	the taxable ye	servation easements modified, transfe ar	erred, released, extinguished, or termina	ted by th	ne organization d	luring	
	Does the organ		g the periodic monitoring, inspection, ha	mdling of	f violations, and	☐ Yes	┌ No
	Staff and volur	nteer hours devoted to monitoring, insp	pecting and enforcing conservation ease	ments d	uring the year 🛌		
	A mount of exp	enses incurred in monitoring, inspecti	ng, and enforcing conservation easemen	ts durın	g the year 🟲 🕏 _		
		nservation easement reported on line 2) and 170(h)(4)(B)(II)?	(d) above satisfy the requirements of se	ection		┌ Yes	Г No
	balance sheet,	-	onservation easements in its revenue ar the footnote to the organization's financi nents		•		
a r			ns of Art, Historical Treasures 'Yes" to Form 990, Part IV, line 8.	, or Ot	her Similar <i>A</i>	\ssets.	
а	art, historical t	treasures, or other sımılar assets held	116, not to report in its revenue statem for public exhibition, education or resea lancial statements that describes these	rch ın fu			e,
b	historical treas	·	116, to report in its revenue statement public exhibition, education, or research s			•	
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			► \$		
	(ii) Assets inc	luded in Form 990, Part X			- \$		51,100
	If the organiza		orical treasures, or other similar assets S 116 relating to these items	for finan			, 1
а		uded in Form 990, Part VIII, line 1			▶ \$		
	We sellings lifely	aasa o > > 0, . a.c v 111,c 1			- Ψ		

b Assets included in Form 990, Part X

Par	444 Organizations Maintaining Co	ollections of Art	, His	torical Tr	<u>eas</u>	<u>ures, or O</u>	<u>the</u>	<u>r Similar A</u>	sse	ts (co.	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e following t	hat a	re a sıgnıfıca	nt u	se of its colle	ction	1	
а	Public exhibition		d	┌ Loan d	rex	change progr	ams				
Ь	Scholarly research		e	┌ Other							
c	✓ Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v they furthe	r the	organızatıon	's ex	cempt purpose	ın		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•				nılar	Γ,	Yes	√ No
Par	t IV Escrow and Custodial Arrang					n answere	Y" b	es" to Form	990	,	
	Part IV, line 9, or reported an ar			•							
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?				tions	or other ass	etsı	not	Γ,	Yes	Г No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing table		Г					
_						-	4 -	A	mou	nt	
c C	Beginning balance					-	1c				
d	Additions during the year					- F	1d				
e r	Distributions during the year					<u> </u>	1e				
f	Ending balance						1f		_		_
2a	Did the organization include an amount on F		e 21?						,	Yes	No
	If "Yes," explain the arrangement in Part XI\			1 1137		F 000	<u> </u>	1.71/ 1 40			
Рa	rt V Endowment Funds. Complete	if the organization (a)Current Year		wered "Yes)Prior Year				TIV, line 10 Three Years Bac		\ Four Ye	ars Back
la	Beginning of year balance	530,982,865	(-	604,784,097		Tivo reals back	1	yrmee rears bac	(0,	, , ou. 10	ars back
b	Contributions	6,129,945		651,344	1						
С	Investment earnings or losses	67,887,107		-50,338,776	5						
d	Grants or scholarships	25,847,799		24,113,799	9						
e	Other expenditures for facilities										
_	and programs								+		
f	Administrative expenses	579,152,118		530,982,866	-				+		
g	End of year balance	, ,		530,982,860	<u> </u>						
2	Provide the estimated percentage of the year	r end balance held a	a S								
а	Board designated or quasi-endowment 🕨										
Ь	Permanent endowment F 11.000 %										
C	Term endowment ► 89.000 %										
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	ation t	that are held	and	administered	l for	the		Yes	No
	(i) unrelated organizations							3	a(i)	Yes	110
	(ii) related organizations								ı(ii)		Νο
b	If "Yes" to 3a(II), are the related organization	ns listed as required	d on S	chedule R?					3Ь		
4	Describe in Part XIV the intended uses of th	ie organization's end	dowme	ent funds							
Par	t VI Investments—Land, Building	s, and Equipme	nt. S	ee Form 99	90, F	Part X, line	10.				
	Description of investment			(a) Cost or o basis (investri		(b) Cost or ot basis (other		(c) Accumulate depreciation	d	(d) Boo	k value
1a	Land					150	.000				150,000
b	Buildings		•			219,363	348	37,309,0	49	182	2,054,299
c	Leasehold improvements					3,003	889	2,102,1	26		901,763
d	Equipment					28,597	691	23,389,6	20		5,208,071
e	Other					10,931	459		0	10	,931,459

199,245,592

Part VII Investments—Other Securities. See (a) Description of security or category			d of valuation
(including name of security)	(b) Book value		f-year market value
Financial derivatives			
Closely-held equity interests			
Other HEDGE FUNDS	29,745,364		F
LIMITED PARTNERSHIPS	60,390,638		F_
REAL ESTATE AND OTHER	509,367,012		<u> </u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	, ,		
Part VIII Investments—Program Related. See	e Form 990, Part X, line :		
(a) Description of investment type	(b) Book value	Cost or end-o	d of valuation f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			/L\ Daalawalua
(a) Descrip	LION		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
TRUSTS AND ANNUITY AGREEMENT	5,169,173		
ASSET RETIREMENT OBLIGATIONS	330,000		
VARIOUS OTHER LIABILITIES	33,388		
· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	5,532,561		

Par	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	าts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	47,245,255
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	65,502,719
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-18,257,464
4	Net unrealized gains (losses) on investments	4	47,701,298
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-302,432
9	Total adjustments (net) Add lines 4 - 8	9	47,398,866
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	29,141,402
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	51,808,850
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	4,563,595
3	Subtract line 2e from line 1	3	47,245,255
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	47,245,255
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	66,829,649
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses]	
d	Other (Describe in Part XIV)]	
e	Add lines 2a through 2d	2e	1,326,930
3	Subtract line 2e from line 1	3	65,502,719
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	65,502,719
Par	TEXIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

additional information		
Ident if ier	Return Reference	Explanation
PART III LINE B(II)		COLLECTIONS OF ART INCLUDE PAINTINGS, PHOTOGRAPHS, SCULPTURES, PORTRAITS THE COLLEGE USES FOR INSTITUTIONAL PURPOSES
PART V, LINE 4		EARNINGS ON THE ORGANIZATION'S ENDOWMENT PROVIDE FUNDING WITHIN THE ORGANIZATION, CONSISTENT WITH DONOR RESTRICTIONS ON EACH SUCH ENDOWMENT ACCOUNT, TO FURTHER THE ORGANIZATION'S PROGRAMS AND GOALS
PART XII, LINE 2D		ELIMINATION OF ASTOR PLACE HOLDING CORP - RELATED ENTITY REVENUE \$926,719
PART XII, LINE 2D		ELIMINATION OF C V STARR RESEARCH FOUNDATION - RELATED ENTITY REVENUE \$231,684
PART XIII, LINE 2D		ELIMINATION OF ASTOR PLACE HOLDING CORPORATION - RELATED ENTITY EXPENSES \$1,028,170
PART XIII, LINE 2D		ELIMINATION OF C V STARR RESEARCH FOUNDATION - RELATED ENTITY EXPENSES \$298,760
PART XI, LINE 8		THIS LINE INCLUDES \$302,432 LOSS NOT YET RECOGNIZED AS A COMPONENT OF NET PERIODIC BENEFIT COST
PART X, LINE 2		EFFECTIVE JULY 1, 2008, THE COOPER UNION ADOPTED FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO 109 (FIN 48) FIN 48 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS FIN 48 REQUIRES ENTITIES TO DETERMINE WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITIES BEFORE ANY PART OF THE BENEFIT CAN BE RECORDED IN THE FINANCIAL STATEMENTS IT ALSO PROVIDES GUIDANCE ON THE RECOGNITION, MEASUREMENT, AND CLASSIFICATION OF INCOME TAX UNCERTAINTIES, ALONG WITH ANY RELATED INTEREST OR PENALTIES A TAX POSITION IS MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON SETTLEMENT THE ADOPTION OF FIN 48 HAD NO IMPACT ON THE COOPER UNION'S CONSOLIDATED FINANCIAL STATEMENTS

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

SCIENCE & ART

Name of the organization

THE COOPER UNION FOR THE ADVANCEMENT OF

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

Employer identification number

13-5562985 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes 2 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes THE COOPER UNION IS COMMITTED TO PROVIDE A LEARNING ENVIRONMENT FREE FROM UNLAWFUL DISCRIMINATION AND HARASSMENT AND TO FOSTERING A NURTURING AND VIBRANT COMPANY FOUNDED UPON THE FUNDAMENTAL DIGNITY AND WORTH OF ALL ITS MEMBERS CONSISTENT WITH THIS COMMITMENT AND WITH APPLICABLE LAWS, IT IS THE POLICY OF THE COOPER UNION NOT TO TOLERATE UNLAWFUL DISCRIMINATION OR HARASSMENT IN ANY FORM PROCEDURES ARE PUBLISHED IN THE STAFF HANDBOOK AND ALSO AVAILABLE AT HTTP //WWW COOPER EDU Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? No_ 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? Νo If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes h Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 🎜 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 7 Yes 990)

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SCHEDULE F

Department of the Treasury

(Form 990)

As Filed Data -

DLN: 93493133006201

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number THE COOPER UNION FOR THE ADVANCEMENT OF 13-5562985 SCIENCE & ART Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. 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 criteria used to award For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) (f) Total expenditures (a) Region (b) Number of (c) Number of region (by type) (ie, is a program service, for region fundraising, program services, offices in the employees or describe specific type of grants to recipients located in agents in region region service(s) in region the region) North America Investments Central America and the Investments Carıbbean Europe (Including Iceland and Investments Greenland)

Totals

(a) Name of organization and EIII (if applicable) Section (a) Section (b) Section (c) Sec	F	Part IV, line 1	15, for any	sistance to Orgar y recipient who recent m 990) if additional	eived more than \$5	es Outside the Un ,000. Check this box	i ited States. Comp of if no one recipient	plete if the organiza received more tha	tion answered "Yes n \$5,000	'to Form 990, ► 厂
	(a) Nan	ne of s ation an	section id EIN (if	(c) Region			cash	of non-cash	of non-cash	(i) Method of valuation (book, FMV, appraisal, other)
2. Enter total number of recognitions lated above that are recognized as showing by the foreign country, recognized as										
2. Enter total number of recognizations listed above that are recognized as showing by the foreign country, recognized as										
2. They total number of recognish are an inches on being that are recognised as should be found as according to a second as										
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	2 Enter tax-ex	total number cempt by the	r of recipie IRS, or fo	ent organizations listor which the grante	ted above that are e or counsel has pr	recognized as charit ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ▶	
3 Enter total number of other organizations or entities	3 Enter	total number	r of other	organizations or en	tities					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of cash grant dısbursement of non-cash valuation assistance recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	in Part I, line 2, and any additional information. Explanation
	+	

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As Filed Data -

DLN: 93493133006201

SCHEDULE G (Form 990 or 990-EZ)

Phone solicitations

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
THE COOPER UNION FOR THE ADVANCEMENT OF
SCIENCE & ART

13-5562985

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply
a Mail solicitations
b Internet and e-mail solicitations
f Solicitation of government grants

d In-person solicitations

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

Special fundraising events

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of		fundraiser have custody or control of		custody or control of		fundraiser have custody or control of contributions?		fundraiser have custody or control of		fundraiser have custody or control of		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization						
		Yes	No																											
Total			>																											

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

NV

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ted
		· ·	(a) Event #1 URBAN VISIONAR	(b) Event #2	(c) O ther Events	(d) Tot	tal Eve (a) th I (c))	
ds			(event type)	(event type)	(total number)			
Ě	1	Gross receipts	672,400				67	2,400
Revenue	2	Less Charitable contributions	619,800				61	9,800
	3	Gross income (line 1 minus line 2)	52,600				5.	2,600
	4	Cash prizes						
မှာ	5	Non-cash prizes						
ensk	6	Rent/facility costs	9,333	3				9,333
찦	7	Food and beverages	71,216	5			7	1,216
Direct Expenses	8	Entertainment	41,083	3			4	1,083
Δ	9	Other direct expenses .	101,369	9			10	1,369
	10	Direct expense summary Add lin	ies 4 through 9 in column	(d)	🕨		22	3,001
	11	Net income summary Combine li	nes 3, column d, and line	10			-17	0,401
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
 Ke			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot		
Revenue							(c))	-
	1	Gross revenue						
9	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor						
			Гио	ΓNο	Гио			
	7	Direct expense summary Add line	s 2 through 5 ın column (d)				
	8	Net gaming income summary Com	nbine lines 1, column d, a	nd line 7	🕨			
							Yes	No
9 a		ter the state(s) in which the organiza the organization licensed to operate			-			
b		'No," Explain	gag act			· 9a		
	_							
10a	— We	re any of the organization's gaming	licenses revoked, susper	nded or terminated during	the tax year?	10a		
b		'Yes," Explain	, , , , , , , , , , , , , , , , , , , ,		,	100		
	_							
11	— Do	es the organization operate gaming	activities with nonmembe	ers?		11		
12	Is	the organization a grantor, beneficia	ry or trustee of a trust or	a member of a partnersh	ıp or other entity			
	for	med to admınıster charıtable gamınç ————————————————————————————————————	,			. 12		
					Schedule G (Form	990 or 990	- ∟∠) 20	109

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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DLN: 93493133006201

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

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

Open to Public **Inspection**

Name of the organization						Employer identifica	tion number
THE COOPER UNION FOR TH SCIENCE & ART	HE ADVANCEMEN	TOF				13-5562985	
Part I General Infor	mation on Gra	nts and Assistance				1	
2 Describe in Part IV the o	ed to award the gra organization's proc	nts or assistance? . . . edures for monitoring the us	e of grant funds in the	United States			✓ Yes
Form 990, Part	IV, line 21 for ai	e to Governments and ny recipient that receive 990) if additional space	d more than \$5,000	. Check this box if r	io one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		d government organizations					
For Privacy Act and Paperwork Re				Cat No 50055P			lule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
FIN AID & GRANTS (UNDERGRADUATES)	897	1,168,480	0	N/A	N/A
FIN AID & GRANTS (GRADUATES)	93	511,500	0	N/A	N/A
PRIZES, INTERNSHIPS & FELLO WSHIPS	36	285,860	0	N/A	N/A
					•

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		ALL STUDENTS ADMITTED TO COOPER UNION RECEIVE A FULL TUITION SCHOLARSHIP STUDENTS WHO CAN DEMONSTRATE NEED, AS CALCULATED BY THE FREE APPLICATION FOR FEDERAL STUDENT AID, MAY BE ELIGIBLE FOR ADDITIONAL FINANCIAL AID COOPER UNION AWARDS FEDERAL PELL GRANTS, FEDERAL SEOG GRANTS, FEDERAL ACG AND SMART GRANTS, AS WELL AS COOPER UNION GRANTS, TO STUDENTS WHO MEET THE ELIGIBILITY REQUIREMENTS ESTABLISHED BY THE CURRENT TITLE IV REGULATIONS OF THE US DEPARTMENT OF EDUCATION, OFFICE OF FEDERAL STUDENT AID

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493133006201

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization THE COOPER UNION FOR THE ADVANCEMENT OF SCIENCE & ART

Employer identification number

13-5562985

Pa	Questions Regarding Compensation	1				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro- 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	▽	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or- reimbursement orprovision of all the expenses descr			1b	Yes	
2	Did the organization require substantiation prior to reofficers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the		у			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant ✓ Form 990 of other organizations	 	Compensation survey or study Approval by the board or compensation committee			
	Form 990 of other organizations	١٠	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	Part V I	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymei	nt?	4a	Yes	
Ь	Participate in, or receive payment from, a supplemen	ntal nor	nqualified retirement plan?	4b		Νο
c	Participate in, or receive payment from, an equity-ba	ased co	ompensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and pro					
	Only 501(c)(3) and 501(c)(4) organizations only mu	st com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a	, did the organization pay or accrue any			
а	The organization?			5a		No
ь	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
Ь	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7		No
8	Were any amounts reported in Form 990, Part VII, p	aid or a	accured pursuant to a contract that was			
	subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebutt	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	,	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	incentive reportable		benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
GEORGE CAMPBELL	(I) (II)	328,793 0	175,000	· · · · · · · · · · · · · · · · · · ·	24,500 0	115,012 0	2 668,473 0 0	J
ROBERT HAWKS THROUGH 120209	(1) (11)	259,450 0	0		173,746	20,819	9 481,049 0 0	
RONNI DENES	(ı) (ıı)	204,880	0 0		22,920	20,222	2 272,340	
ANTHONY VIDLER	(ı) (ıı)	249,133 0	0 0	,	24,500	20,694 0	319,722 0 0	2
ELEANOR BAUM	(ı) (ıı)	214,480 0	0 0	1 ' 1	24,348	20,371 0	1 288,195 0 0	5
JUDITH SASKIA BOS	(1) (11)	187,320 0	0	22,575	20,989	20,021	1 250,905 0 0	,
WILLIAM GERMANO	(1) (11)	176,530 0	0	7	19,983	19,916 0	6 239,724 0 0	4
JAMEEL AHMAD	(1) (11)	157,610 0	0	-,	15,999	19,501 0	1 195,487 0 0	,
SIMON BEN AVI	(ı) (ıı)	170,420	0	_,		19,620 0	0 208,251 0 0	,
	'		<u> </u>	<u> </u>		 	<u> </u> '	
				 			-	
	'		<u> </u>	'				
	'	<u> </u>	 '	<u> </u>	<u> </u>	1		
	'	1	1'	1	1	1	'	1

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
FORM 990 SCH J - PART II COLUMN (D)		THE PRESIDENT IS PROVIDED WITH HOUSING AS A CONDITION OF HIS EMPLOYMENT FOR THE CONVENIENCE OF THE COLLEGE
SCHEDULE J, PART II, COLUMN (C)		INCLUDED IN COLUMN C FOR ROBERT HAWKS, FORMER VP BUSINESS AFFAIRS AND TREASURER IS A SEPARATION PAYMENT OF \$149,246 IN RECOGNITION OF HIS YEARS OF SERVICE TO THE ORGANIZATION

Schedule J (Form 990) 2009

DLN: 93493133006201

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

1

Schedule L (Form 990 or 990-EZ)

Name of the organization THE COOPER UNION FOR THE ADVANCEMENT OF SCIENCE & ART

Employer identification number

13-5562985 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person (b) Description of transaction 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . Part II Loans to and/or From Interested Persons

Edding to ana, or i										
Complete if the organiz	zation a	nswere	d "Yes" on Form 990	, Part IV, line 26	Tart IV, line 26, or Form 990-EZ, Part V, line 38a (f) (e) In Approved by board or committee? Yes No Yes No Yes No Yes No					
(a) Name of interested person and purpose	or fro	oan to om the zation?	(c)Original principal amount	(d)Balance due		default?		Approved by board or committee?		
	То	From			Yes	No	Yes	No	Yes	No
Total	•	•	b e	•		•		•		•

Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c)A mount of grant or type of assistance

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organı	aring of zation's nues?
	organization			Yes	No
SANDRA PRIEST ROSE	FAMILY RELATED	351,403	SEE SCHEDULE O		Νο
					T
					T
					T
					T

NonCash Contributions

▶Complete if the organization answered "Yes" on Form

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

990, Part IV, lines 29 or 30. ► Attach to Form 990.

Name of the organization **Employer identification number** THE COOPER UNION FOR THE ADVANCEMENT OF SCIENCE & ART 13-5562985

Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermı	nıng	
1	Art—Works of art	аррпсавіе		<u>_</u>				
	Art—Historical treasures							
	Art—Fractional interests							—
4	Books and publications							
5	Clothing and household							
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	Х	36	398,100	FAIR MARKET VAL	UE		
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	O ther ► ()							
	O ther ►()							
27	O ther ▶()							
28	O ther ▶ ()				<u> </u>			
29	Number of Forms 8283 received for which the organization compl				29		ı ı	1
20-	During the year, did the organiza	tion receive	a by contribution any press	rty reported in Bart I. lines	1-28 +hat +		Yes	No
30a								
	must hold for at least three year			on, and which is not require	to be used			
_	for exempt purposes for the enti					30a		No
	If "Yes," describe the arrangeme					21	Vas	
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	e third part • • •	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
Ь	If "Yes," describe in Part II							
33	If the organization did not report	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II							

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation			
PART I, LINE 32A		THE COOPER UNION USES THE SERVICES OF JP MORGAN CHASE TO PROCESS AND SELL NONCASH CONTRIBUTIONS			

Schedule M (Form 990) 2009

Software ID: **Software Version:**

EIN: 13-5562985

Name: THE COOPER UNION FOR THE ADVANCEMENT OF

SCIENCE & ART

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133006201 OMB No 1545-0047

Inspection

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$ Form 990 or to provide any additional information. ► Attach to Form 990.

Name of the organization
THE COOPER UNION FOR THE ADVANCEMENT OF
SCIENCE & ART

Employer identification number

13-5562985

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	990, PART III, LINE 1	THE COOPER UNION FOR THE ADVANCEMENT OF SCIENCE AND ART IS AN ALL HONORS COLLEGE THAT OFFERS BACHELOR'S AND MASTER'S DEGREES IN ENGINEERING AND ARCHITECTURE AND BACHELOR'S DEGREES IN FINE ARTS THROUGH OUTSTANDING ACADEMIC PROGRAMS, THE COLLEGE PREPARES TALENTED STUDENTS TO MAKE ENLIGHTENED CONTRIBUTIONS TO SOCIETY THE COLLEGE ADMITS UNDERGRADUATES SOLELY ON MERIT AND AWARDS FULL SCHOLARSHIPS TO ALL ENROLLED STUDENTS

Supplemental Information to Form 990

ldentifier	Return Reference	Explanation		
990 PART III LINE 4F		OTHER PROGRAM SERVICES INCLUDE HUMANITIES AND SOCIAL SCIENCES, WRITING CENTER, DESIGN CENTER, LUBALIN CENTER, COMPUTER CENTER, CONTINUING EDUCATION, EXTENDED STUDIES, SATURDAY OUTREACH PROGRAM AND LIBRARY		

ldentifier	Return Reference	Explanation			
990 PART VI, SECTION A LINE 2		JONATHAN ROSE COMPANIES IS THE OWNER'S REPRESENTATIVE FOR THE COOPER UNION FOR THE CONSTRUCTION OF ITS NEW ACADEMIC BUILDING SCOPE OF SERVICES JONATHAN ROSE COMPANIES IS HEREBY AUTHORIZED TO AND SHALL, IN A PROFESSIONAL MANNER, SUPERVISE THE ARCHITECTS, ENGINEERS, CONSTRUCTION MANAGERS, CONTRACTORS, SUBCONTRACTORS, SUPPLIERS AND ALL OTHER PARTIES (COLLECTIVELY, THE "PROJECT CONSULTANTS") ENGAGED BY COOPER UNION FOR THE PURPOSE OF DESIGNING AND CAUSING TO BE PERFORMED THE CONSTRUCTION OF A NEW ACADEMIC BUILDING ON THE EAST SIDE OF THIRD AVENUE BETWEEN 6TH AND 7TH STREETS, SANDRA PRIEST ROSE IS A MEMBER OF THE BOARD OF TRUSTEES OF THE COOPER UNION			

ldentifier	Return Reference	Explanation						
990 PART VI, SECTION B, LINE 11A		THE FORM 990 IS REVIEWED BY OUR EXTERNAL AUDIT FIRM (KPMG), THEN REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD AND PRESENTED TO THE BOARD AS A WHOLE BEFORE IT IS FILED						

ldentifier	Return Reference	Explanation
990 PART		THE COOPER UNION CONDUCTS AN ANNUAL REVIEW OF THE CONFLICT OF INTEREST POLICY AND
VI, SECTION		PROCEDURES A FOLLOWS THE COOPER UNION PROHIBITS MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS
C, LINE 12C		AND STAFF FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISION-MAKING
		REGARDING TRANSACTIONS THAT MAY PRESENT A CONFLICT OF INTEREST UNDER THE CONFLICT OF
		INTEREST POLICY POLICY QUESTIONAIRE IS SENT TO ALL TRUSTEES, EXECUTIVE STAFF AND CERTAIN OTHER
		EMPLOYEES RETURNED FORMS ARE REVIEWED BY THE CORPORATE SECRETARY DISCLOSED CONFLICTS
		ARE SUBMITTED TO THE AUDIT COMMITTEE FOR REVIEW AND ADJUDICATION. THE COOPER UNION DOCUMENTS,
		THROUGH COMMITTEE MINUTES, ANY DECISIONS RELATED TO TRANSACTIONS INVOLVING AN ACTUAL OR
		POSSIBLE CONFLICT OF INTEREST THE SECRETARY TO THE BOARD OF TRUSTEES IS RESPONSIBLE FOR
		MAINTAINING A LIST OF CONFLICTS DISCLOSED BY TRUSTEES, OFFICERS, AND STAFF ANNUALLY COOPER
		UNION CONDUCTS A PERIODIC REVIEW OF TRANSACTIONS INVOLVING SIGNIFICANT EXPENDITURES TO ENSURE
		ANY COMPENSATION PAID CONTINUES TO BE REASONABLE

ldentifier	Return Reference	Explanation
990 PART VI, SECTION C, LINE 19		THE COOPER UNION WILL MAKE ITS GOVERNING DOCUMENTS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
COMPENSATION OF THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS	990, PART VII	MORPHOSIS ARCHITECTS 2041 COLORADO AVENUE SANTA MONICA, CA 90404 ARCHITECTS \$861,419 MARSIBILIO INCORPORATED 108-33 65TH AVENUE FOREST HILL, NY 11375 CONSTRUCTION \$813,105 ARC ELECTRICAL CONSTRUCTION CO 739 SECOND AVENUE NEW YORK, NY 10016 CONSTRUCTION 671,709 FJC SECURITY SERVICES, INC 275 JERICHO TURNPIKE FLORAL PARK NEW YORK, NY 10028 SECURITY SERVICES \$545,833 ROBERTOS BUILDING MAINTENANCE 1210 GRACE STATION NEW YORK, NY 10029 MAINTENANCE \$451,568

ldentifier	Return Reference	Explanation
990 PART VIII, LINE 1F		THIS AMOUNT INCLUDES TEMPORARILY AND PERMANENTLY RESTRICTED CONTRIBUTIONS RECEIVED DURING THE FISCAL YEAR

ldentifier	Return Reference	Explanation
SCHEDULE L, PART IV		JONATHAN ROSE COMPANIES IS THE OWNER'S REPRESENTATIVE FOR COOPER UNION FOR THE CONSTRUCTION OF ITS NEW ACADEMIC BUILDING

SCHEDULE R

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493133006201

OMB No 1545-0047

2009

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

nme of the organization E COOPER UNION FOR THE ADVANCEMENT OF IENCE & ART					Employer identification number			
Part I Identification of Disregarded Entities (Comple	ete if the organization	answered "Yes" o	n Fo	<u> </u> rm 990, Part IV	13-5562985 art IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	(b) (c)				(e) d-of-year assets Di		(f) rect controlling entity	
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	zations (Complete if ne tax year.)	the organization a	ınswe	ered "Yes" on Fo	orm 990, Part :	IV, lır	ne 34 because it had one	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (sta or foreign country		(d) Exempt Code section	(e) Public charity st (if section 501(c)	atus)(3))	(f) Direct controlling entity	
ASTOR PLACE HOLDING CORPORATION C/O COOPER UNION 30 COOPER SQUARE NEW YORK, NY 10003 13-6126686	PROPERTY	NY		501 (C)(2)	N/A		N/A	
CV STARR RESEARCH FOUNDATION C/O COOPER UNION 30 COOPER SQUARE NEW YORK, NY 10003 13-2878769	RESEARCH/EDUC	NY		501 (C)(3)	509(a	I(E)(i	N/A	

				s a Partnership (O d as a partnership o			wered "	Yes" o	on For	m 990, F	Part IV, line	: 34							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	Share of end	(g) Share of end-of-year assets		Share of end-of-year		Share of end-of-year		Share of end-of-year) ortionate cions?			(j) General or managing partner?	
								Yes	No			Yes	No						
				s a Corporation o s treated as a corpo				nswer	ed "Y	es" on Fo	orm 990, Pa	art IV,							
(a) Name, address, and EIN of related organization		(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	1	e of total S come end		(g) (hare of Perce d-of-year assets		ntage							

(6)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No					
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-	IV۶								
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity										
b Gift, grant, or capital contribution to other organization(s)										
c Gift, grant, or capital contribution from other organization(s)										
d Loans or loan guarantees to or for other organization(s)										
e	Loans or loan guarantees by other organization(s)		1e		No					
f Sale of assets to other organization(s)										
g Purchase of assets from other organization(s)										
h Exchange of assets										
i Lease of facilities, equipment, or other assets to other organization(s)										
i	Lease of facilities, equipment, or other assets from other organization(s)		1j		No					
k Performance of services or membership or fundraising solicitations for other organization(s)										
	Performance of services or membership or fundraising solicitations by other organization(s)									
	m Sharing of facilities, equipment, mailing lists, or other assets									
n Sharing of paid employees										
_	Boumbursement hald to other organization for expenses		10		No					
• Reimbursement paid to other organization for expenses										
Р	Reimbursement paid by other organization for expenses		1р		No					
q	O ther transfer of cash or property to other organization(s)		1 q	Yes						
r Other transfer of cash or property from other organization(s)										
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationsh		holds							
	(a) Name of other organization	(b) Transaction type(a-r)		(c) mount involved						
1)(V STARR RESEARCH FOUNDATION	Α	312,615							
2) A	STOR PLACE HOLDING CORPORATION	Q	156,719							
3)										
4)										
5)										

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets		ortionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	man pari	(h) eral or naging rtner?	
			Yes	No		Yes	No		Yes	No	
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