

Form **990**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****A For the 2009 calendar year, or tax year beginning** 07/01, 2009, and ending 06/30, 2010**B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization THE COOPER UNION FOR THE ADVANCEMENT OF

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

30 COOPER SQUARE, 7TH FLOOR

City or town, state or country, and ZIP + 4

NEW YORK, NY 10003-7120

F Name and address of principal officer: DR. GEORGE CAMPBELL JR

7 EAST 7TH STREET NEW YORK, NY 10003

D Employer identification number

13-5562985

E Telephone number

(212) 353-4140

G Gross receipts \$ 121,927,142.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.COOPER.EDU**H(c)** Group exemption number ▶**K** Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1859 **M** State of legal domicile: NY**Part I Summary**

| | | | | | | |
|------------------------------------|--|--|-------------------|--------------|--------------|--------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: 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. | | | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. | | | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 29 | | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 28 | | |
| | 5 | Total number of employees (Part V, line 2a) | 5 | 1,075 | | |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 29 | | |
| | 7a | Total gross unrelated business revenue from Part VIII, line 12, column (C) | 7a | 5,040. | | |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | -63,596. | | | |
| Revenue | 8 | Contribution and grants (Part VIII, line 1h) | Prior Year | 14,875,671. | Current Year | 9,221,849. |
| | 9 | Program service revenue (Part VIII, line 2g) | 5,092,988. | 2,980,030. | | |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | -6,607,457. | 31,525,210. | | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 25,898,189. | 3,518,166. | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 39,259,391. | 47,245,255. | | |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,788,673. | 1,965,840. | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. | | |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 33,349,313. | 34,798,775. | | |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. | | |
| | b | Total fundraising expenses, Part IX, column (D), line 25) ▶ 4,440,311. | | | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 23,003,145. | 28,738,104. | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 58,141,131. | 65,502,719. | | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | -18,881,740. | -18,257,464. | | | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Year | 861,507,184. | End of Year | 879,082,554. |
| | 21 | Total liabilities (Part X, line 26) | 332,301,870. | 318,958,468. | | |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 529,205,314. | 560,124,086. | | |

Part II Signature Block

| | | | | |
|---|---|---|---|---|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. | | | |
| | Signature of officer | | Date | |
| Paid Preparer's Use Only | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions) PO0916443 |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 | KPMG LLP | EIN | 13-5565207 |
| | | 345 PARK AVENUE NEW YORK, NY 10154-0102 | Phone no. | 212-758-9700 |
| May the IRS discuss this return with the preparer shown above? (See instructions) | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. *

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Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 6,106,476. including grants of \$ 222,213.) (Revenue \$ 1,401,833.)

ENGINEERING: THE ALBERT NERKEN SCHOOL OF ENGINEERING OFFERS BOTH BACHELOR AND MASTER OF ENGINEERING DEGREES IN CHEMICAL, CIVIL, ELECTRICAL AND MECHANICAL ENGINEERING, AS WELL AS AN INTERDISCIPLINARY ENGINEERING DEGREE. THE GOAL IS TO PREPARE STUDENTS FOR LEADERSHIP AND ENTREPRENEURIAL ROLES IN A WORLD THAT FACES COMPLEX CHALLENGES POLITICALLY, SOCIALLY AND ENVIRONMENTALLY. AT THE GRADUATE LEVEL, THE NERKEN SCHOOL ENCOURAGES INTERDISCIPLINARY STUDIES IN A NUMBER OF AREAS, SUCH AS COMPUTER SYSTEMS, ROBOTICS, BIOMEDICAL ENGINEERING, ENVIRONMENTAL ISSUES AND MATERIALS.

4b (Code:) (Expenses \$ 3,951,567. including grants of \$ 143,797.) (Revenue \$ 695,081.)

ART: THE SCHOOL OF ART, OFFERING A FOUR-YEAR PROGRAM LEADING TO THE BACHELOR OF FINE ARTS DEGREE, IS FIRMLY COMMITTED TO AN INTEGRAL CURRICULUM THAT ENCOMPASSES ALL THE FUNDAMENTAL DISCIPLINES AND RESOURCES OF THE VISUAL ARTS, PAINTING, SCULPTURE, DRAWING, FILM AND VIDEO, GRAPHIC DESIGN, PHOTOGRAPHY AND PRINTMAKING. THE STUDENTS IN THE PROGRAM BENEFIT FROM A FACULTY DRAWN FROM NEW YORK CITY'S EXTRAORDINARY POOL OF PRACTICING PROFESSIONALS IN THE FINE ARTS AND GRAPHIC DESIGN.

4c (Code:) (Expenses \$ 2,617,316. including grants of \$ 95,244.) (Revenue \$ 365,696.)

ARCHITECTURE: THE IRWIN S. CHANIN SCHOOL OF ARCHITECTURE OFFERS A FIVE YEAR PROGRAM LEADING TO THE BACHELOR OF ARCHITECTURE DEGREE AND PREPARING STUDENTS FOR A RICH ARRAY OF OPPORTUNITIES IN THE PROFESSION, AS WELL AS A NEW POST PROFESSIONAL MASTER OF ARCHITECTURE II DEGREE. THROUGH CLOSE INTERACTION WITH A FACULTY OF INTERNATIONALLY RECOGNIZED PRACTITIONERS AND SCHOLARS, STUDENTS GRADUATE WITH THE LASTING ABILITY TO PRODUCE AN ARCHITECTURE THAT IS A MEANINGFUL SYNTHESIS OF THE SOCIAL, THE AESTHETIC AND THE TECHNOLOGICAL.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 41,346,410. including grants of \$ 1,504,587.) (Revenue \$ 517,420.)

4e Total program service expenses ► 54,021,769.

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)? <i>If "Yes," complete Schedule A</i> | <input checked="" type="checkbox"/> | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | <input checked="" type="checkbox"/> | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | <input checked="" type="checkbox"/> |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> | <input checked="" type="checkbox"/> | |
| 5 Sections 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? <i>If "Yes," complete Schedule C, Part III</i> | | |
| 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? <i>If "Yes," complete Schedule D, Part I</i> | | <input checked="" type="checkbox"/> |
| 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> | | <input checked="" type="checkbox"/> |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | <input checked="" type="checkbox"/> | |
| 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? <i>If "Yes," complete Schedule D, Part IV</i> | | <input checked="" type="checkbox"/> |
| 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> | <input checked="" type="checkbox"/> | |
| 11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> | <input checked="" type="checkbox"/> | |
| • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> | | |
| • 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? <i>If "Yes," complete Schedule D, Part VII.</i> | | |
| • 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? <i>If "Yes," complete Schedule D, Part VIII.</i> | | |
| • 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? <i>If "Yes," complete Schedule D, Part IX.</i> | | |
| • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> | | |
| • 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? <i>If "Yes," complete Schedule D, Part X.</i> | | |
| 12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> | | <input checked="" type="checkbox"/> |
| 12A Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i> | <input checked="" type="checkbox"/> | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> | <input checked="" type="checkbox"/> | |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | <input checked="" type="checkbox"/> |
| 14b 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? <i>If "Yes," complete Schedule F, Part I</i> | <input checked="" type="checkbox"/> | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II.</i> | | <input checked="" type="checkbox"/> |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> | | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule G, Part I</i> | | <input checked="" type="checkbox"/> |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | <input checked="" type="checkbox"/> | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | <input checked="" type="checkbox"/> |
| 20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | | <input checked="" type="checkbox"/> |

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Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 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? <i>If "Yes," complete Schedule I, Parts I and II.</i> | | X |
| 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? <i>If "Yes," complete Schedule I, Parts I and III.</i> | X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> | X | |
| 24 a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 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? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25 a 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? <i>If "Yes," complete Schedule L, Part I.</i> | | X |
| 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? <i>If "Yes," complete Schedule L, Part I.</i> | | X |
| 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? <i>If "Yes," complete Schedule L, Part II.</i> | | X |
| 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? <i>If "Yes," complete Schedule L, Part III.</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | X | |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | X | |
| 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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> | X | |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> | | X |
| 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? <i>If "Yes," complete Schedule R, Part I.</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> | X | |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | X | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | X | |
| 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? <i>If "Yes," complete Schedule R, Part VI.</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. | X | |

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Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Yes | No |
|---|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. 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 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c | X | |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 1,075 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | X | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a | X | |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b | X | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a | X | |
| b If "Yes," enter the name of the foreign country: <u>ATTACHMENT 2</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a | | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b | | X |
| c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a | | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a | | X |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c | | X |
| d If "Yes," indicate the number of Forms 8282 filed during the year 7d | | |
| e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e | | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f | | X |
| g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g | | |
| h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | |
| a Did the organization make any taxable distributions under section 4966? 9a | | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? 9b | | |
| 10 Section 501(c)(7) organizations. Enter: | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 10a | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | |
| 11 Section 501(c)(12) organizations. Enter: | | |
| a Gross income from members or shareholders 11a | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | |

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

Section A. Governing Body and Management

| | Yes | No |
|--|--------------|----|
| 1a Enter the number of voting members of the governing body | 1a 29 | |
| b 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 X | |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . | 3 | X |
| 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | X |
| 5 Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | X |
| 6 Does the organization have members or stockholders? | 6 | X |
| 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | X |
| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a The governing body? | 8a X | |
| b Each committee with authority to act on behalf of the governing body? | 8b X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9a | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | Yes | No |
|---|--------------|----|
| 10a Does the organization have local chapters, branches, or affiliates? | 10a | X |
| 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 X | |
| 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a X | |
| b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b X | |
| c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c X | |
| 13 Does the organization have a written whistleblower policy? | 13 X | |
| 14 Does the organization have a written document retention and destruction policy? | 14 X | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | 15a X | |
| b Other officers or key employees of the organization | 15b X | |
| If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | X |
| b If "Yes," 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 | |

Section 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 Forms 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MILTON YUEN, 30 COOPER SQUARE, 7TH FLOOR NEW YORK, NY 10003-7120**
212-453-4140

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

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| DON BLAUWEISS | | | | | | | | | | |
| MEMBER - BOARD OF TRUSTEES | 1.00 | X | | | | | | 0. | 0. | 0. |
| MICHAEL BORKOWSKY | | | | | | | | | | |
| MEMBER - BOARD OF TRUSTEES | 1.00 | X | | | | | | 0. | 0. | 0. |
| FRANCOIS DEMENIL | | | | | | | | | | |
| MEMBER - BOARD OF TRUSTEES | 1.00 | X | | | | | | 0. | 0. | 0. |
| JOHN C MICHAELSON | | | | | | | | | | |
| MEMBER - BOARD OF TRUSTEES | 1.00 | X | | | | | | 0. | 0. | 0. |
| BRUCE PASTERNAK | | | | | | | | | | |
| MEMBER - BOARD OF TRUSTEES | 1.00 | X | | | | | | 0. | 0. | 0. |
| MARTIN TRUST | | | | | | | | | | |
| MEMBER - BOARD OF TRUSTEES | 1.00 | X | | | | | | 0. | 0. | 0. |
| EDWARD FEINER | | | | | | | | | | |
| MEMBER - BOARD OF TRUSTEES | 1.00 | X | | | | | | 0. | 0. | 0. |
| STANLEY N LAPIDUS | | | | | | | | | | |
| MEMBER - BOARD OF TRUSTEES | 1.00 | X | | | | | | 0. | 0. | 0. |
| WILLIAM H SANDHOLM | | | | | | | | | | |
| MEMBER - BOARD OF TRUSTEES | 1.00 | X | | | | | | 0. | 0. | 0. |
| MARC F APPLETON | | | | | | | | | | |
| MEMBER - BOARD OF TRUSTEES | 1.00 | X | | | | | | 0. | 0. | 0. |
| THOMAS DRISCOLL | | | | | | | | | | |
| MEMBER - BOARD OF TRUSTEES | 1.00 | X | | | | | | 0. | 0. | 0. |
| JEFFREY R GURAL | | | | | | | | | | |
| MEMBER - BOARD OF TRUSTEES | 1.00 | X | | | | | | 0. | 0. | 0. |
| PHILIP P TRAHANAS | | | | | | | | | | |
| MEMBER - BOARD OF TRUSTEES | 1.00 | X | | | | | | 0. | 0. | 0. |
| JASON H WRIGHT | | | | | | | | | | |
| MEMBER - BOARD OF TRUSTEES | 1.00 | X | | | | | | 0. | 0. | 0. |
| ROBERT AQUILINA | | | | | | | | | | |
| MEMBER - BOARD OF TRUSTEES | 1.00 | X | | | | | | 0. | 0. | 0. |
| LAWRENCE B BENENSON | | | | | | | | | | |
| MEMBER - BOARD OF TRUSTEES | 1.00 | X | | | | | | 0. | 0. | 0. |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees(continued)

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------------|--|-----------------------|---------|--------------|---------------------------------|--------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| ROBERT A BERNHARD MEMBER - BOARD OF TRUSTEES | 1.00 | X | | | | | | 0. | 0. | 0. |
| RONALD W DRUCKER CHAIRMAN OF THE BOARD | 1.00 | X | | | | | | 0. | 0. | 0. |
| MARK EPSTEIN VICE CHAIRMAN | 1.00 | X | | | | | | 0. | 0. | 0. |
| AUDREY FLACK MEMBER - BOARD OF TRUSTEES | 1.00 | X | | | | | | 0. | 0. | 0. |
| DOUGLAS A P HAMILTON MEMBER - BOARD OF TRUSTEES | 1.00 | X | | | | | | 0. | 0. | 0. |
| RICHARD LINCER MEMBER - BOARD OF TRUSTEES | 1.00 | X | | | | | | 0. | 0. | 0. |
| SANDRA PRIEST ROSE MEMBER - BOARD OF TRUSTEES | 1.00 | X | | | | | | 0. | 0. | 0. |
| GEORGIANA J SLADE MEMBER - BOARD OF TRUSTEES | 1.00 | X | | | | | | 0. | 0. | 0. |
| CYNTHIA WEILER MEMBER - BOARD OF TRUSTEES | 1.00 | X | | | | | | 0. | 0. | 0. |
| CHARLES S COHEN MEMBER - BOARD OF TRUSTEES | 1.00 | X | | | | | | 0. | 0. | 0. |
| VIKAS KAPOOR MEMBER - BOARD OF TRUSTEES | 1.00 | X | | | | | | 0. | 0. | 0. |
| MOSHE SAFDIE MEMBER - BOARD OF TRUSTEES | 1.00 | X | | | | | | 0. | 0. | 0. |
| JUDITH RODIN MEMBER - BOARD OF TRUSTEES | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Total CONTINUED AT SCHEDULE J-2 | | | | | | | | 2,516,270. | 0. | 682,018. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **49**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

| | Yes | No |
|----------|-----|----|
| 3 | | X |
| 4 | X | |
| 5 | | X |

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| SEE SCHEDULE O | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **9**

Part VIII Statement of Revenue

13-5562985

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|--|--|---------------|----------------------|--|---|---|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | 619,800. | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) . . | 1e | 962,670. | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above . | 1f | 7,639,379. | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | 398,100. | | | |
| | h | Total. Add lines 1a-1f | | 9,221,849. | | | |
| Program Service Revenue | | | | Business Code | | | |
| | 2a | TUITION AND STUDENT FEES | | 611600 | 2,462,660. | 2,462,660. | |
| | b | AUXILIARY ACTIVITIES | | 611710 | 133,080. | 133,080. | |
| | c | ALL OTHER PROGRAM SERVICE REVENUE | | 611600 | 384,290. | 384,290. | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | | 2,980,030. | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | | 31,997,365. | | 5,040. |
| | 4 | Income from investment of tax-exempt bond proceeds . . . | | | 0. | | |
| | 5 | Royalties | | | 0. | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross Rents | | 2,146,660. | | | |
| | b | Less: rental expenses | | | | | |
| | c | Rental income or (loss) | | 2,146,660. | | | |
| | d | Net rental income or (loss) | | | 2,146,660. | | 2,146,660. |
| | | (i) Securities | (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | | 73,986,731. | | | |
| | b | Less: cost or other basis and sales expenses | | 74,458,886. | | | |
| | c | Gain or (loss) | | -472,155. | | | |
| | d | Net gain or (loss) | | | -472,155. | | -472,155. |
| | 8a | Gross income from fundraising events (not including \$ 619,800. of contributions reported on line 1c). See Part IV, line 18 | | a | 52,600. | | |
| | b | Less: direct expenses | | b | 223,001. | | |
| | c | Net income or (loss) from fundraising events | | | -170,401. | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 | | a | | | |
| | b | Less: direct expenses | | b | | | |
| | c | Net income or (loss) from gaming activities | | | 0. | | |
| | 10a | Gross sales of inventory, less returns and allowances | | a | | | |
| b | Less: cost of goods sold | | b | | | | |
| c | Net income or (loss) from sales of inventory | | | 0. | | | |
| Miscellaneous Revenue | | | | Business Code | | | |
| 11a | OTHER REVENUE | | 611710 | 41,957. | 41,957. | | |
| b | AUXILIARY INCOME | | 532000 | 1,499,950. | 1,499,950. | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | | 1,541,907. | | | |
| 12 | Total Revenue. See instructions | | | 47,245,255. | 4,521,937. | 5,040. | 33,666,830. |

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-------------------------------|---|--|-------------------------------------|
| 1 Grants and other assistance to governments and organizations in the 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. | 140,940. | 92,965. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0. | | | |
| b Legal | 346,983. | | 346,983. | |
| c Accounting | 191,215. | | 191,215. | |
| d Lobbying | 39,050. | | 39,050. | |
| e Professional fundraising services. See Part IV, line 17 | 0. | | | |
| f Investment management fees | 0. | | | |
| g Other | 1,053,013. | 633,897. | 349,803. | 69,313. |
| 12 Advertising and promotion | 344,726. | 344,726. | | |
| 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. | 3,951,507. | 204,773. | 179,063. |
| 17 Travel | 295,843. | 179,398. | 47,321. | 69,124. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 576,370. | 315,309. | 11,919. | 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. | 230,500. | 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.) | | | | |
| a <u>LIBRARY CONSORTIUM</u> | 112,590. | 112,590. | | |
| b <u>STUDENT SERVICES</u> | 742,389. | 742,389. | | |
| c <u>LIBRARY BOOKS AND</u> | | | | |
| d <u>PERIODICALS</u> | 204,588. | 204,588. | | |
| e <u>GREAT HALL & OTHER PROGRAMS</u> | 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 <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|--|---|--------------------------|--------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 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, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | 1,525,786. | 7 | 1,393,152. |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 11,379,158. | 9 | 10,484,091. |
| | 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 262,046,386. | | |
| | b Less: accumulated depreciation | 10b 62,800,794. | | |
| | 11 Investments - publicly traded securities | 190,103,048. | 10c | 199,245,592. |
| | 12 Investments - other securities. See Part IV, line 11 | 60,411,167. | 11 | 32,216,228. |
| | 13 Investments - program-related. See Part IV, line 11 | 544,972,345. | 12 | 599,503,014. |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | 339,559. | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 861,507,184. | 15 | 8,798,726. | |
| 17 Accounts payable and accrued expenses | 41,561,240. | 16 | 879,082,554. | |
| 18 Grants payable | | 17 | 31,897,440. | |
| 19 Deferred revenue | 11,518,207. | 18 | | |
| 20 Tax-exempt bond liabilities | | 19 | 106,528,467. | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 20 | | |
| 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 21 | | |
| 23 Secured mortgages and notes payable to unrelated third parties | 271,970,000. | 22 | | |
| 24 Unsecured notes and loans payable to unrelated third parties | | 23 | 175,000,000. | |
| 25 Other liabilities. Complete Part X of Schedule D | 7,252,423. | 24 | | |
| 26 Total liabilities. Add lines 17 through 25 | 332,301,870. | 25 | 5,532,561. | |
| Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | 26 | 318,958,468. | |
| 27 Unrestricted net assets | 398,731,919. | 27 | 473,751,964. | |
| 28 Temporarily restricted net assets | 68,729,934. | 28 | 23,302,702. | |
| 29 Permanently restricted net assets | 61,743,461. | 29 | 63,069,420. | |
| Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| 30 Capital stock or trust principal, or current funds | | 30 | | |
| 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | | |
| 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | | |
| 33 Total net assets or fund balances | 529,205,314. | 33 | 560,124,086. | |
| 34 Total liabilities and net assets/fund balances | 861,507,184. | 34 | 879,082,554. | |

Form **990** (2009)

Part XI Financial Statements and Reporting

| | Yes | No |
|--|-----------|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | X |
| b Were the organization's financial statements audited by an independent accountant? | 2b | X |
| c If "Yes" to line 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 | X |
| 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate 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 | X |
| 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 | X |

Form **990** (2009)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2009

Open to Public Inspection

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

| | |
|---------------------------------------|------------|
| Employer identification number | 13-5562985 |
|---------------------------------------|------------|

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- ☐ 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
 - ☒ 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
 - ☐ 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
 - ☐ 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
 - ☐ 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
 - ☐ 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
 - ☐ 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - ☐ 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - ☐ 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
 - ☐ 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
 - ☐ 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

| | | | |
|--|---|--|--|
| a <input type="checkbox"/> Type I | b <input type="checkbox"/> Type II | c <input type="checkbox"/> Type III - Functionally integrated | d <input type="checkbox"/> Type III - Other |
|--|---|--|--|
 - ☐ e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f** If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
 - g** Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | | | |
|--|----------|-----|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11g(i) | Yes | No |
| (ii) A family member of a person described in (i) above? | 11g(ii) | | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | | |

[illegible]

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar 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 Tax revenues levied for the 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). | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|-----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/> | | |

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar 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 purpose | | | | | | |
| 3 Gross receipts from activities that 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 Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 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.** 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 B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

THE COOPER UNION FOR THE ADVANCEMENT OF
SCIENCE & ART

Employer identification number

13-5562985

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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

Employer identification number
13-5562985

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|-----------------------------------|--------------------------------|--|
| 1 | | \$ 250,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | | \$ 500,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | | \$ 360,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | | \$ 700,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 5 | | \$ 1,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 6 | | \$ 952,240. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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

Employer identification number
13-5562985

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|-----------------------------------|--------------------------------|--|
| 7 | | \$ 1,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 8 | | \$ 303,491. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 9 | | \$ 863,800. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 10 | | \$ 250,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 11 | | \$ 871,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 12 | | \$ 250,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

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

Employer identification number
13-5562985

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|-----------------------------------|--------------------------------|---|
| 13 | | \$ 250,000. | Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
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**

OMB No. 1545-0047
2009
Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- 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), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours ▶

Part 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 ▶ \$
- 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.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 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 function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter 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) Amount paid from filing organization's funds. If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
|----------|-------------|---------|--|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009

JSA
9E1264 2.000

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☐ if the filing organization belongs to an affiliated group.**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|---|---|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1 a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | | | | | | | | | | | | |

☐ Yes ☐ No**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
| 2 a Lobbying non-taxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2009

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

| | | (a) | | (b) |
|------------|---|-----|----|---------|
| | | Yes | No | Amount |
| 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: | | | |
| a | Volunteers? | | X | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | X | |
| c | Media advertisements? | | X | |
| d | Mailings to members, legislators, or the public? | | X | |
| e | Publications, or published or broadcast statements? | | X | |
| f | Grants to other organizations for lobbying purposes? | | X | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 48,465. |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i | Other activities? If "Yes," describe in Part IV | | X | |
| j | Total. Add lines 1c through 1i | | | 48,465. |
| 2 a | 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 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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."

| | | | |
|----------|--|-----------|--|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a | 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

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.

SEE PAGE 4

Part IV Supplemental Information (continued)

SUPPLEMENTAL INFORMATION

SCHEDULE C, PART II-B, LINE 1G

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.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► 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

Employer identification number
13-5562985

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if
the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

| | |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ 51,100.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☒ Public exhibition **d** ☐ Loan or exchange programs
b ☒ Scholarly research **e** ☐ Other _____
c ☒ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V and complete the following table:

| | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current Year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 530,982,865. | 604,784,097. | | | |
| b Contributions | 6,129,945. | 651,344. | | | |
| c Net investment earnings, gains, and losses | 67,887,107. | -50,338,776. | | | |
| d Grants or scholarships | 25,847,799. | 24,113,799. | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 579,152,118. | 530,982,866. | | | |

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 11.0000 %
c Term endowment ▶ 89.0000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
(ii) related organizations

| | Yes | No |
|---------------|-----|----|
| 3a(i) | X | |
| 3a(ii) | | X |
| 3b | | |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 150,000. | | 150,000. |
| b Buildings | | 219,363,348. | 37,309,049. | 182,054,299. |
| c Leasehold improvements | | 3,003,889. | 2,102,126. | 901,763. |
| d Equipment | | 28,597,691. | 23,389,620. | 5,208,071. |
| e Other | | 10,931,459. | 0. | 10,931,459. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 199,245,592. |

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other HEDGE FUNDS | 29,745,364. | FMV |
| LIMITED PARTNERSHIPS | 60,390,638. | FMV |
| REAL ESTATE AND OTHER | 509,367,012. | FMV |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 599,503,014. | |

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| | | |
| | | |
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| | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| | |
| | |
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| | |
| | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Amount | |
|---|------------|--|
| Federal income taxes | | |
| LIABILITY UNDER CHARITABLE | | |
| TRUSTS AND ANNUITY AGREEMENT | 5,169,173. | |
| ASSET RETIREMENT OBLIGATIONS | 330,000. | |
| VARIOUS OTHER LIABILITIES | 33,388. | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 5,532,561. | |

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

| | | | |
|-----------|--|-----------|--------------|
| 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 through 8 | 9 | 47,398,866. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 29,141,402. |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|----------|--|-----------|-------------|
| 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: | | |
| a | Net unrealized gains on investments | 2a | 3,405,192. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV.) | 2d | 1,158,403. |
| e | Add lines 2a through 2d | 2e | 4,563,595. |
| 3 | Subtract line 2e from line 1 | 3 | 47,245,255. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 : | | |
| a | 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 revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 47,245,255. |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 66,829,649. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV.) | 2d | 1,326,930. |
| 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 : | | |
| a | 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 must equal Form 990, Part I, line 18.) | 5 | 65,502,719. |

Part XIV 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, line 2; 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.

SEE PAGE 5

Part XIV Supplemental Information (continued)

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 XIV Supplemental Information (continued)

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.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

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

Employer identification number
13-5562985

| | YES | NO |
|--|-----|----|
| 1 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? | X | |
| 2 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? | X | |
| 3 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. If you need more space, use Schedule O (Form 990) <u>ATTACHMENT 3</u> _____ _____ _____ | X | |
| 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? | X | |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | X | |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | X | |
| d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990). _____ _____ _____ | X | |
| 5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? | | X |
| b Admissions policies? | | X |
| c Employment of faculty or administrative staff? | | X |
| d Scholarships or other financial assistance? | | X |
| e Educational policies? | | X |
| f Use of facilities? | | X |
| g Athletic programs? | | X |
| h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990). _____ _____ _____ | | X |
| 6a Does the organization receive any financial aid or assistance from a governmental agency? . . . <u>ATTCH 4</u> . . . | X | |
| b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990). _____ _____ _____ | | X |
| 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 990) | X | |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule E (Form 990 or 990-EZ) 2009

Department of the Treasury
Internal Revenue Service

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

► **Attach to Form 990.** ► **See separate instructions.**

OMB No. 1545-0047

Open to Public Inspection

| |
|---------------------------------------|
| Employer identification number |
| 13-5562985 |

| | |
|---------------|---|
| Part I | General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. |
|---------------|---|

- 2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures in region |
|---------------------------|-------------------------------------|---|--|--|----------------------------------|
| NORTH AMERICA | | | INVESTMENTS | | |
| CENTRAL AMERICA/CARIBBEAN | | | INVESTMENTS | | |
| EUROPE | | | INVESTMENTS | | |
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| Totals | | | | | |

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

Schedule F (Form 990) 2009

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐
 Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

2 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

3 Enter total number of other organizations or entities

Part IV

Supplemental Information

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | (a) Event #1 URBAN VISIONAR (event type) | (b) Event #2 (event type) | (c) Other Events 0 (total number) | (d) Total events (add col. (a) through col. (c)) |
|--|--|------------------------------|---|--|
| Revenue | | | | |
| 1 Gross receipts | 672,400. | | | 672,400. |
| 2 Less: Charitable contributions | 619,800. | | | 619,800. |
| 3 Gross income (line 1 minus line 2) | 52,600. | | | 52,600. |
| Direct Expenses | | | | |
| 4 Cash prizes | | | | |
| 5 Noncash prizes | | | | |
| 6 Rent/facility costs | 9,333. | | | 9,333. |
| 7 Food and beverages | 71,216. | | | 71,216. |
| 8 Entertainment | 41,083. | | | 41,083. |
| 9 Other direct expenses | 101,369. | | | 101,369. |
| 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | (223,001.) |
| 11 Net income summary. Combine line 3, column (d), and line 10 | | | | -170,401. |

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

| | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|---|---|---|---|---|
| Revenue | | | | |
| 1 Gross revenue | | | | |
| Direct Expenses | | | | |
| 2 Cash prizes | | | | |
| 3 Noncash prizes | | | | |
| 4 Rent/facility costs | | | | |
| 5 Other direct expenses | | | | |
| 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | () |
| 8 Net gaming income summary. Combine line 1, column d, and line 7 | | | | |

| | Yes | No |
|--|-----|----|
| 9 Enter the state(s) in which the organization operates gaming activities: _____ | | |
| a Is the organization licensed to operate gaming activities in each of these states? | 9a | |
| b If "No," explain: _____ | | |
| 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | |
| b If "Yes," explain: _____ | | |
| 11 Does the organization operate gaming activities with nonmembers? | 11 | |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | 12 | |

13 Indicate the percentage of gaming activity operated in:

- | | | | Yes | No |
|----------|---------------------------------------|--------------|-----|----|
| a | The organization's facility | 13a % | | |
| b | An outside facility | 13b % | | |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

- 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 of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ►\$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a**
- Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- 17a**

- b**
- Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Schedule G (Form 990 or 990-EZ) 2009

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0047

2009

Open to Public Inspection

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

Employer identification number

13-5562985

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

- | | | | | |
|---|--|-------|---|-------|
| 2 | Enter total number of section 501(c)(3) and government organizations | | ▶ | ----- |
| 3 | Enter total number of other organizations | | ▶ | |

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

Schedule I (Form 990) 2009

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount 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 & FELLOWSHIPS | 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.

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 U.S. DEPARTMENT OF EDUCATION, OFFICE OF FEDERAL

STUDENT AID.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **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

Employer identification number
13-5562985

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

X

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is 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 W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| GEORGE CAMPBELL | (i) | 328,793. | 175,000. | 25,168. | 24,500. | 115,012. | 668,473. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| ROBERT HAWKS THROUGH 12.0 | (i) | 259,450. | 0. | 27,034. | 173,746. | 20,819. | 481,049. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| RONNI DENES | (i) | 204,880. | 0. | 24,318. | 22,920. | 20,222. | 272,340. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| ANTHONY VIDLER | (i) | 249,133. | 0. | 25,395. | 24,500. | 20,694. | 319,722. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| ELEANOR BAUM | (i) | 214,480. | 0. | 28,996. | 24,348. | 20,371. | 288,195. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| JUDITH SASKIA BOS | (i) | 187,320. | 0. | 22,575. | 20,989. | 20,021. | 250,905. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| WILLIAM GERMANO | (i) | 176,530. | 0. | 23,295. | 19,983. | 19,916. | 239,724. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| JAMEEL AHMAD | (i) | 157,610. | 0. | 2,377. | 15,999. | 19,501. | 195,487. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| SIMON BEN AVI | (i) | 170,420. | 0. | 1,063. | 17,148. | 19,620. | 208,251. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) 2009

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.

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 L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

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.

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? | |
|---|---------------------------------|--------------------------------|----------------|----|
| | | | Yes | No |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

| (a) Name of interested person and purpose | (b) Loan to or from the organization? | | (c) Original principal amount | (d) Balance due | (e) In default? | | (f) Approved by board or committee? | | (g) Written agreement? | |
|---|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Total ▶ \$ _____

Part III 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) Amount and type of assistance |
|-------------------------------|---|-----------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Part IV 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 organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| SANDRA PRIEST ROSE | FAMILY RELATED | 351,403. | SEE SCHEDULE O | | X |
| | | | | | |
| | | | | | |
| | | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.**

OMB No. 1545-0047

2009

**Open To Public
Inspection**

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

Employer identification number
13-5562985

Part 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 determining revenues |
|--|-------------------------------|--------------------------------|---|--|
| 1 Art-Works of art | | | | |
| 2 Art-Historical treasures | | | | |
| 3 Art-Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | X | 36 | 398,100. | FAIR MARKET VALUE |
| 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 | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ►() | | | | |
| 26 Other ►() | | | | |
| 27 Other ►() | | | | |
| 28 Other ►() | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for
which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 1

| | Yes | No |
|---|-----|----|
| 30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | X | |
| 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | X | |
| b If "Yes," describe in Part II. | | |
| 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) 2009

JSA

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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.

PART I, LINE 32A

THE COOPER UNION USES THE SERVICES OF JP MORGAN CHASE TO PROCESS AND SELL

NONCASH CONTRIBUTIONS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization
SCIENCE & ART

THE COOPER UNION FOR THE ADVANCEMENT OF

Employer identification number
13-5562985

ATTACHMENT 1

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.

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.

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

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

ATTACHMENT 1 (CONT'D)

BETWEEN 6TH AND 7TH STREETS, SANDRA PRIEST ROSE IS A MEMBER OF THE BOARD
OF TRUSTEES OF THE COOPER UNION.

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.

990 PART VI, SECTION C, LINE 12C

THE COOPER UNION CONDUCTS AN ANNUAL REVIEW OF THE CONFLICT OF INTEREST
POLICY AND PROCEDURES A FOLLOWS:

THE COOPER UNION PROHIBITS MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS 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 QUESTIONNAIRE 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

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

ATTACHMENT 1 (CONT'D)

CONTINUES TO BE REASONABLE.

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.

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.

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

ATTACHMENT 1 (CONT'D)

275 JERICO TURNPIKE FLORAL PARK

NEW YORK, NY 10028

SECURITY SERVICES

\$545,833.

ROBERTOS BUILDING MAINTENANCE

1210 GRACE STATION

NEW YORK, NY 10029

MAINTENANCE

\$451,568.

990 PART VIII, LINE 1F

THIS AMOUNT INCLUDES TEMPORARILY AND PERMANENTLY RESTRICTED CONTRIBUTIONS
RECEIVED DURING THE FISCAL YEAR.

SCHEDULE L, PART IV

JONATHAN ROSE COMPANIES IS THE OWNER'S REPRESENTATIVE FOR COOPER UNION
FOR THE CONSTRUCTION OF ITS NEW ACADEMIC BUILDING.

ATTACHMENT 2FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

CAYMAN ISLANDS

INDIA

UNITED KINGDOM

CANADA

GERMANY

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

Employer identification number
13-5562985

ATTACHMENT 3SCHEDULE E - EXPLANATION FOR LINE 3

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](http://www.cooper.edu).

ATTACHMENT 4SCHEDULE E - EXPLANATION FOR LINE 6A

| | |
|--|----------|
| BUNDY AID | \$77,304 |
| NYS LIBRARY COLLECTION DEVELOPMENT GRANT | 4,636 |
| | ----- |
| TOTAL | \$96,577 |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2009

Open to Public Inspection

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

Employer identification number13-5562985

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | |
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Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity |
|---|-------------------------|--|----------------------------|---|----------------------------------|
| ASTOR PLACE HOLDING CORPORATION 13-6126686 C/O COOPER UNION, 30 COOPER SQ NEW YORK, NY 10003 | PROPERTY | NY | 501 (C) (2) | N/A | N/A |
| C.V. STARR RESEARCH FOUNDATION 13-2878769 C/O COOPER UNION, 30 COOPER SQ NEW YORK, NY 10003 | RESEARCH/EDUC | NY | 501 (C) (3) | 509 (A) (3) I | N/A |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (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 | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | |
|--|-------------------------|--|-------------------------------------|--|------------------------------|---------------------------------------|---|----|---|---|----|
| | | | | | | | Yes | No | | Yes | No |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (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) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|-------------------------|--|-------------------------------------|--|------------------------------|---------------------------------------|--------------------------------|
| | | | | | | | |
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | Yes | No |
|--|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV? | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | X | |
| b Gift, grant, or capital contribution to other organization(s) | | X |
| c Gift, grant, or capital contribution from other organization(s) | | X |
| d Loans or loan guarantees to or for other organization(s) | | X |
| e Loans or loan guarantees by other organization(s) | | X |
| f Sale of assets to other organization(s) | | X |
| g Purchase of assets from other organization(s) | | X |
| h Exchange of assets | | X |
| i Lease of facilities, equipment, or other assets to other organization(s) | | X |
| j Lease of facilities, equipment, or other assets from other organization(s) | | X |
| k Performance of services or membership or fundraising solicitations for other organization(s) | | X |
| l Performance of services or membership or fundraising solicitations by other organization(s) | | X |
| m Sharing of facilities, equipment, mailing lists, or other assets | X | |
| n Sharing of paid employees | X | |
| o Reimbursement paid to other organization for expenses | | X |
| p Reimbursement paid by other organization for expenses | | X |
| q Other transfer of cash or property to other organization(s) | X | |
| r Other transfer of cash or property from other organization(s) | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of other organization | (b) Transaction type (a–r) | (c) Amount involved |
|-------------------------------------|----------------------------------|------------------------|
| (1) C.V. STARR RESEARCH FOUNDATION | A | 312,615. |
| (2) ASTOR PLACE HOLDING CORPORATION | Q | 156,719. |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |

Schedule R (Form 990) 2009

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.

[illegible]

Schedule R (Form 990) 2009