Form 8879-EO	IRS <i>e-file</i> Signature Authorization	í.	OMB No. 1545-1878
	for an Exempt Organization For calendar year 2015, or fiscal year beginning $07/01$, 2015, and ending $06/$	30 _20 16	
	 Do not send to the IRS. Keep for your records. 	30 , 20 10	
Department of the Treasury Internal Revenue Service	Information about Form 8879-EO and its instructions is at <u>www.irs.gov</u>	v/form8879eo.	
Name of exempt organization		Employer ider	tification number
	NION FOR THE ADVANCEMENT OF	13-556	2985
Name and title of officer	MEA UP FOR FINANCE AND ADMIN		
1	MEA, VP FOR FINANCE AND ADMIN.		
	eturn and Return Information (Whole Dollars Only)		
check the box on line 1 leave line 1b, 2b, 3b, 4	return for which you are using this Form 8879-EO and enter the applicab Ia, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return be bb, or 5b, whichever is applicable, blank (do not enter -0-). But, if you ent w. Do not complete more than 1 line in Part I.	eing filed with this f	orm was blank, then
1a Form 990 check he	ere 🔍 🔟 🗴 Total revenue, if any (Form 990, Part VIII, column (A), lir	ne 12) ••• 1b	91490654.
2a Form 990-EZ chec		2b	
3a Form 1120-POL ch		3b	
4a Form 990-PF check			
5a Form 8868 check I	here 🍨 🔄 b Balance Due (Form 8868, Part I, line 3c or Part II, line 8	sc) 5b _	
Part II Declaratio	on and Signature Authorization of Officer		
to send the organization the transmission, (b) the authorize the U.S. Trea financial institution acco return, and the financial Agent at 1-888-353-453 involved in the processii resolve issues related to	c return. I consent to allow my intermediate service provider, transmitter, n's return to the IRS and to receive from the IRS (a) an acknowledgement of reason for any delay in processing the return or refund, and (c) the date of sury and its designated Financial Agent to initiate an electronic funds with unit indicated in the tax preparation software for payment of the organizat institution to debit the entry to this account. To revoke a payment, I musi 87 no later than 2 business days prior to the payment (settlement) date. I ng of the electronic payment of taxes to receive confidential information n to the payment. I have selected a personal identification number (PIN) as r applicable, the organization's consent to electronic funds withdrawal.	of receipt or reason of any refund. If app idrawal (direct debit tion's federal taxes t contact the U.S. Tr also authorize the f pressary to answe	for rejection of licable, I) entry to the owed on this easury Financial financial institutions
Officer's PIN: check on	e box only	[
X I authorize GR	ANT THORNTON LLP to enter my PIN ERO firm name	26113Enter five numbers, budo not enter all zeros	as my signature t
being filed with a	tion's tax year 2015 electronically filed return. If I have indicated within this a state agency(ies) regulating charities as part of the IRS Fed/State prog y PIN on the return's disclosure consent screen.	s return that a copy ram, I also authorize	of the return is the aforementioned
If I have indicate	the organization, I will enter my PIN as my signature on the organization's ad within this return that a copy of the return is being filed with a state age the program, I will enter my PIN on the return's disclosure consent screen.	ency(ies) regulating	ctronically filed return. charities as part of
fragment of the second second	on and Authentication Date	· 5/12/10	17
	your six-digit electronic filing identification		
number (EFIN) followed	by your five-digit self-selected PIN.	6 3 7 7 5 do not enter a	
indicated above. I confirm	umeric entry is my PIN, which is my signature on the 2015 electronically f m that I am submitting this return in accordance with the requirements of d IRS <i>e-file</i> Providers for Business Returns.	filed return for the o Pub. 4163, Moderni	rganization zed e-File (MeF)
ERO's signature	Date •	5/15/201	7
	ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To	Do So	
For Paperwork Reduction	on Act Notice, see back of form.		rm 8879-EO (2015)

				Det)raani-	otion F	1	Erom I				OMB No. 1	545-0047
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Forr	n y	9(J	Under section					-			ations)		
		of the Tre nue Serv				Social Secur Ibout Form 9	•		-		•		Open to Inspect	
				dar year, or tax					, and endin	•		06,	/30, 20 16	
				of organization THE		_	FOR THE	ADVANCE	MENT OF		D Employer id		= -	
Bc	heck if ap	oplicable:	SCI	ENCE & ART										
	Addre chang	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number												
	Name													
	Initial	30 COOPER SQUARE, 7TH FLOOR (212) 353-4140												
	-	Terminated City or town, state or province, country, and ZIP or foreign postal code Amended NEW YORK NY 10003-7120												100
	returr			YORK, NY 1 and address of princ			CDADKC		יייזאיזר		G Gross receip H(a) Is this a gro		148,616	
	pendi			AST 7TH STR	-			, PRESII	JEWT.		subordinates	s?		X No
	Tax-ex	empt sta	· · · · · ·	X 501(c)(3)	501(c) (ert no.)	4947(a)(1)	or 52		H(b) Are all subor		. (see instructions)	
				OOPER.EDU	301(0) () 🗨 (1113		4347(a)(1)	01 52		H(c) Group exem			
			ization:		Trust	Association	Other 🕨	•	L Year of				of legal domicile:	: NY
	art I		nmary										0	
		Briefly	/ describ	e the organization	's mission o	or most signific	cant activitie	s: THE CO	DOPER UN	ION F	FOR THE A	DVA	NCEMENT O	νF
e		SCII	ENCE	AND ART IS	AN ALL H	HONORS C	OLLEGE	THAT OF	FERS DEG	REES	IN			
Activities & Governance		ENG	INEER	ING, ARCHIT	ECTURE A	AND FINE	ARTS.							
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ğ				ing members of th								3		20.
es 8				ependent voting m								4		20.
viti				of individuals emp								5	1	,039.
Acti	6	Total r	number	of volunteers (estin	nate if neces	sary)						6	1	23.
				d business revenue								7a 7b	-T.	0,887 -258
	d d	inet ur	Trelated	business taxable i	ncome from	F0III 990-1,	line 34			••••	Prior Year	01	Current Y	
	8	Contri	hutions:	and grants (Part VI	II line 1h)					-	10,271,30	7.		8,261.
Revenue	9	Progra	am servi	ce revenue (Part VI	II. line 2a)			COP	Y FOR		8,154,14		42,405,563	
eve	10	Invest	ment in	come (Part VIII, co	lumn (A). lin	es 3. 4. and 7	d)	PUBLIC IN	SPECTION	3	37,033,251.		37,47	
Ř	11			e (Part VIII, column							1,927,4	78.		1,428.
	12			- add lines 8 throu						Ę.	57,386,18	31.	91,490	0,654.
	13	Grants	s and si	nilar amounts paid	(Part IX, col	umn (A), lines	s 1-3)				488,63	30.	31,874	4,800.
	14			to or for members (0.		0
es				r compensation, er							35,998,69	90.	37,452	
Expenses	16a	Profes	ssional f	undraising fees (Pa	rt IX, columr	n (A), line 11e)					0.	3.	4,134
Exp				ing expenses (Part						-		2.5	40.00	
				es (Part IX, column							39,706,78		40,900	
	18 19			s. Add lines 13-17 expenses. Subtrac							76,194,10 18,807,92		-18,770	
es	-	reven	iue iess	expenses. Subirac				<u></u>			ing of Current		End of Ye	-
Net Assets or Fund Balances	20	Total	assets (F	Part X, line 16)							02,719,83		1,019,568	
Ass I Bal	21			(Part X, line 26)							78,294,59		388,670	
Punc	22			fund balances. Su							24,425,24		630,898	
	rt II		gnature									I		
Un	der per	nalties o	of perjury,	I declare that I have	e examined th	is return, inclu	ding accomp	anying schedu	ules and staten	nents, an	nd to the best o	of my k	nowledge and b	elief, it is
	, corre		complete	. Declaration of prepa		n onicer) is bas		mation of whi	ch preparer na	S ally KIIC	Jwieuge.			
Si ~	n													
Sig He			Signatur	e of officer							Date			
	-			whethe area and the										
			<i>·</i> ·	orint name and title		Preparer's sig	nature		Date				TIN	
Paic	1								5/15	/17	Check self-employ	_ "		2
Pre	barer		IEL R								. ,		P00504182	<u>. </u>
Use	Only		name	GRANT THO							Firm's EIN		-599-0100	
May	the I			757 THIRD AVE s return with the pr				-)			Phone no.		37	No
<u> </u>				on Act Notice, see	•			-/	<u></u>	<u></u>			Form 99	
														= (=010)

Fo	rm 990 (2015) Page 2
Ρ	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	
	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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 60,282,351. including grants of \$ 31,239,863.) (Revenue \$ 39,380,922.)
	INSTRUCTION: THE COOPER UNION FOR THE ADVANCEMENT OF SCIENCE AND
	ART IS AMONG THE UNITED STATES' OLDEST AND MOST DISTINGUISHED
	HIGHER EDUCATION INSTITUTIONS. IT COMPRISES THREE PROFESSIONAL
	SCHOOLS, SPECIALIZING IN THE FIELDS OF ARCHITECTURE, ART AND
	ENGINEERING. RECOGNIZED FOR ITS RIGOROUS AND DYNAMIC CURRICULUM
	WITH AN INTERNATIONALLY RENOWNED, AWARD-WINNING FACULTY. EXPENSES
	FOR FACULTY AND RELATED INSTRUCTION FOR THE ACADEMIC PROGRAMS OF
	ARCHITECTURE, ART, ENGINEERING, AND HUMANITIES AND SOCIAL SCIENCES
	INCLUDE ALLOCATED FACILITIES, INTEREST, AND DEPRECIATION EXPENSES.
	(CONTINUED ON SCHEDULE O)
4k	(Code:) (Expenses \$ 21,831,345. including grants of \$ 27,079.) (Revenue \$ 0.)
	ACADEMIC SUPPORT: STAFF AND OPERATING EXPENSES FOR THE ACADEMIC
	PROGRAMS OF ARCHITECTURE, ART, ENGINEERING, AND HUMANITIES AND
	SOCIAL SCIENCES INCLUDING THE CENTER FOR WRITING, LIBRARY,
	INFORMATION TECHNOLOGY, INSURANCE, INSTITUTIONAL SAFETY, GRANT
	SUPPORT, AND ALLOCATED FACILITIES, INTEREST, AND DEPRECIATION
	EXPENSES.
_	
4c	: (Code:) (Expenses \$, as a second secon
	PUBLIC SERVICE: SATURDAY PROGRAM OFFERS SIX FREE STUDIO ART
	COURSES ENROLLING OVER 200 NEW YORK CITY PUBLIC HIGH SCHOOL
	STUDENTS. MOST CLASSES MEET FROM 10 AM TO 5 PM ON SATURDAYS FOR
	TWO SEMESTERS, OCTOBER THROUGH APRIL. THIS SCHEDULE PROVIDES THE
	INTENSIVE WORKING TIME NECESSARY TO EXPLORE MEDIA, TECHNIQUE, AND
	CONCEPT FOR BOTH THE BEGINNER AND THE STUDENT WITH ART EXPERIENCE.
	THE OUTREACH PRE-COLLEGE PROGRAM WAS FORMED IN 1992 TO EXTEND THE
	SUMMER ART PROGRAM TAUGHT AND ADMINISTERED BY THE SCHOOL OF ART
	FACULTY.
	(CONTINUED ON SCHEDULE O)
4c	I Other program services (Describe in Schedule O.) ATTACHMENT 1
	(Expenses \$ 10,214,147. including grants of \$ 606,277.) (Revenue \$ 3,777,675.)
4 e	e Total program service expenses ► 94,817,325.

Form 9	90 (2015)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	_		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х

Form **990** (2015)

Form 99	00 (2015)		F	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	Х	
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? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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?			37
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		х
27	disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		
27				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .	27		х
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
0 -	related organization? If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>	27		v
20	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

38 X Form **990** (2015)

Check if Schedule C contains a response or note to any line in this Part V Image: Control of Contece Control of Control of Control of Control of Co	Par				
1a Enter the number reported in Box3 of Form 1096. Enter-0- if not applicable		Check if Schedule O contains a response or note to any line in this Part V			
b Ener the number of Forms W-26 included in line 1a. Ener -0- if not applicable	1.0	Enter the number reported in Box 2 of Ferm 1006. Enter 0 if not appliable $1a$ 207		Tes	NO
c Did the organization comply with backup withholding the loss for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? it it< it< it it< it< it< it< it it< it	1a h	Enter the number of Forms W 2G included in line 1a Enter 0 if not applicable			
reportable gaming (gambling) winnings to prize winners? 1c x 28 Entor the number of employees reported on Form W43. Transmittal of Wage and Tax. 12 1.0.93 b If at least one is reported on line 2a, did the organization file all required to effie (see instructions). 3a Xa 3a Dd the organization have unrelated business gross income of \$1.000 or more duming the year? 3a Xa b If 'ses', this file af Come 1 a foreign country (such as a back account, securities account, or other financial account in a foreign country: > 3a Xa 5a Dd the organization aperty to a prohibited tax sheler transaction at any time during the tax sheler. 5a Xa 5a Dd the organization include with every solicitation and ary time during the tax year?. 5a Xa 5a Dast able action include with every solicitation an ary to a prohibited tax sheler transaction at any time during the tax year?. 5a Xa 5a Dast able party notify the organization that it was the ormal by represent that stoch contributions or glits were not tax deductible? 5b X 5a Dast able party notify the organization action that was a contributions and partly ta a contributions or glits were not tax deductible? 5b X 5a Dast able party notify the organization actexection T70(c). 7a X <td></td> <td>Enter the number of Forms W-20 included in the Fa. Enter-of-inflot applicable,</td> <td></td> <td></td> <td></td>		Enter the number of Forms W-20 included in the Fa. Enter-of-inflot applicable,			
2a Enter the number of employees reported on Form W-3. Transmital of Wage and Tax 2a 1,039 bit at least one is reported on line 2a, did the organization file all required to effie (see instructions). 2b X 3a Dothe organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a tinancial account? 3a X 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a tinancial account? 5a X 5a Was the organization have annieters or FACEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization have annieters are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions of gris twere not tax deductible as charitable contributions? 5a X 5b If Yes, ' did the organization file Form 8286 T? 7a X Y 6c If Yes's to line 5a or 5b, did the organization an express statement that such contributions of gris twere not tax deductible as charitable contributions? 5a X 7 Organization stateware precive deductible contributions under section 1	U		1c	х	
Statements, field for the calendar year ending with or within the year covered by this return. [28] 1, 0.39 b If at least one is reported on line 2, ad (the organization file all required federal employment tax returns? 30 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a 3b If Yes?, this if ited a Form 900-To trith year? 3a 3a 3a 3a 3b If Yes?, this if ited a Form 900-To trith year? 3a 3a 3a 3a 3c If Yes?, this if ited a Form 900-To trith year? 3a 3a 3a 3a 3a Dt Hor organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a 3a 3c If Yes? is that if a foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Da sto erganization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and partly for goods and services provided to the payor? 7b C 7 Organization state trapsection? C X 7b	2a				
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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 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a	а	Gross income from members or shareholders	-		
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a X					
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a X			12a		
a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a					
Note. See the instructions for additional information the organization must report on Schedule O. Image: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			4.0-		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	а		13a		
the organization is licensed to issue qualified health plans					
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	b				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	_				
			142		x

Form 990 (2015)

Form §	Open (2015)The cooper union for the advancement of13-5562	2985	I	-age 6						
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	, and	for a	a "No"						
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	struc	tions.						
	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sect	ion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20)								
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		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct									
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint									
	one or more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	71-		v						
	stockholders, or persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during									
	the year by the following:	8a	Х							
a	The governing body?	8b	X	<u> </u>						
b	Each committee with authority to act on behalf of the governing body?	00	21	<u> </u>						
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		x						
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	e.)	<u> </u>						
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,									
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give									
	rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"									
	describe in Schedule O how this was done	12c	X	<u> </u>						
13	Did the organization have a written whistleblower policy?	13	Х	<u> </u>						
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by									
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37						
а	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b		X						
40-	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	16a		х						
h	with a taxable entity during the year?	104								
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the									
	organization's exempt status with respect to such arrangements?	16b								
Sect	ion C. Disclosure			·						
17	List the states with which a copy of this Form 990 is required to be filed ▶									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)						
	available for public inspection. Indicate how you made these available. Check all that apply.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,)						
	X Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	/, and						
	financial statements available to the public during the tax year.		-							

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► WILLIAM E. MEA, 30 COOPER SQUARE, 7TH FLOOR NEW YORK, NY 10003-7120 212-453-4150

Form 990 (2015)

organization's tax year.

13-5562985

Page 7

	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, an Independent Contractors	nd
	Check if Schedule O contains a response or note to any line in this Part VII	Х
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Complete	e this table for all persons required to be listed. Report compensation for the calendar year ending with or within t	the

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	box, office	unles	Pos neck ss pe d a d	erson lirect	e than c is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)RICHARD S LINCER	1.00									
CHAIRMAN	1.00	Х		Х				0.	0.	0.
(2)MONICA ADDALLAH UNTIL 6/29/16	1.00									
MEMBER-BD OF TRUST	0.	Х						0.	0.	0.
(3)NILS FOLKE ANDERSON	1.00									
MEMBER-BD OF TRUST.	0.	Х						0.	0.	0.
(4)ROBERT A. BERNHARD	1.00									
MEMBER - BOARD OF TRUSTEES	1.00	Х						0.	0.	0.
(5)JOSEPH DOBRONYI	1.00	-								
MEMBER - BOARD OF TRUSTEES	0.	Х						0.	0.	0.
(6)THOMAS DRISCOLL	1.00									
MEMBER - BOARD OF TRUSTEES	0.	Х						0.	0.	0.
(7) RAYMOND G. FALCI UNTIL 12/15	1.00									
MEMBER - BOARD OF TRUSTEES	0.	Х						0.	0.	0.
(8) JEFFREY R. GURAL UNTIL 12/15	1.00									
MEMBER - BOARD OF TRUSTEES	1.00	Х						0.	0.	0.
(9)JEFFREY S. HERSCH	1.00									
MEMBER - BOARD OF TRUSTEES	0.	Х						0.	0.	0.
(10)ERIC_HIRSCHHORN	1.00	-								
MEMBER - BOARD OF TRUSTEES	0.	Х						0.	0.	0.
(11) ADRIAN JOVANOVIC	1.00									
MEMBER-BD OF TRUST.FROM 12/15	0.	Х						0.	0.	0.
(12) PETER KATZ	1.00									
MEMBER-BD OF TRUST.FROM 12/15	0.	Х						0.	0.	0.
(13)MALCOLM M. KING MEMBER - BOARD OF TRUSTEES	1.00	x						0.	0.	0.
(14)SCOTT_LERMAN	1.00	x						0.	0.	
MEMBER-BD OF TRUST.FROM 06/16	υ.	А						0.	0.	0.

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tees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E) (F) Average hours per veek (list any hours for related Position Reportable compensation Estimated officer and a director/trustee) officer and a director/trustee) the organizations organizations (W-2/1099-MISC) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 (W-2/1099-MISC) from the organization										Page 8					
Average hours per veek (list any hours for relatedPosition (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensation from the organizationsReportable compensation 	tees, Ke	es, Key Employees, and Highest Compensated Employees (continued)													
Hoursper hoursper veek (list any hours for related (do not check more than one box, unless person is both an officer and a director/trustee) Topentation compensation from Compensation related amount of other organizations Particle Image: Compensation officer and a director/trustee) Image: Compensation from Compensation from Compensation related amount of other Particle Image: Compensation officer Image: Compensation from Image: Compensation from	(B)	(C)						(C) (D) (E)							
lelow dotted line) reidic ut e m yo e t e (W-2/1099-MISC) and related organizations	hours per veek (list any hours for related organizations velow dotted	box, office or director	unles	heck ss pe	more rson lirect	is both or/trust employe	an	compensation from the	compensation from related organizations	amount of other compensation from the organization and related					

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)			(C	;)			(D)	(E)	(F)	
Name and title	Average hours per week (list any hours for	box, office	not ch unles er and	s per a di	more rson irect	e than c is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
15) JESSICA MARSHALL	1.00										
MEMBER-BD OF TRUST.FROM 11/15	0.	Х						0.	0.	0.	
16) JULIAN MAYFIELD FROM 6/16	1.00										
MEMBER-BD OF TRUST	0.	Х						0.	0.	0.	
17) EDGAR MOKUVOS	1.00										
MEMBER - BOARD OF TRUSTEES	0.	Х						0.	0.	0.	
18) KEVIN SLAVIN	1.00										
VICE CHAIR - BOARD OF TRUSTEES	0.	Х						0.	0.	0.	
19) ROBERT TAN	1.00										
MEMBER - BOARD OF TRUSTEES	0.	Х						0.	0.	0.	
20) JOHNNY TAYLOR JR.	1.00										
MEMBER - BOARD OF TRUSTEES	0.	Х						0.	0.	0.	
21) RACHEL WARREN	1.00										
MEMBER - BOARD OF TRUSTEES	0.	Х						0.	0.	0.	
22) JEREMY WERTHEIMER	1.00										
MEMBER - BOARD OF TRUSTEES	0.	Х						0.	0.	0.	
23) ELIZABETH DILLER	1.00										
MEMBER - BOARD OF TRUSTEES	0.	Х						0.	0.	0.	
24) WILLIAM MEA	35.00										
ACTING PRESIDENT, TREASURER	1.00			Х				330,879.	0.	71,648.	
25) LAWRENCE CACCIATORE	35.00										
CHIEF OF STAFF, SEC TO BOT	1.00			Х				271,639.	0.	42,375.	
1b Sub-total							►	0.	0.	0.	
c Total from continuation sheets to Part VII, S	ection A						►	3,100,711.	0.	749,543.	
d Total (add lines 1b and 1c)								3,100,711.	0.	749,543.	
2 Total number of individuals (including but not				d ab	oove	e) who	o re	ceived more than	\$100,000 of		
reportable compensation from the organization	n 🕨	74	1								
										Yes No	

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated	
		3
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such	
	individual	4
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5
-		

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 30	e listed above) who received	

Х

Х

Х

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⊢orm	990	(2015)	

	(A) Name and title	(B) Average hours per week (list any hours for related	box, office	not ch unles r and	s pei I a di	ition more rson irect	e than o is both or/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportal compensatio related organizati (W-2/1099-	n from I ons	am com	(F) timated ount of other censation om the	
		organizations below dotted line)	Individual trustee or director	Institutional trustee	ficer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			and	anizatio I relateo nizatior	ł
6)	JUSTIN HARMON VP-COMMUNICATIONS	35.00 1.00				х			227,694.		0.		58,4	97
7)	MITCHELL LIPTON VICE PRESIDENT OF ENROLLMENT	35.00 0.				Х			250,677.		0.		60,7	96
8)	STEPHEN BAKER VP OF STUDENT AFFAIRS	35.00 0.				х			262,453.		0.		61,9	7
	JUDITH SASKIA BOS DEAN, SCHOOL OF ART	35.00 0.					х		228,104.		0.		35,6	9
	ALAN NEIL WOLF PROFESSOR AND CHAIR OF PHYSICS	35.00 0.					х		219,832.		0.		34,8	6
	WILLIAM GERMANO DEAN, FACULTY OF HUMANITIES	35.00					x		213,707.		0.		57,0	9
	ELIZABETH O'DONNELL ASSOCIATE DEAN, PROFESSOR	35.00					Х		203,955.		0.		56,1	.2
	GEORGE DELAGRAMMATIKAS ASSOCIATE PROF., PGRM DIRECTOR	35.00					х		193,501.		0.		56,7	3
	JAMSHED BHARUCHA FORMER PRESIDENT	35.00						x	522,344.		0.	1	95,1	4
5)	TERESA DAHLBERG	35.00 0.						x	175,926.		0.		18,5	9
С	Sub-total Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)	ection A												
	Total number of individuals (including but not l reportable compensation from the organization	imited to tl		isteo			e) who	o re	ceived more than	\$100,000 c	of			
	Did the organization list any former offic				otor	- I	(0)(0		loves or highest		atod		Yes	Ν
	employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ind	ividu	ıal .	• •	•••	• •				3	X	
ļ	For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,00)0?	lf	"Yes	s," (complete Schedu	sation from le J for s	the such	4	X	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue col	mpen	satic	on f	rom	n any	uni	related organization			5		2
Se	tion B. Independent Contractors	-, 1				-				<u></u>				
1	Complete this table for your five highest com compensation from the organization. Report c year.													
	(A) Name and business add	ress							(B) Description of se	rvices	Co	(C) ompens	ation	
_														_

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 ►

Part VIII Statement of Revenue Check # Schedule Contains a response or note to any line in this Part VII. City Contains a response or note to any line in this Part VII. Contains a response or note to any line in this Part VII. Contains a response or note to any line in this Part VII. Contains a response or note to any line in this Part VII. Contains a response or note to any line in this Part VII. Contains a response or note to any line in this Part VII. Contains a response or note to any line in this Part VII. Contains a respon	Form	Form 990 (2015) THE COOPER UNION FOR		THE ADVANCEME	NT OF	13-55629	85 Page 9		
Bit Pederated compages Image of the second of	Par	t VIII	Statement of Rever	nue					
Total neeme Field are more in the second are sec			Check if Schedule O co	ontains a respor	nse or note to ar	ny line in this Part V	ΊΙΙ		X
Interaction Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>							Related or exempt function	Unrelated business	Revenue excluded from tax under sections
Interfere 0 <th0< th=""><th>ants unts</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></th0<>	ants unts								
Interfere 0 <th0< th=""><th>Ē</th><th></th><td>•</td><td></td><td></td><td></td><td></td><td></td><td></td></th0<>	Ē		•						
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Interfere 0 <th0< th=""><th>ibut</th><th>T</th><td>-</td><td>-</td><td>0 407 510</td><td></td><td></td><td></td><td></td></th0<>	ibut	T	-	-	0 407 510				
Interfere 0 <th0< th=""><th>d df</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></th0<>	d df								
Participant Building Code Participant	aŭ Ĉ					0 050 261			
3 Investment income (including dividends, interest, and other similar amounts)	ne			<u></u>		0,030,201.			
3 Investment income (including dividends, interest, and other similar amounts)	ven	20	TIITTION AND STUDENT FEES			39 380 922	39 380 922		
3 Investment income (including dividends, interest, and other similar amounts)	Re								
3 Investment income (including dividends, interest, and other similar amounts)	vice					.,,			
3 Investment income (including dividends, interest, and other similar amounts)	Ser								
3 Investment income (including dividends, interest, and other similar amounts)	E	e							
3 Investment income (including dividends, interest, and other similar amounts)	ogr	f	All other program service rev	/enue					
and other similar amounts). 32,632,593. -10,897. 32,643,480. 4 Income from investment of tax-exempt bond proceeds. 0. 0. 0. 5 Royalties 0. 0. 0. 0. 6 Royalties 1.998,394. 0. 0. 0. 6 Rental income or (loss) 1.298,394. 1.998,394. 1.998,394. 7 Gross amount from sales of ansets other than inventory (i) Securities (i) Other 1.998,394. 9 Less: cost or other basis and sales expenses 57,125,474. 1.998,294. 1.998,394. 6 Net income or (loss) 4.842,809. 4.842,809. 4.842,809. 9 Ba Gross income from fundraising events 0. 0. 0. 9 Gross income from gaming activities. 0. 0. 0. 9 Gross sales of inventory. 1.988,102. 0. 0. 10 Gross income or (loss) from gaming activities. 0. 0. 0. 9 Gross income from gaming activities. 0. 0. 0. 0. 10 Gross sales of invent	Ţ	g	Total. Add lines 2a-2f	<u></u>	<u></u>	42,405,563.			
4 Income from investment of tax-exempt bond proceeds 0. 5 Royatties 0. 6a Gross rents 0. 1,998,394. 1,998,394. b Less: rental expenses 1,998,394. 7a Gross amount from sales of and sales expenses 1,998,394. 7a Gross amount from sales of and sales expenses (i) Other assets other than inventory (i) 592,223. b Less: cost or other basis and sales expenses 57,123,474. and sales expenses 57,123,474. d Net gain or (loss)		3	Investment income (inc	cluding dividen	ds, interest,				
5 Royalties 0 0 6a Gross rents 1,998,394. 0 b Less: rental expenses 1,998,394. 1,998,394. c Rental income of (loss) 1,998,394. 1,998,394. d Net rental income of (loss) 1,998,394. 1,998,394. a Gross amount from sales of assets other than inventory 61,958,283. 1,998,394. b Less: cost or other basis and sales expenses 57,125,474. 4,842,809. c Gain or (loss) 4,842,809. 4,842,809. d Net gain or (loss) 4,842,809. 4,842,809. s Gross income from fundraising events (not including \$			and other similar amounts).		►	32,632,593.		-10,887.	32,643,480.
Image: series in the serie						0.			
Sa Gross rents		5	Royalties			0.			
b Less: rental expenses				(i) Real	(II) Personal				
c Rental income or (loss) . 1.998,394. 1,998,394. 1,998,394. 7a Gross amount from sales of assets other than inventory b. (0) Securities (ii) Other assets and sales expenses		6a	Gross rents	1,998,394.					
d Net rental income or (loss). 1,998,394. 1,998,394. 7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other 61.968,283. 61.968,283. 61.968,283. 61.968,283. b Less: cost or other basis and sales expenses									
7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other b Less: cost or other basis and sales expenses			()			1 000 004			1 000 004
Image: Second control of the second						1,998,394.			1,998,394.
b Less: cost or other basis and sales expenses				61,968,283,					
e Gain or (loss)		b	Less: cost or other basis						
d Net gain or (loss)			and sales expenses	57,125,474.					
Ba Gross income from fundraising events (not including \$		с							
events (not including \$		d	Net gain or (loss)		<u></u> ▶	4,842,809.			4,842,809.
c Net income or (loss) from fundraising events. 0. 9a Gross income from gaming activities. See Part IV, line 19 0. b Less: direct expenses 0. b Less: direct expenses 0. 10a Gross sales of inventory, less returns and allowances 0. b Less: cost of goods sold 0. Miscellaneous Revenue Business Code 0. 11a OTHER REVENUE 611710 753,034. c	ne	8a	Gross income from fundra	aising					
c Net income or (loss) from fundraising events. 0. 9a Gross income from gaming activities. See Part IV, line 19 0. b Less: direct expenses 0. b Less: direct expenses 0. 10a Gross sales of inventory, less returns and allowances 0. b Less: cost of goods sold 0. Miscellaneous Revenue Business Code 0. 11a OTHER REVENUE 611710 753,034. c	ven								
c Net income or (loss) from fundraising events. 0. 9a Gross income from gaming activities. See Part IV, line 19 0. b Less: direct expenses 0. b Less: direct expenses 0. 10a Gross sales of inventory, less returns and allowances 0. b Less: cost of goods sold 0. Miscellaneous Revenue Business Code 0. 11a OTHER REVENUE 611710 753,034. c	Re								
c Net income or (loss) from fundraising events. 0. 9a Gross income from gaming activities. See Part IV, line 19 0. b Less: direct expenses 0. b Less: direct expenses 0. 10a Gross sales of inventory, less returns and allowances 0. b Less: cost of goods sold 0. Miscellaneous Revenue Business Code 0. 11a OTHER REVENUE 611710 753,034. c	her								
9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses	õ					0			
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 > ●<			See Part IV, line 19	a					
10a Gross sales of inventory, less; b Less; cost of goods sold o. o. b Less; cost of goods sold o. o. Miscellaneous Revenue Business Code o. o. 11a OTHER REVENUE 611710 753,034. 753,034. b		b	•						
returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory. Miscellaneous Revenue Business Code 11a OTHER REVENUE b 611710 753,034. 753,034. c a d All other revenue e Total Add lines 11a-11d 12 Total revenue. See instructions. JSA Form 990 (2015)				-	· · · · · · •	0.			
c Net income or (loss) from sales of inventory. ▶ 0. Miscellaneous Revenue Business Code Image: Code state stat		10a	returns and allowances	a					
Miscellaneous Revenue Business Code Image: Code of the second seco			Less: cost of goods sold Net income or (loss) from sa	b les of inventory		0.			
b c d All other revenue									
c		11a	OTHER REVENUE		611710	753,034.	753,034.		ļ
d All other revenue		b							
e Total. Add lines 11a-11d 753,034. 12 12 Total revenue. See instructions. ▶ 91,490,654. 43,158,597. -10,887. 39,484,683. JSA Form 990 (2015)		c							
12 Total revenue. See instructions. 91,490,654. 43,158,597. -10,887. 39,484,683. JSA Form 990 (2015)		d			Ļ				
JSA Form 990 (2015)		-							
	JSA	12	I otal revenue. See instructio	ons.	•	91,490,654.	43,158,597.		

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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). Check if Schedule O contains a response or note to any line in this Part IX Х (C) Management and (B) Program service (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 31,874,800. 31,874,800. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 0 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 2,729,406. 865,598. 1,863,808 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 7 Other salaries and wages 23,667,983. 21,498,749 1,235,658 933,576. 8 Pension plan accruals and contributions (include 1,981,726. 1,500,392. 380,802 100,532. section 401(k) and 403(b) employer contributions) 306,308. 7,097,365 4,374,890 2,416,167 9 Other employee benefits 1,975,979. 1,483,051. 390,233. 102,695. Payroll taxes 10 11 Fees for services (non-employees): 0 a Management 719,220 713,939 5,281 b Legal 237,180. 237,180 c Accounting 251,108 251,108 d Lobbying 34,134. 34,134. e Professional fundraising services. See Part IV, line 17 730,896. 730,896 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 0 (A) amount, list line 11g expenses on Schedule O.) 287,131 17,328. 12 Advertising and promotion 356,596 52,137 4,803,606 3,493,712. 568,033. 741,861. 13 Office expenses 38,871 38,871 14 Information technology 0 Royalties 15 6,119,376. 5,648,329 285,032 186,015. Occupancy 16 866,990. 717,381 112,659 36,950. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 721,628 454,870. 204,656 62,102 19 Conferences, conventions, and meetings 12,975,460 12,304,041. 512,877. 158,542. Interest 20 0 21 Payments to affiliates 8,604,347. 8,085,250 303,837 215,260. 22 Depreciation, depletion, and amortization 204,834. 170,948 23,823. 10,063. Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) aSTUDENT_SERVICES_____ 523,766. 523,766 260,094. 254,830 5,264 bLIBRARY_CONSORTIUM_ 9,346 cLIBRARY_BOOKS_&_PERIODICALS___ 60,032. 50,686 2,759,141. 1,434,963. 1,080,504. 243,674. dMISCELLANEOUS_ADMIN_____ 666,875 666,875 e All other expenses _____ 110,261,413 94,817,325 11,902,280 3,541,808. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 if

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0

following SOP 98-2 (ASC 958-720)

Form	990	(2015)
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-	rt X	Balance Sheet			Fage II
га	пΛ	Check if Schedule O contains a response or note to any line in this P	art X		
_			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	29,237,987.	1	31,232,214.
	2	Savings and temporary cash investments	1,066,539.	2	2,120,603.
	3	Pledges and grants receivable, net	3,289,549.	3	384,825.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
s		organizations (see instructions). Complete Part II of Schedule L	0.	-	0.
Assets	7	Notes and loans receivable, net	1,589,342.	7	1,751,694.
As	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	19,304,644.	9	17,444,697.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 275, 789, 217.			
		Less: accumulated depreciation	168,261,488.		
	11	Investments - publicly traded securities	70,834,245.		55,581,531.
	12	Investments - other securities. See Part IV, line 11	709,136,044.	12	749,673,118.
	13	Investments - program-related. See Part IV, line 11	0.		0.
	14	Intangible assets	0.		0.
	15	Other assets. See Part IV, line 11	0.		0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,002,719,838.		1,019,568,707.
	17	Accounts payable and accrued expenses	33,313,177.		44,741,443.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	105,515,620.	19	104,437,444.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
iab		disqualified persons. Complete Part II of Schedule L	0.		0.
	23	Secured mortgages and notes payable to unrelated third parties	233,760,000.	23	233,760,000.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X $% \left({{X_{\rm{A}}} \right) = 0} \right)$			
		of Schedule D	5,705,799.	25	5,731,688.
	26	Total liabilities. Add lines 17 through 25	378,294,596.	26	388,670,575.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	-125,860,739.	27	-157,540,489.
Ba	28	Temporarily restricted net assets	674,174,488.	28	710,563,809.
рq	29	Permanently restricted net assets	76,111,493.	29	77,874,812.
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Nei	33	Total net assets or fund balances	624,425,242.	33	630,898,132.
	34	Total liabilities and net assets/fund balances	1,002,719,838.	34	1,019,568,707.

Form 990 (2015)

THE	COOPER	UNION	FOR	THE	ADVANCEMENT	OF

Form 99	90 (2015)				Pa	ge 12
Part	XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			90,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	0,2	61,4	113.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	8,7	70,7	759.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	62	4,4	25,2	242.
5	Net unrealized gains (losses) on investments	5	3	4,9	93,2	200.
6	Donated services and use of facilities	6				0.
7		7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-	9,7	49,5	551.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	63	0,8	98,1	L32.
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b	Х	
					000	

Form **990** (2015)

SCHEDULE A

Public Charity Status and Public Support

(Form	990 or 990-EZ)			Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.							
Departr	nent of the Treasury Revenue Service		Attach to Form 990 or Form 990-EZ. Open to Public								
						tructions					
	-	THE COOPI	SR UNION FOR	THE ADVANCEMEN	I, Of,		Employer ident				
Part	NCE & ART	· Public Cha		ragnizations must	omplot	o thic pr	art.) See instructions.	5562985			
				is: (For lines 1 through			,				
1	-	-		tion of churches desc	-	-					
				. (Attach Schedule E							
3				rganization described	-						
4		-	-	-			n section 170(b)(1)(A)	(iii) Enter the			
	hospital's nam	-	-		spital de	Scribed ii					
5		-		a college or universit	vowned	d or ope	erated by a governme	ntal unit described in			
• _		-	Complete Part II.)	a concego or anivoron	.,						
6				rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).				
7		-	-			-	vernmental unit or fro	m the general public			
			(1)(A)(vi). (Compl	-		Ū.		- .			
8	A community	trust describe	d in section 170(b	o)(1)(A)(vi). (Complete	e Part II.)						
9	An organizatio	on that norma	ally receives: (1) m	nore than 331/3% of	its supp	ort from	contributions, membe	ership fees, and gross			
	receipts from	activities rela	ated to its exemp	t functions - subject	to certa	in excep	otions, and (2) no mor	e than 331/3% of its			
	support from	gross invest	tment income and	d unrelated business	taxable	e income	e (less section 511 t	ax) from businesses			
_		•		975. See section 509		•	,				
10	-	-	-	usively to test for publi	-						
11		-	-	-	-		functions of, or to car				
			-			-	ion 509(a)(2). See sec				
		-					and complete lines 11e	-			
а			-		-		orted organization(s), t				
		-			elect a m	ajority o	f the directors or trust	ees of the supporting			
b	-		omplete Part IV, S		nnaction	with ite	supported organization	n(c) by boying			
b			-				is that control or mana				
		-	· · · -	, Sections A and C.	the sam	e persor		age the supported			
с	-		-		ated in co	onnectio	n with, and functionall	v integrated with.			
			-	is). You must comple				,			
d		-					ection with its support	ed organization(s)			
	that is not fu	inctionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement and	an attentiveness			
	requirement	(see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.				
е	Check this b	ox if the orga	nization received	a written determinatio	n from t	he IRS tl	hat it is a Type I, Type II	, Type III			
				ionally integrated sup		organizat	tion.				
								•••••			
-				orted organization(s).	<i>a</i>						
(L	Name of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see			
				above (see instructions))	docu	ment?	instructions)	instructions)			
					Yes	No					
(A)											
(B)											
(C)											
(D)											
(E)											

OMB No. 1545-0047

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not 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.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2015 (li		· •				%
15	Public support percentage from 2014						%
16a	331/3% support test - 2015. If the o	•					
_	this box and stop here. The organization						
b	331/3% support test - 2014. If the c						
47-	check this box and stop here. The org	-					
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization		-				
						•	•
	Part VI how the organization meets t			•	•		•••
h	organization 10%-facts-and-circumstances test - 2						
u	15 is 10% or more, and if the orga		•				
	Explain in Part VI how the organizati						-
	supported organization				-	-	
18	Private foundation. If the organization						
10	instructions						

Schedule A (Form 990 or 990-EZ) 2015

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not 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						
	Amounts included on lines 1, 2, and 3						
	received from disgualified 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						
•	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
Ū	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	.,					
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
h	sources Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
~	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						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				an fifth tour u		
14	First five years. If the Form 990 is for an area back this have and stop here	0	,				
500	organization, check this box and stop here . tion C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8,			mn (f))		15	%
16	Public support percentage from 2013 (line 6, Public support percentage from 2014 Sche						%
						16	/0
	tion D. Computation of Investmer			12 column (f))		17	0/
17 1 0	Investment income percentage for 2015 (lin						<u>%</u>
18	Investment income percentage from 2014 S					18	%
19 a	331/3% support tests - 2015. If the org	-					
	17 is not more than 331/3%, check this						
a	331/3% support tests - 2014. If the orga						
20	line 18 is not more than 331/3%, check						
20 JSA	Private foundation. If the organization	and not check		14, 19a, 01 19t			990 or 990-EZ) 2015
5 - 122	1 1 000						

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

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

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Page 4

Yes No

.ISA

-	le A (Form 990 or 990-EZ) 2015		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11-		
L	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b 11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	TIC		
<u></u>			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Saati	on D. All Type III Supporting Organizations	1		
Secu			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	103	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization's supported organizations played in this regard.</i>	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons):	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part		Supporting Organizat	(CUTILITUEU)	Original of Mark
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	eses of supported organized	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
C				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B	Schedule of Contributors	OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	 Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/formation about Schedule B (Form 990, 990-EZ, or 990-PF). 	^{form990.} 20 15
Name of the organization	n E	Employer identification number
THE COOPER UNIC	N FOR THE ADVANCEMENT OF	
SCIENCE & ART		13-5562985
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private found	dation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundatio	งก
	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

Solution For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Х Person Payroll 25,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions No. Name, address, and ZIP + 4 Type of contribution 2 Х Person Payroll 50,000. \$ Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Х Person Payroll 48,932. Х \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person Payroll 10,500. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Х Person Payroll 10,500. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution б Х Person Payroll \$ 5,000. Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>11</u>		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12		\$22,614.	Person X Payroll Noncash (Complete Part II for

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>13</u>		\$393,379.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>14</u>		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contribution
15		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contribution
16		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>17</u>		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
18		\$10,000.	Person X Payroll Noncash

Name of organization THE COOPER UNION FOR THE ADVANCEMENT OF

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
21		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
22		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
23		\$7,510.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
24		\$25,578.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
25		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
26		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
27		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
28		\$5,135.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
29		\$116,950.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
30		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>31</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
32		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
33		\$10,000.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
34		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
35		\$161,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
36		\$7,000.	Person X Payroll Noncash

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	SCIENCE & ART		13-5562985
Part I (a) No.	Contributors (see instructions). Use duplicate copie (b) Name, address, and ZIP + 4	es of Part I if additional space is ne (c) Total contributions	eeded. (d) Type of contribution
37		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$25,554.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$178,611.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$7,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THE COOPER UNION FOR THE ADVANCEMENT OF

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Part I Con	tributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$48,236.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$22,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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	SCIENCE & ART		13-5562985
Part I	Contributors (see instructions). Use duplicate copies of	f Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		_ \$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		- _ \$591,770.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		_ \$70,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		- _ \$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		_ \$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
55		\$108,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
56		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
57		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
58		\$10,077.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 59 </u>		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
60		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-5562985

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 61 Х Person Payroll 100,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 62 Х Person Payroll 19,279. \$ Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 63 Х Person Payroll 30,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 64 Х Person Payroll 43,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 65 Х Person Payroll 18,099. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 66 Х Person Payroll \$ 10,000. Noncash (Complete Part II for noncash contributions.)

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	SCIENCE & ART		13-5562985
Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$37,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

Employer identification number 13-5562985 rs (see instructions). Use dunlicate conies of Part Lifed ditional space is dod

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
73		\$16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
74		\$165,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
76		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
78		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Employer identification number 13-5562985

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 79 Х Person Payroll 24,520. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 80 Х Person Payroll 5,000. \$ Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 81 Х Person Payroll 25,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 82 Х Person Payroll 6,250. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 83 Х Person Payroll 5,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 84 Х Person Payroll \$ 10,000. Noncash (Complete Part II for noncash contributions.)

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	SCIENCE & ART		13-5562985		
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
85		- _ \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
86		- \$\$10,301.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
87		- _ \$5,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
88		- _ \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
89		- _ \$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
90		- _ \$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

	SCIENCE & ART	13-5562985	
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94		\$27,174.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$100,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96		\$93,605.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 97 Х Person Payroll 6,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 98 Х Person Payroll 9,954. \$ Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 99 Х Person Payroll 15,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 100 Х Person Payroll 5,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 101 Х Person Payroll 7,500. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 102 Х Person Payroll \$ 18,590. Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$22,991.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$6,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$13,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		\$24,989.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_114		\$220,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-5562985

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>15</u>		\$459,295.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contribution
.16		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
.17		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
18		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>19</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> </u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-5562985

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
121 — — — — — — — — — — — — — — — — — —		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>122</u>		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>123</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>125</u>		\$9,375.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
126		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$6,167.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
130		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
131		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
132		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I Co	ontributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>133</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>134</u>		\$14,689.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>135</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>136</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
137 		\$21,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>138</u>		\$15,752.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-5562985

art I C	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>139</u>		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>40</u> –		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>141</u>		\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.42		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>143</u>		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
144		\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
146		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
147		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
148_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
149		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
150		\$ 40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
151 		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>152</u>		\$40,354.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>153</u>		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u></u>		\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
156		\$20,000.	Person X Payroll Noncash (Complete Part II for

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-	SCIENCE & ART	13-5562985	
Part I Cor	ntributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
158		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
159		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
160		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
161		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
162		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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SCIENCE & ART Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 163 Х Person Payroll 99,371. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 164 Х Person Payroll 14,600. \$ Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 165 Х Person Payroll 12,716. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 166 Х Person Payroll 5,663. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 167 Х Person Payroll 21,900. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 168 Х Person Payroll \$ 17,500. Noncash (Complete Part II for noncash contributions.)

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Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
169		\$9,102.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
170		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
171		\$6,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
172		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
173		\$91,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
174		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> </u>		\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> </u>		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$13,152.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
.78		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
.79		\$155,658.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
180		\$12,225.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I Co	ntributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>181</u>		\$100,760.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	ganization THE COOPER UNION FOR THE ADVANCEMENT	OF		entification number
	SCIENCE & ART			13-5562985
art II	Noncash Property (see instructions). Use duplicate copies	of Part II if add	itional space is nee	ded.
(a) No. from Part I	(b) Description of noncash property given		(C) / (or estimate) e instructions)	(d) Date received
3	PUBLICLY TRADED SECURITIES			
		\$	48,932.	VAR
(a) No. from Part I	(b) Description of noncash property given		(c) / (or estimate) e instructions)	(d) Date received
38	PUBLICLY TRADED SECURITIES			
		\$	25,554.	
(a) No. from Part I	(b) Description of noncash property given		(c) / (or estimate) // instructions)	(d) Date received
58	PUBLICLY TRADED SECURITIES			
		\$	10,077.	06/01/2016
(a) No. from Part I	(b) Description of noncash property given		(c) ((or estimate) e instructions)	(d) Date received
9.6	PUBLICLY TRADED SECURITIES			
86		\$	10,301.	12/23/2015
(a) No. from Part I	(b) Description of noncash property given		(c) / (or estimate) // e instructions)	(d) Date received
94	PUBLICLY TRADED SECURITIES			
		\$	27,174.	10/27/2015
(a) No. from Part I	(b) Description of noncash property given		(c) / (or estimate) e instructions)	(d) Date received
96	PUBLICLY TRADED SECURITIES			
20				05/10/2016
		\$	83,605.	05/19/2016

JSA 5E1254 2.000 7362LP 700J

ame of or	ganization THE COOPER UNION FOR THE ADVANCEMENT	OF		ntification number
	SCIENCE & ART			13-5562985
art II	Noncash Property (see instructions). Use duplicate copies of	of Part II if additiona	I space is nee	ded.
(a) No. from Part I	(b) Description of noncash property given	(c FMV (or e (see instr	estimate)	(d) Date received
110	PUBLICLY TRADED SECURITIES			
		\$	24,989.	12/28/2015
(a) No. from Part I	(b) Description of noncash property given	(c FMV (or e (see instr	stimate)	(d) Date received
134	PUBLICLY TRADED SECURITIES			
		\$	14,689.	VAR
(a) No. from Part I	(b) Description of noncash property given	(c FMV (or e (see instr	estimate)	(d) Date received
		 \$		
(a) No. from Part I	(b) Description of noncash property given	↓(c FMV (or e (see instr	estimate)	(d) Date received
		 \$		
(a) No. from Part I	(b) Description of noncash property given	(c FMV (or e (see instr	estimate)	(d) Date received
		 \$		
(a) No. from Part I	(b) Description of noncash property given	(c FMV (or e (see instr	estimate)	(d) Date received
		_		
		\$		

	(Form 990, 990-EZ, or 990-PF) (2015)			Page 4		
Name of or	ganization THE COOPER UNION FOR T SCIENCE & ART	HE ADVANCEMENT	OF	Employer identification number 13-5562985		
Part III	<i>Exclusively</i> religious, charitable, etc. (10) that total more than \$1,000 for	the year from any ions completing Par e year. (Enter this in	one contributor t III, enter the tot formation once.	scribed in section 501(c)(7), (8), or . Complete columns (a) through (e) and al of <i>exclusively</i> religious, charitable, etc.		
(a) No. from		·		(d) Decerintian of how sift is hold		
Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held		
		(e) Transf	er of gift	_		
	Transferee's name, address, ar	nd ZIP + 4	Rela	tionship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(c) Troop(ior of gift			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relat	tionship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
				-		
		(e) Transf	er of gift			
	Transferee's name, address, ar	nd ZIP + 4	Rela	tionship of transferor to transferee		
(-) N-						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(e) Transfer of gift				
	Transferee's name, address, an	nd ZIP + 4	Rela	tionship of transferor to transferee		
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2015		

(For	m 990 or 990-EZ)			a Tay Under costie	- FO((a) and costion F	_ଅ ୬ ଲ 15
			Organizations Exempt From Incon			
Interr	rtment of the Treasury nal Revenue Service	► Informa	lete if the organization is described be tion about Schedule C (Form 990 or 9	990-EZ) and its instruc		^{m990.} Inspection
			on Form 990, Part IV, line 3, or Form		6 (Political Campaign Activi	ties), then
		0	Complete Parts I-A and B. Do not comp		Do not complete Dort I D	
			on 501(c)(3)) organizations: Complete	Parts I-A and C below. L		
	Section 527 organiz		on Form 990, Part IV, line 4, or Form	000-E7 Part VI line 4	7 (Lobbying Activities) the	n
	-		that have filed Form 5768 (election ur			
		-	that have NOT filed Form 5768 (electi		•	•
If the	e organization answ	vered "Yes,"	on Form 990, Part IV, line 5 (Proxy	• •	<i>,,</i> ,	•
	(see separate instru					
			anizations: Complete Part III.		····	
		E COOPER	UNION FOR THE ADVANCEM	ENT OF		ntification number
_	ENCE & ART				13-55	
	-		organization is exempt under			nization.
1			organization's direct and indirect p			
2						
3	Volunteer hours					
	0	1 . 16 (1)				
			organization is exempt under			
1	Enter the amoun	t of any exc	cise tax incurred by the organizatio	n under section 495	5 ▶ \$	
2			cise tax incurred by organization m			
3			a section 4955 tax, did it file Form			
						Yes No
	If "Yes," describe	in Part IV.	organization is exempt under			<u>.</u>
Pai						<i>)</i>
1		•	expended by the filing organization		•	
2			ng organization's funds contributed			
			es			
3	Total exempt fu	nction expe	enditures. Add lines 1 and 2. En	ter here and on Fo	orm 1120-POL,	
4			e Form 1120-POL for this year?			
5	Enter the names,	addresses	and employer identification numbers. For each organization listed, er	er (EIN) of all section	on 527 political organiza	ations to which the filing
			tributions received that were prom			
			nd or a political action committee (
	(a) Name		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(4) (101110			(0) =	filing organization's	contributions received and
					funds. If none, enter -0	promptly and directly
						delivered to a separate political organization. If
						none, enter -0
<u></u>						,
(1)				-		
(2)						
(2)				-		
(2)						
(3)				-		
(4)						
(4)				-		
(5)						
(5)				1		
(6)						
(6)				4		

Political Campaign and Lobbying Activities

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

Schedule C (Form 990 or 990-EZ) 2015

OMB No. 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Sch	edule C (Form 990 or 990-EZ) 2015 THE CC	OPER UNION FOR THE ADVANCEMENT O	F 13-5	562985 Page 2
Pa	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (ele	ction under
Α		belongs to an affiliated group (and list in Pa enses, and share of excess lobbying expend		roup member's
В	Check ► if the filing organization	checked box A and "limited control" provisi	ons apply.	
	Limits on Lobb	ying Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group totals
1a	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 1	a and 1b)		
C	Other exempt purpose expenditures			
e	e Total exempt purpose expenditures (ad	d lines 1c and 1d)		
f	Lobbying nontaxable amount. Enter the	e amount from the following table in both		
	columns.			
	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	5% of line 1f)		
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0-		
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-		
j		on either line 1h or line 1i, did the organiza		
	reporting section 4911 tax for this year?	<u></u>		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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total	
2a Lobbying nontaxable 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) 2015

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

Far	For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		a)	(b)	
			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:				
а	Volunteers?		Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
С	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?		Х		
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		256,541.	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?		Х		
j	Total. Add lines 1c through 1i			256,541.	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	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?				
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	section	
				Yes No	
1	Were substantially all (90% or more) dues received nondeductible by members?			1	

1	were substantially all (90% of more) dues received hondeductible 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 carry over lobbying and political expenditures from the prior year?	3	

3 Did the organization agree to carry over lobbying and political expenditures from the price	r year
---	--------

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) 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).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
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	
	(N Cumplemental Information		

Supplemental Information Part IV

Schedule C (Form 990 or 990-EZ) 2015

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Page 4

Schedule C (Form 990 or 990-EZ) 2015

Part IV Supplemental Information (continued)

SUPPLEMENTAL INFORMATION

SCHEDULE C, PART II-B, LINE 1G

THE COOPER UNION CONTRACTED WITH A FIRM THAT SPECIALIZES IN GOVERNMENT RELATIONS AND COMMUNITY AFFAIRS. IN COORDINATION WITH COOPER UNION, THAT FIRM SHARED INFORMATION WITH MEMBERS OF THE NEW YORK CITY COUNCIL, THE NEW YORK CITY BOROUGH PRESIDENT, THE MAYOR'S OFFICE, NEW YORK STATE ASSEMBLY, NEW YORK STATE SENATE, AND RELEVANT CITY AND STATE AGENCIES REGARDING ISSUES THAT AFFECT COOPER UNION, AS WELL AS COOPER UNION ACTIVITIES THAT MAY AFFECT THE COMMUNITY.

(Fo	HEDULE D rm 990) artment of the Treasury nal Revenue Service	Complete if	ental Financia the organization answer , 8, 9, 10, 11a, 11b, 11c, ▶ Attach to Form 99 e D (Form 990) and its in	red "Y 11d, 90.	∕es" on Form 990, 11e, 11f, 12a, or '	12b.	ı/form990.	OMB No. 1545-0047 2015 Open to Public Inspection
Name	e of the organization	THE COOPER UNION FOR T	HE ADVANCEMENT (OF		Em	ployer identifica	tion number
_	IENCE & ART						13-55629	85
Pa		tions Maintaining Donor Adv				Acco	ounts.	
	Complete	e if the organization answered						
			(a) Donor advi	sed fi	unds		(b) Funds and	other accounts
1		nd of year						
2		of contributions to (during year)						
3		of grants from (during year)						
4		at end of year						
5	-	ion inform all donors and donor						
-	-	anization's property, subject to the	-		-			Yes No
6		ion inform all grantees, donors, a						
		e purposes and not for the bene						Yes No
Do		nissible private benefit?	<u> </u>		<u></u>		<u></u>	Yes No
Га		e if the organization answered	"Yes" on Form 990	Part	t IV line 7			
1		servation easements held by the						
		n of land for public use (e.g., rec				fah	nistoricallv im	portant land area
		of natural habitat	,	\square	Preservation o			•
		n of open space						
2		a through 2d if the organization h	eld a qualified conserv	ation	contribution in t	the fo	orm of a con	servation
	-	last day of the tax year.	·		ſ			End of the Tax Year
а		onservation easements				2a		
b		tricted by conservation easements				2b		
С		rvation easements on a certified				2c		
d	Number of conse	rvation easements included in (c) acquired after 8/17/	06,a	and not on a			
	historic structure I	isted in the National Register				2d		
3	Number of conse	rvation easements modified, trar	sferred, released, exti	nguis	shed, or termina	ated	by the organ	nization during the
	tax year 🕨							
4		where property subject to conse						
5		ation have a written policy reg						
-		orcement of the conservation ea						
6	Staff and volunteer	hours devoted to monitoring, inspec	ting, handling of violation	ns, ar	nd enforcing cons	ervat	tion easements	during the year
-			tin a da a allia a africadatio					
7			ting, handling of violatio	ons, a	and enforcing co	nser	vation easem	ents during the year
8	►\$	vation easement reported on line 2	2(d) above satisfy the re	auir	ements of sectio	n 17	0(h)(4)(R)(i)	
0)(4)(B)(ii)?						
9		ibe how the organization reports						
•		d include, if applicable, the text of						
		counting for conservation easeme		0				
Pa		tions Maintaining Collections				Sim	ilar Assets.	
	Complete	e if the organization answered	"Yes" on Form 990,	Part	t IV, line 8.			
1a	If the organization	n elected, as permitted under SI	FAS 116 (ASC 958), r	not to	o report in its re	even	ue statemen	t and balance sheet
	public service, pro	n elected, as permitted under SI torical treasures, or other simila wide, in Part XIII, the text of the fo	ootnote to its financial	state	ements that desc	ribes	n, or researces these items.	n in furtherance of
b	If the organization	n elected, as permitted under	SFAS 116 (ASC 958)	, to	report in its re-	venu	ie statement	and balance sheet
		torical treasures, or other simila		olic e	exhibition, educ	atior	n, or researc	h in furtherance of
		vide the following amounts relation					•	
	(I) Revenue inclue	ded in Form 990, Part VIII, line 1				• •	···· ► \$	
2		ed in Form 990, Part X						
2		n received or held works of a					s for financia	a gain, provide the
а		s required to be reported under S in Form 990, Part VIII, line 1 .					• ¢	
b	Assets included in	n Form 990, Part X				•••	► \$	
	Paperwork Reduction	Act Notice, see the Instructions for	Form 990.				Sch	edule D (Form 990) 2015

THE COOPER UNION FOR THE ADVANCEMENT OF

Schee	lule D (Form 990) 2015					-			I	Page 2
Par	t III Organizations Maintainin	ng Collections of	Art, Histor	ical Treas	ures,	or Oth	ner Similar A	ssets (co	ntinu	ed)
3	Using the organization's acquisition	on, accession, and o	other records	check any	of the	e follow	ving that are a	significant	use	of its
	collection items (check all that app	ly):								
а	Public exhibition		d 🗌	Loan or exc	hange	progra	ms			
b	Scholarly research		е	Other						
С	Preservation for future gene	rations								
4	Provide a description of the organ	nization's collections	and explain	how they t	further	the or	ganization's ex	empt purpo	ose in	Part
	XIII.									
5	During the year, did the organization	on solicit or receive o	lonations of a	rt, historical	treasu	res, or	other similar		_	_
	assets to be sold to raise funds rath	ner than to be mainta	ained as part o	of the organ	ization	's colleo	ction?	Yes	3	No
Par	t IV Escrow and Custodial Ar									
	Complete if the organizat	ion answered "Yes	s" on Form 9	90, Part IV	, line S), or re	ported an am	ount on Fo	rm	
	990, Part X, line 21.									
1a	Is the organization an agent, truste			-					_	_
	included on Form 990, Part X?							. Yes	<u>،</u>	No
b	If "Yes," explain the arrangement i	n Part XIII and comp	plete the follow	ing table:						
							Amou	nt		
С	Beginning balance									
d	Additions during the year				. 1d					
е	Distributions during the year				. 1e					
f	Ending balance				. 1f					
2a	Did the organization include an am									No
	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the expla	anation has I	peen pi	ovided	on Part XIII		<u> </u>	
Par	t V Endowment Funds.	ion on worod "Vor	" on Form 0		line	10				
	Complete if the organizat						(-1) =			
		(a) Current year	(b) Prior ye		Two yea		(d) Three years b		ur years	
1a	Beginning of year balance	738,487,768.	717,628,			,240.	640,535,54			,401.
b	Contributions	1,763,319.	4,354,	912. 2	,068	,012.	2,359,15	D0. 1	901	,949.
С	Net investment earnings, gains,	70 220 267	10 296	255 00	FOC	100	ED 242 70		EEO	600
	and losses	70,330,367.	49,386, 32,881,			,189.	52,343,79			,688.
d	Grants or scholarships	33,447,524.	32,001,	599. 30	,139	,341.	30,125,25	55. 27	041	,494.
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	777,133,930.	738 487	768 717	628	100	665,113,24	10 640	535	,544.
g	End of year balance							10. 010	555	, , , , , , , , , , , , , , , , , , , ,
2	Provide the estimated percentage Board designated or quasi-endown	of the current year	end balance (I	ine 1g, colur	nn (a))	held as	:			
a b	Permanent endowment 10.0		/0							
c b	Temporarily restricted endowment									
C	The percentages on lines 2a, 2b, a		100%							
3a	Are there endowment funds not in			n that are h	eld an	d admir	nistered for the			
ou	organization by:		lo organizatio	in that are n		a aanni			Yes	No
	(i) unrelated organizations							3a(i)		x
	(ii) related organizations									X
b	If "Yes" on line 3a(ii), are the relate								<u> </u>	
4	Describe in Part XIII the intended u	•	•						<u> </u>	
Par	t VI Land, Buildings, and Equ	ipment.								
	Complete if the organiza	tion answered "Ye								
	Description of property	(a) Cost or (inves		Cost or other (other)	basis		cumulated eciation	(d) Book v	alue	
1a	Land			150,	000.	dopi		-	150,0	000.
b	Buildings			235,594,		80.2	44,496.	155,3		
С	Leasehold improvements			6,039,			46,103.		92,9	
d	Equipment			33,990,			18,592.		372,2	
е	Other				001.	, –		, .		001.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forr	n 990, Part X.			c.)		161,3		
	U		. ,	1 //	-		1	,		

Schedule D (Form 990) 2015

13-5562985 Schedule D (Form 990) 2015 Page 3 Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) REAL ESTATE AND OTHER 679,140,227 FMV (B) LIMITED PARTNERSHIPS 40,741,258 FMV 19,891,284 (C) HEDGE FUNDS FMV (D) FUNDS OF FUNDS 9,900,349. FMV (E) (F) (G) (H) 749,673,118 Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LIABILITY UNDER CHARITABLE TRUST 5,731,688 (3) (4)(5) (6)

(9) 5,731,688. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(7)(8)

Х

Schedu	le D (Form 990) 2015				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part N			n.	
1	Total revenue, gains, and other support per audited financial statements			1	97,296,376.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	34,993,200.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	2,547,948.		
е	Add lines 2a through 2d			2e	37,541,148.
3	Subtract line 2e from line 1			3	59,755,228.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	505,253.		
b	Other (Describe in Part XIII.)		31,230,173.		
с	Add lines 4a and 4b			4c	31,735,426.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	91,490,654.
Part				ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV	∕, line	e 12a.		
1	Total expenses and losses per audited financial statements			1	80,205,090.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses.	2c			
d	Other (Describe in Part XIII.)	2d	1,679,105.		
е	Add lines 2a through 2d			2e	1,679,105.
3	Subtract line 2e from line 1			3	78,525,985.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	505,255.		
b	Other (Describe in Part XIII.)	4b	31,230,173.		
С	Add lines 4a and 4b			4c	31,735,428.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<u></u>	5	110,261,413.
	XIII Supplemental Information.				
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part I\	/, lines 1b and 2b; Pa	art V, I	ine 4; Part X, line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

PART V, LINE 4 - ENDOWMENT FUNDS ENDOWMENT FUNDS ARE USED IN ACCORDANCE WITH DONORS' WISHES TO SUPPORT THE MISSION OF THE ACADEMIC INSTITUTION.

PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE FROM THE CONSOLIDATED FINANCIAL STATEMENTS

THE COOPER UNION FOR THE ADVANCEMENT OF SCIENCE AND ART ("COLLEGE") AND THE C.V. STARR RESEARCH FOUNDATION ARE EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ASTOR PLACE IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(2) OF THE INTERNAL REVENUE CODE.

THE COLLEGE HAS ADOPTED THE PROVISIONS OF THE ACCOUNTING STANDARD CODIFICATION ("ASC") 740, ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES. ASC 740-10 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS SECTION PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

THE COLLEGE IS EXEMPT FROM FEDERAL AND NEW YORK STATE INCOME TAXATION BY VIRTUE OF BEING AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE IRC AND SIMILAR PROVISIONS OF THE NEW YORK STATE TAX CODE. NEVERTHELESS, THE

V 15-7.18

Schedule D (Form 990) 2015 THE COOPER UNION FOR THE ADVANCE	MENT OF	13-5562985							
Part XIII Supplemental Information (continued)									
COLLEGE MAY BE SUBJECT TO TAX ON INCOME UNRELATED TO ITS	EXEMPT PURPOSE,								
UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE TAX YEARS									
ENDED JUNE 30, 2013, 2014, 2015, AND 2016 ARE STILL OPEN TO AUDIT FOR									
BOTH FEDERAL AND STATE PURPOSES. THE COLLEGE BELIEVES T	HAT THERE ARE NO								
MATERIAL UNCERTAIN TAX POSITIONS WITHIN ITS FINANCIAL ST	ATEMENTS.								
PART XI, LINE 2D									
DECONSOLIDATION OF COOPER UNION FROM CONSOLIDATED FINANC	IAL STATEMENT								
TOTALS:									
ELIMINATION OF ASTOR-RELATED ENTITY REVENUES:	\$1,072,027								
ELIMINATION OF C.V. STARR RESEARCH FOUNDATION									
RELATED REVENUES:	\$264,811								
EXCESS OF INVESTMENT RETURN OVER AMOUNTS UTILIZED IN									
OPERATIONS:	\$1,211,110								
TOTAL:	\$2,547,948								

PARTS XI AND XII LINE 4B

THE AMOUNT REPRESENTS SCHOLARSHIPS THAT ARE NETTED AGAINST REVENUES ON THE FINANCIAL STATEMENTS. THE SCHOLARSHIPS ARE BEING DISCLOSED FOR THE FIRST TIME IN THIS 990 DUE TO MATERIALITY. IN THE PRIOR YEARS, THE NET TUITION WAS ZERO OR IMMATERIAL AND THUS THE GROSS TUITION AND SCHOLARSHIPS WERE NETTED. Page 5

Schedule D (FOIII 990) 2015 INE COOPER ONTON FOR THE A	ADVANCEMENT OF	T2-27
Part XIII Supplemental Information (continued)		
PART XII, LINE 2D		
DECONSOLIDATION OF COOPER UNION FROM CONSOLIDATED	FINANCIAL STATEMENT	
TOTALS:		
ELIMINATION OF ASTOR-RELATED ENTITY EXPENSES:	\$1,272,196	
ELIMINATION OF C.V. STARR RESEARCH FOUNDATION		
RELATED REVENUES:	\$406,910	
TOTAL:	\$1,679,105	

SCHEDULE E (Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

Open to Public

Inspection

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

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

Department of the Treasury Internal Revenue Service

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

			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?	1	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?	2	x	
3	programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media	2		
5	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 Part II	3	X	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially		v	
-	nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	10	x	
Ч	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	4c 4d	X	
u	If you answered "No" to any of the above, please explain. If you need more space, use Part II.		- 21	
	in you answered not to any of the above, please explain. If you need more space, use I at it.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	<u>5c</u>		<u> </u>
لہ	Cabalarahina ar athar financial acciptance?	5.4		v
a	Scholarships or other financial assistance?	5d		X
۵	Educational policies?	5e		х
Ũ				
f	Use of facilities?	5f		х
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	x	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
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 Part II	7	X	
For F	Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 99	0 or 9	90-EZ) 2015

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

PART I LINE 3:

THE COOPER UNION IS COMMITTED TO PROVIDING A LEARNING ENVIRONMENT FREE FROM UNLAWFUL DISCRIMINATION AND HARASSMENT AND TO FOSTERING A NURTURING AND VIBRANT SCHOOL 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.

PART I LINE 6A:

BUNDY AID

\$62,870.00

SCHEDULE F		Stater	nent of A	ctivities	Outside the Uni	ted States	OMB No. 1545-0047				
(For	m 990)	► Complete	e if the organiza	2015							
	ment of the Treasury	/w.irs.gov/form990.	Open to Public Inspection								
	Internal Revenue Service Financial Control of Co										
SCI	ENCE & ART					13-55					
Part		nformation of Part IV, line 14		Outside the l	Jnited States. Complete	if the organization	answered "Yes" on				
	-	-			substantiate the amount of	-					
		-			e, and the selection criteri						
	grants or assistanc	e?					Yes No				
	For grantmakers. assistance outside			ganization's p	rocedures for monitoring	the use of its gr	ants and other				
3		on. (The follov	-	1	e duplicated if additional sp						
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in a program service describe specific typ service(s) in regio	e, expenditures for and investments				
(1)	CENTRAL AMERICA/C	ARIBBEAN			INVESTMENTS		33,243,349.				
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
<u>(10)</u>											
<u>(11)</u>											
<u>(12)</u>											
<u>(13)</u>											
<u>(14)</u>											
<u>(15)</u>											
<u>(16)</u>											
<u>(17)</u>											
3a b	sheets to Part I	continuation					33,243,349.				
-	Totals (add lines aperwork Reduction		he Instruction	s for Form 000		6.	33,243,349. chedule F (Form 990) 2015				

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 5E1274 1.000 7362LP 700J

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.										
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											
(15)											
(16)											

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

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
0)							
11)							
2)							
3)							
4)							
5)							
6)							
7)							
18)							

Schedule F (Form 990) 2015

JSA 5E1276 1.000 THE COOPER UNION FOR THE ADVANCEMENT OF

Sched	ule F (Form 990) 2015		Page 4
Par	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

Page 5

Part V Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART 1 LINE 3 COLUMN(F):

ACCOUNTING METHOD: ACCRUAL

SCHEDULE F, PART V

COOPER UNION INVESTS IN DOMESTIC AND FOREIGN LIMITED PARTNERSHIPS THAT MAY OWN AN INTEREST IN A FOREIGN CORPORATION, PASSIVE FOREIGN INVESTMENT COMPANY, OR FOREIGN PARTNERSHIP. NEVERTHELESS, THE COLLEGE'S INVESTMENT ACTIVITIES MAY NOT REACH THE THRESHOLDS REQUIRED FOR FILING THE FORMS 926, 5471, 8621 OR 8865. TO THE EXTENT SUCH A FORM WAS COMPLETED, IT HAS BEEN FILED WITH THE ORGANIZATION'S FORM 990-T.

	Supplemen	tal Information R	egarding	g Fundrai	sing or Gaming	Activities	OMB No. 1545-0047
SCHEDULE G (Form 990 or 990-EZ)	Complete if t	he organization answer organization entered r	ed "Yes" on nore than \$	Form 990, F 15,000 on Fo	Part IV, lines 17, 18, or rm 990-EZ, line 6a.	19, or if the	2015
Department of the Treasury				or Form 990		"	Open to Public
Internal Revenue Service		out Schedule G (Form		,	structions is at www.i	<u> </u>	Inspection
Name of the organization	THE COOPER UNI	ION FOR THE A	DVANCEN	1F.N.I. Of.		Employer identificati 13-556298	
SCIENCE & ART	ng Activities. Com	nlete if the oras	nization	answered	"Yes" on Form		
)-EZ filers are not i					550, i art iv, inte	; I <i>I</i> .
	the organization rais				activities. Check	all that apply.	
a Mail solicitat	•	e		•	non-government g		
b Internet and	email solicitations	f			government grant		
c X Phone solici	tations	g			ising events		
d 🔄 In-person so	licitations						
2a Did the organizat							
	s listed in Form 990,			•		0	X Yes No
	en highest paid indi east \$5,000 by the o		(fundraise	ers) pursua	ant to agreements	s under which the	fundraiser is to be
compensated at i		organization.					
(i) Name and addre or entity (fur		(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
ATTACHMENT 1							
2							
3							
4							
5							
•							
6							
7							
8							
9							
40							
10							
Total						34,134	
	which the organizat	tion is reaistered a	or licensed	to solicit	contributions or		
registration or lice							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 5E1281 1.000 7362LP 700J V 15-

-	-					
Schedule	G	(Form	990	or	990-EZ) 2015

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		g. eee . eee.p.s grouter than we,et	~~.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
Å	2	Less: Contributions				
	3	Gross income (line 1 minus line 2).				
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4	through 9 in column (d)			
	11	Net income summary. Subtract line 1	0 from line 3, column (d)	<u></u>	
Ра	rt I	Gaming. Complete if the orgathan \$15,000 on Form 990-E	anization answered "Y	es" on Form 990, Pa	rt IV, line 19, or repo	orted more
a)				(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev	1	Gross revenue				
6	2	Cash prizes				
Direct Expenses		Noncash prizes				
ect Ex		Rent/facility costs				
Dir	-					
	5	Other direct expenses			[]	
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)			
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)		
9 a		nter the state(s) in which the organizat the organization licensed to conduct g				Yes No
b		UNIA U ALMAINTA	Jaming activities in each			
		·				
10-	14	loro any of the argonization's series -	ioonoon rovokad aver-	ndod or torminated deat	a the text year?	
		'ere any of the organization's gaming I "Yes," explain:	icenses revoked, suspe		iy the tax year?	YesNo

Schedule G (Form 990 or 990-EZ) 2015

ΉE	COOPER	UNION	FOR	THE	ADVANCEMENT	OF
----	--------	-------	-----	-----	-------------	----

	THE COOPER UNION FOR THE ADVANCEMENT OF	13-5562985	
Sched	ule G (Form 990 or 990-EZ) 2015		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entit		
	formed to administer charitable gaming?		No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	139	%
			<u></u> %
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events book		70
14	records:	s anu	
	Name		
	Address		
15 a	Does the organization have a contract with a third party from whom the organization receives g		_
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the	
	amount of gaming revenue retained by the third party \blacktriangleright		
С	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:		
а	Is the organization required under state law to make charitable distributions from the gaming pro	ceeds to	
	retain the state gaming license?		No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga		
	or spent in the organization's own exempt activities during the tax year > \$		
Part		(iii) and (v), and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additio		
	(see instructions).		

13-5562985

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
RUFFALO NOEL LEVITZ P.O. BOX 718 DES MOINES	SOLICITING	X		34,134.	

IA 50303-0718

SCHEDULE I	G	irants ar	nd Other A	Assistance t	o Organiza	tions		DMB No. 1545-0047
(Form 990)				ndividuals in	-	-		2015
	Comp	lete if the or	-	wered "Yes" on F	orm 990, Part IV	line 21 or 22.		
Department of the Treasury	N Informati	an about C	,	tach to Form 990.	untions is at unu			Open to Public Inspection
Internal Revenue Service Name of the organization	THE COOPER UNION F			990) and its inst		v.irs.gov/torin990.	Employer identifica	
SCIENCE & ART	THE COOLER ONION I		DVANCEMENT	01			13-5562985	
	nformation on Grants and	Assistance	e					
the selection crite	ration maintain records to sul eria used to award the grants IV the organization's procedu	or assistanc	e?			• • •	· · · ·	X Yes No
	d Other Assistance to Do IV, line 21, for any recipie							s" on Form
	address of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

(11)							
(12)							
2	Enter total number of section 501(c)(3) and	government	t organizations	isted in the line 1 t	able		 I
3	Enter total number of other organizations list	sted in the lir	e 1 table			<u></u>	

Schedule I (Form 990) (2015)

(8)

(9)

(10)

Schedule I (Form 990) (2015)

(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
GRANTS (UNDERGRADUATES & VISITING)	92.	365,692.		N/A	N/A
2 GRANTS (GRADUATES)	73.	29,695.		N/A	N/A
3 FEDERAL SEOG GRANT	26.	74,268.		N/A	N/A
4 PRIZES, INTERNSHIP & FELLOWSHIPS	99.	174,973.		N/A	N/A
5 SCHOLARSHIPS	899.	31,230,172.		N/A	N/A
6					
7					

SUPPLEMENTAL INFORMATION

THE COLLEGE PROVIDED FULL-TUITION SCHOLARSHIPS TO ALL STUDENTS THROUGH

THE YEAR ENDED JUNE 30, 2014. IN APRIL 2013, THE BOARD OF TRUSTEES OF THE

COOPER UNION VOTED TO REDUCE THE BASELINE SCHOLARSHIP TO A MINIMUM OF 50%

FOR UNDERGRADUATE STUDENTS BEGINNING WITH THE CLASS ENTERING IN FALL

2014. THE COLLEGE DESIGNATED A TUITION RATE OF \$40,800 AND \$39,600 FOR

FULL-TIME UNDERGRADUATE STUDENTS FOR THE YEARS ENDED JUNE 30, 2016 AND

2015. 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, AND FEDERAL SEOG

Page 2

Schedule I (Form 990) (2015)

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. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash 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
	(b) Number of recipients			

information.

GRANTS, AS WELL AS COOPER UNION GRANTS, TO STUDENTS WHO MEET THE

ELIGIBILITY REQUIREMENTS.

(Form 990) For certain Officers. Directors. Trustees, Key Employees, and Highest Compensated Employees. 2015 Description of the comparison of the comparison of the compensation answered "Yes" on Form 900, Part V, line 23. 2010 Name of the operation 111 Compensation answered "Yes" on Form 900, Part V, line 23. 2010 Name of the operation 111 Compensation answered "Yes" on Form 900, Part V, line 23. 2010 SCTENCE & ART THE COOPER UNION FOR THE ADVANCEMENT OF Employee Weentification number 2012 Compensation 12-5562985 Part Oucestions Regarding Compensation Yes No 1 Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 900, Part VII. Section A, line 1a. Complete Part III to provide any relevant information feast of personal use particulation feast information feast of personal use of personal use particulation feast information feast of personal use of personal use particulation feast information feast of the expensate described above? If 'Noc' complete Part III to x 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, grading the items checked in information or allowing benefities of particulation feast of particulation or stabilist compensation complexition Director, check all that apply to box of the methods used by a related organization to estabilish compensation formation or the tothe companizatio	SCH	CHEDULE J Compensation Information					OMB No.	1545-0	047
Complete if the organization answered 'Yes' or form 990, Part IV, line 23. Anternation about Schedulu J (from 990) and is instructions is at www.irs.gov/mm900 The COOPER UNION THE COOPER UNION OF THE ADVANCEMENT OF Impersent instructions in a two-irs.gov/mm900 Part Questions Regarding Compensation Tack Cooper UNION Complete Part III to provide any relevant information regarding these items. Part Questions Regarding Compensation provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, Complete Part III Operator I travel for comparison in the array of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, did the organization committee I and the organization require substantiation prior to reimbursing or allowing expenses incurred by all differences, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? A complete and the organization to the following the filing organization used to establish the compensation or the organization or selected organization or selected organization or selected organization or selected organization to establish the compensation committee I outring of other organization is a supersentiated organization and the payment organization or a related organization or selected organization organization or selected organization and the compensation or the following the filing organization used to establish the compensation committee I outring the pay of the payment or charge-do-control payment? A compensation committee I outring the pay of the payment or charge-do-control payment? A participate in, or receive payment from, as supplemental nonqualified relifement plan? A participate organization? A participate	(Fori	n 990)	For certain Officers, Dire	ctors	, Trustees, Key Employees, and Highest		എ	16	
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compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" to line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9		-		-					
a The organization? 5a X b Any related organization? 5b X If "Yes" to line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	5			, line	1a, did the organization pay or accrue a	any			
b Any related organization? 5b X If "Yes" to line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	_		-				E a		v
If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed on 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" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations 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)?									
 6 For persons listed on 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" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations 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)? 	U						30		
compensation contingent on the net earnings of: 6a a The organization? 6a b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 6b 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	6			line	1a did the organization pay or accrue	anv			
a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	-			,					
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 7 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	а						6a		Х
If "Yes" on line 6a or 6b, describe in Part III. Image: constraint of the second consecond consecond consecond constraint of the second constraint of									X
payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9									
payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	7	For persons	listed on Form 990, Part VII, Sectio	n A,	line 1a, did the organization provid	de any non-fixed	d l		
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9		payments not	described on lines 5 and 6? If "Yes," d	escri	be in Part III				X
in Part III	8	-		-		-			
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9			-	-					
Regulations section 53.4958-6(c)? 9	~								X
	9								
	Ear D						-		0) 2015

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
WILLIAM MEA	(i)	329,775.	0.	1,104.	33,088.	38,560.	402,527.	0.
1 ^{ACTING PRESIDENT, TREASURER}	(ii)	0.	0.	0.	0.	0.	0.	0.
LAWRENCE CACCIATORE	(i)	271,209.	0.	430.	27,164.	15,211.	314,014.	0.
2 ^{CHIEF OF STAFF, SEC TO BOT}	(ii)	0.	0.	0.	0.	0.	0.	0.
JUSTIN HARMON	(i)	226,170.	0.	1,524.	22,769.	37,677.	288,140.	0.
3 ^{VP-COMMUNICATIONS}	(ii)	0.	0.	0.	0.	0.	0.	0.
MITCHELL LIPTON	(i)	250,281.	0.	396.	25,068.	37,873.	313,618.	0.
4VICE PRESIDENT OF ENROLLMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
STEPHEN BAKER	(i)	254,270.	0.	8,183.	26,245.	37,974.	326,672.	0.
5 ^{VP OF STUDENT AFFAIRS}	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMSHED BHARUCHA	(i)	520,280.	0.	2,064.	52,234.	142,907.	717,485.	0.
6FORMER PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
JUDITH SASKIA BOS	(i)	223,740.	0.	4,364.	22,810.	14,838.	265,752.	0.
7DEAN, SCHOOL OF ART	(ii)	0.	0.	0.	0.	0.	0.	0.
ALAN NEIL WOLF	(i)	219,832.	0.	0.	21,983.	14,767.	256,582.	0.
8PROFESSOR AND CHAIR OF PHYSICS	(ii)	0.	0.	0.	0.	0.	0.	0.
WILLIAM GERMANO	(i)	209,526.	0.	4,181.	21,371.	37,557.	272,635.	0.
9 DEAN, FACULTY OF HUMANITIES	(ii)	0.	0.	0.	0.	0.	0.	0.
ELIZABETH O'DONNELL	(i)	203,955.	0.	0.	20,395.	37,473.	261,823.	0.
10 ^{ASSOCIATE DEAN, PROFESSOR}	(ii)	0.	0.	0.	0.	0.	0.	0.
TERESA DAHLBERG	(i)	175,926.	0.	0.	17,593.	999.	194,518.	0.
11 ^{DEAN OF ENGINEERING}	(ii)	0.	0.	0.	0.	0.	0.	0.
GEORGE DELAGRAMMATIKAS	(i)	193,501.	0.	0.	19,350.	37,384.	250,235.	0.
12 ^{ASSOCIATE PROF., PGRM DIRECTOR}	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

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Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, SCHEDULE J, PART I, LINE 1A

THE FORMER PRESIDENT WAS PROVIDED WITH HOUSING AND CLEANING SERVICES AS A

CONDITION OF EMPLOYMENT FOR THE CONVENIENCE OF THE COLLEGE. THE ACTING

PRESIDENT WAS NOT PROVIDED WITH HOUSING.

Schedule J (Form 990) 2015

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public

Inspection

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

Attach to Form 990.

►

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/f	orm990

Department of the Treasury Internal Revenue Service Name of the organization

THE COOPER UNION FOR THE ADVANCEMENT OF

Employer identification number 13-5562985

SCI	ENCE & ART				13-556	\$2985		
Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributic amounts reported o Form 990, Part VIII, lin	n n	(d) ethod of deter sh contributio		
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							
9	Securities - Publicly traded	X	15.	302,9	73. FATR	MARKET V	/AT.UI	 22
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
••	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
15	contribution - Historic							
	structures							
14	Qualified conservation							
14	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 ►()							
	Other ►(
29	Number of Forms 8283 received	by the ora:	anization during the tax ve	ear for contributions	for			
	which the organization completed F		• •					
		0 0200,	, <u>-</u>				Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I.	, lines 1 thro	ough		
	28, that it must hold for at least th		• • • • •	• •				
	to be used for exempt purposes for	-						Х
b	If "Yes," describe the arrangement ir							
31	Does the organization have a		ance policy that require	s the review of a	ny non-star	dard		
	contributions?						Х	
32a	Does the organization hire or use							
	contributions?	-	-				Х	
b	If "Yes," describe in Part II.							
33	If the organization did not report an	amount in	column (c) for a type of pro	perty for which colum	nn (a) is cheo	ked,		
	describe in Part II.			· · ·				
For P	aperwork Reduction Act Notice, see the Instr	uctions for For	rm 990.		Sc	hedule M (For	m 990)	(2015)

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

Page 2

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

FORM 990, SCHEDULE M, LINE 32A

TO THE EXTENT THAT THE COOPER UNION RECEIVES ANY NON-CASH DONATIONS

(USUALLY IN THE FORM OF SECURITIES, BONDS, ETC), THE ORGANIZATION MAY

EMPLOY ITS INVESTMENT ADVISOR TO CONVERT THE INVESTMENTS INTO CASH BY

SELLING THEM.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

Name of the organization SCIENCE & ART

ORGANIZATION'S MISSION

990 PART III, LINE 1:

THROUGH OUTSTANDING ACADEMIC PROGRAMS IN ARCHITECTURE, ART AND ENGINEERING, AND A FACULTY OF HUMANITIES AND SOCIAL SCIENCES, THE COOPER UNION FOR THE ADVANCEMENT OF SCIENCE AND ART PREPARES TALENTED STUDENTS TO MAKE ENLIGHTENED CONTRIBUTIONS TO SOCIETY.

THE COLLEGE ADMITS UNDERGRADUATES SOLELY ON MERIT AND AWARDED FULL SCHOLARSHIPS TO ALL ENROLLED STUDENTS. THE INSTITUTION PROVIDES CLOSE CONTACT WITH A DISTINGUISHED, CREATIVE FACULTY AND FOSTERS RIGOROUS, HUMANISTIC LEARNING THAT IS ENHANCED BY THE PROCESS OF DESIGN AND AUGMENTED BY THE URBAN SETTING. FOUNDED IN 1859 BY PETER COOPER, INDUSTRIALIST AND PHILANTHROPIST, THE COOPER UNION OFFERS PUBLIC PROGRAMS FOR THE CIVIC, CULTURAL AND PRACTICABLE ENRICHMENT OF NEW YORK CITY.

IN APRIL 2013, THE BOARD OF TRUSTEES VOTED TO REDUCE THE FULL-TUITION SCHOLARSHIP TO 50% FOR ALL UNDERGRADUATE STUDENTS BEGINNING WITH THE CLASS ENTERING IN THE FALL OF 2014.

990, PART III, LINE 4A: FALL 2015 (ACADEMIC YEAR 2015-2016) UNDERGRADUATE STUDENTS - 899 (873 FULL-TIME, 3 PART-TIME AND 23 VISITING). GRADUATE STUDENTS - 73

UNDERGRADUATE STUDENTS (BY HOME ADDRESS) - NEW YORK STATE: 47 PERCENT, NEW JERSEY: 13 PERCENT, OTHER US: 30 PERCENT, INTERNATIONAL: 11 PERCENT.

990, PART III, LINE 4C:

OUTREACH CONTINUES TO BE A FULL SCHOLARSHIP, ACADEMIC-YEAR PROGRAM FOR NEW YORK CITY AREA HIGH SCHOOL STUDENTS, GRADES 10-12, AND IS IDEAL PREPARATION FOR STUDENTS INTERESTED IN PURSUING A DEGREE IN ART. THE SATURDAY PROGRAM, OUTREACH PROGRAM, CONTINUING EDUCATION AND PUBLIC AFFAIRS EXPENSES INCLUDE ALLOCATED FACILITIES, INTEREST, AND DEPRECIATION EXPENSES.

990, PART VI, SECTION A, LINE 4:

THE BOARD OF TRUSTEES AMENDED THE BY-LAWS ON NOVEMBER 11, 2015, AS REQUIRED BY THE CONSENT DECREE, FILED ON SEPTEMBER 21, 2015, BETWEEN THE COMMITTEE TO SAVE COOPER UNION, INC. AND THE BOARD OF TRUSTEES OF THE COOPER UNION FOR THE ADVANCEMENT OF SCIENCE AND ART, WITH THE ATTORNEY GENERAL OF THE STATE OF NEW YORK AS CROSS PETITIONER.

990 PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY EXTERNAL AUDITORS (GRANT THORNTON), THEN REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD AND PROVIDED TO ALL VOTING MEMBERS, AS A WHOLE, BEFORE IT IS FILED.

990 PART VI, SECTION B, LINE 12C: THE COOPER UNION CONDUCTS AN ANNUAL REVIEW OF THE CONFLICT OF INTEREST

Schedule O (Form 990 or 990-EZ) 2015									Page 2
Name of the organization	THE	COOPER	UNION	FOR	THE	ADVANCEMENT	OF	Employer identification number	
SCIENCE & ART								13-5562985	

POLICY AND PROCEDURES AS 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. AN ANNUAL POLICY QUESTIONNAIRE IS SENT TO ALL TRUSTEES AND CERTAIN OTHER EMPLOYEES. RETURNED FORMS ARE REVIEWED BY THE CORPORATE SECRETARY. ALL CONFLICT OF INTEREST STATEMENTS ARE SUBMITTED BY THE SECRETARY TO THE CHAIR OF THE AUDIT COMMITTEE AND THEN ANY POTENTIAL CONFLICTS ARE REVIEWED BY THE AUDIT COMMITTEE. THE COOPER UNION DOCUMENTS, THROUGH COMMITTEE MINUTES, ANY DECISIONS RELATED TO TRANSACTIONS INVOLVING AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST. THE SECRETARY TO THE BOARD OF TRUSTEES IS RESPONSIBLE FOR MAINTAINING A LIST OF CONFLICTS DISCLOSED BY TRUSTEES, OFFICERS, AND STAFF ANNUALLY. COOPER UNION CONDUCTS A PERIODIC REVIEW OF TRANSACTIONS INVOLVING SIGNIFICANT EXPENDITURES TO ENSURE ANY COMPENSATION PAID CONTINUES TO BE REASONABLE.

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.

990 PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES: AMOUNT NOT YET RECOGNIZED AS A COMPONENT OF NET PERIODIC BENEFIT COST (\$10,960,661) EXCESS OF INVESTMENT RETURN OVER AMOUNTS UTILIZED IN OPERATIONS \$1,211,110

Name of the organization THE COOPER UNION FOR THE ADVANCEN SCIENCE & ART	IENT OF	Employer identification 13-5562985	number
TOTAL OTHER CHANGES IN NET ASSETS OR FUND BALANCE	\$9,749,551		
		ATTACHMENT 1	
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVI	CES		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
OTHER PROGRAM SERVICES	606,277.	10,214,147.	3,777,675
TOTALS	606,277.	10,214,147.	3,777,675
		ATTACHMENT 2	
990, PART VII- COMPENSATION OF THE FIVE HIGHEST P.		ORS	ENSATION
NAME AND ADDRESS SOS SECURITY LLC P.O. BOX 6373, 1915 ROUTE 46,	AID IND. CONTRACT DESCRIPTION OF S SECURITY	ORS	ENSATION 864,006.
NAME AND ADDRESS SOS SECURITY LLC P.O. BOX 6373, 1915 ROUTE 46, PARSIPPANY, NJ 07054 ROBERTOS BUILDING MAINTENANCE P.O. BOX 1210 GRACIE STATION	DESCRIPTION OF S	ORS	
NAME AND ADDRESS SOS SECURITY LLC P.O. BOX 6373, 1915 ROUTE 46, PARSIPPANY, NJ 07054 ROBERTOS BUILDING MAINTENANCE P.O. BOX 1210 GRACIE STATION NEW YORK, NY 11103 CENTURY ELEVATOR MAINT. CORP. 25-25 49TH STREET,	DESCRIPTION OF S	ORS	864,006.
NAME AND ADDRESS SOS SECURITY LLC	DESCRIPTION OF S SECURITY MAINTENANCE	ORS	864,006. 858,405.

Schedule O (Form 990 or 990-EZ) 2015

Page 2

13-5562985

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	омв №. 1545-0047 20 15
	► Attach to Form 990.	Open to Public
Department of the Treasury Internal Revenue Service	Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.	Inspection
Name of the organization	THE COOPER UNION FOR THE ADVANCEMENT OF	Employer identification number
SCIENCE & ART		13-5562985

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

(a) Name, address, and EIN (if applicable) 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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	Section 5 contr	g) 512(b)(13) rolled tity?
						Yes	No
(1) ASTOR PLACE HOLDING CORPORATION 13-6126686							
C/O COOPER UNION, 30 COOPER SQ NEW YORK, NY 10003	PROPERTY	NY	501(C)(2)	N/A	COOPER UNION	Х	
(2) C.V. STARR RESEARCH FOUNDATION 13-2878769							
C/O COOPER UNION, 30 COOPER SQ NEW YORK, NY 10003	RESEARCH/EDUC	NY	501(C)(3)	11	COOPER UNION	Х	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

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) nortionate ntions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ner?	(k) Percentage ownership
		,,,		,			Yes	No		Yes	No	
(1)												
(2)												
	-											
(3)	_											
(4)	-											
(5)	_											
(6)	-											
(7)	_											

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 foreigr country)		(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	(i) Section 512(b)(13) controlled entity?
								Yes No
(1) PLANNED GIVING POOLS (16)								
	ANNUITY		N/A					x
(2) CHARITABLE REMAINDER TRUST (11)								
	ANNUITY		N/A					x
(3) CHARITABLE GIFT ANNUITIES (72)								
	ANNUITY		N/A					x
(4)								
(5)								
(6)								
(7)								\vdash

JSA 5E1308 1.000 Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

Part	Transactions With Related Organizations Complete if the organization answered "Ye	s" on Form 990, Part	IV, line 34, 35b, 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 lis	ted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	Х	
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
	5 <i>,</i> 5 <i>, , , , , , , , , ,</i>						
f	Dividends from related organization(s)				1f		
q	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
i	Lease of facilities, equipment, or other assets to related organization(s)				1j	х	
,					.,		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		х
i	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
, m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		• • • • • • • • • • • • • • • • •		1n	Х	
	Sharing of paid employees with related organization(s)				10	X	
0					10		
_	Reimbursement paid to related organization(s) for expenses.				1n		Х
	Reimbursement paid by related organization(s) for expenses				1p		X
Ч			• • • • • • • • • • • • • • • • •		1q		
-	Other transfer of each or property to related ergenization(a)				4 -	х	
r	Other transfer of cash or property to related organization(s)	• • • • • • • • • • • • • •	•••••		1r 1s	~	X
2	Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete t	this line including cove	rod relationships and trans	action thre			
	(a)	(b)	(c)		(d)	5.	
	Name of related organization	Transaction	Amount involved	Method		erminir	ıg
		type (a-s)		amou	int invo	olved	
(4)	C.V. STARR RESEARCH FOUNDATION	А	305,298.	CASH			
(1)	C.V. SIARR RESEARCH FOUNDATION	A	303,298.	CASH			
(0)		П	EQ 112	CASH			
(2)	ASTOR PLACE HOLDING CORPORATION	R	58,113.	CASH			
(0)							
(3)							
(4)							
(5)							
(6)				L			
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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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?		(k) Percentage ownership
				Yes	No		Yes	No		Yes	No		
)													
)													
4)													
5)													
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3)													
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Part VII	Supplemental Information
	Complete this part to provide additional information for responses to questions on Schedule R (see
	instructions).

SCHEDULE R, PART IV, COLUMN (C)

LINE (1): THE PLANNED GIVING POOL ACCOUNTS ARE LOCATED IN THE FOLLOWING

STATE: NY.

LINE (2): THE CHARITABLE REMAINDER TRUST ACCOUNTS ARE LOCATED IN THE

FOLLOWING STATES: CA, NJ, AND NY.

LINE (3): THE CHARITABLE GIFT ANNUITY ACCOUNTS ARE LOCATED IN THE FOLLOWING STATES: AZ, CA, CT, FL, IL, MD, MA, NJ, NY, OR, PA, SC, VA, AND WA.