	rtment	90 of the Trea	asury	Under secti ►	turn of (ion 501(c), 52 Do not enter Information a	7, or 4947(a) Social Secur	(1) of the Int ity numbers	ternal Revents on this form	nue Code (e n as it may b	except p be made	rivate founda public.	ations)	OMB No. 1545-0047 2017 Open to Public Inspection		
A F	or th	e 2017	7 calend	ar year, or ta	ax year begi	nning	07/	01,2017,	and endir	ng		06/	′30, 20 18		
		ſ	C Name o	of organization T	HE COOPER	R UNION I	FOR THE .	ADVANCE	MENT OF	I	D Employer ic	lentifica	ation number		
B c	heck if a	oplicable:	SCIE	NCE & ART	-										
	Addre		Doing B	usiness As							13-556	2985			
		change	Numbe	r and street (or F	P.O. box if mail is	1	E Telephone number								
	-	return	30 C	COOPER SOL	JARE				2ND FL		(212) 35	3-41	L40		
	Term	- F		town, state or pr		and ZIP or forei	gn postal code				<u> </u>	-			
	Amer	ded		YORK, NY							G Gross receip	ots \$	139,671,835.		
		cation		and address of pr			SPARKS,	PRESID	ENT		H(a) Is this a gro				
	_ pend	ng	7 EA	ST 7TH ST	REET NEW		-				subordinate H(b) Are all subor				
ī	Tax-ex	empt sta		501(c)(3)	501(c) (ert no.)	4947(a)(1) c	or 52				(see instructions)		
				OPER.EDU) (iii		4047 (d)(1) C	52		H(c) Group exen				
-		-	zation: X		Trust	Association	Other ►		I Year o				of legal domicile: NY		
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	4			pendent voting								4	20.		
Activities &	5			f individuals en								5	1,064.		
ivit	6			f volunteers (es								6	70.		
Act	-			business rever) line 12					7a	-4,578.		
				usiness taxabl								7a 7b			
	U D	ivet un	li elated b		e income nom	F0III 990-1,					Prior Year		Current Year		
	8	Contrik	outions or	ad granta (Dort						1	11,447,4	57	12,148,197.		
ne	9	Drogro		nd grants (Part			• • • • • •	COPY	FOR		12,955,0		44,218,513.		
Revenue	9 10	Invoctr	mont inco	e revenue (Part	$\operatorname{viii}, \operatorname{line} \operatorname{zg}_{\underline{i}}$	oc 2 4 and 7	'd)	PUBLIC IN	SPECTION		12,932,3		51,272,646.		
Re		mvesu	nem moo	nie (Fait Viii,	column (A), im	es 5, 4, anu 7	u)				3,663,1		2,177,841.		
	11 12			(Part VIII, colu						10	0,998,0		109,817,197.		
	12			add lines 8 th							30,625,5		29,760,187.		
	14			ilar amounts pa							,025,5	0.	23,700,107.		
				compensation,				inco 5 10)			13,782,1		40,671,084.		
Expenses				ndraising fees (mes 5-10)			48,3		196,151.		
ben				ig expenses (Pa				204,143			10,5		1907191		
Ě	17			s (Part IX, colur						-	37,099,3	28	36,401,918.		
	18			Add lines 13-							1,555,4		107,029,340.		
	19			xpenses. Subtr							0,557,30		2,787,857.		
se		Neven	ue 1855 8	Apenses. Subli			<u></u> .		<u></u>		ing of Current		End of Year		
Net Assets or Fund Balances	20	Total	ssate (Da	art X, line 16)							21,062,99		1,046,137,842.		
Asse	20			(Part X, line 10)							75,348,60		373,830,705.		
und /	22			und balances.							15,714,3		672,307,137.		
	rt II		nature l		Subtract line 2		<u></u>		<u></u>		19 / 1 1 / 91		0,2,30,,13,		
			·		ave examined th	nis return inclu		anvina schedu	les and stater	ments an	d to the hest o	f mv kr	nowledge and belief, it is		
true	e, corre	ct, and c	complete. I	Declaration of pre	eparer (other tha	n officer) is bas	ed on all inform	nation of whic	ch preparer ha	as any kno	wledge.				
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Sig	n		Signature	of officer							Date	, 20			
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THE	COOPER	UNION	FOR	THE	ADVANCEMENT	OF

For	rm 990 (2017)	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services,	
	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and alloc the total expenses, and revenue, if any, for each program service reported.	ations to others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 92,580,105. including grants of \$ 29,760,187.) (Revenue \$ 41,85	56,547.)
	INSTRUCTION: THE COOPER UNION FOR THE ADVANCEMENT OF SCIENCE AND	
	ART IS AMONG THE UNITED STATES' OLDEST AND MOST DISTINGUISHED	
	HIGHER EDUCATION INSTITUTIONS. IT IS COMPRISED OF THREE	
	PROFESSIONAL SCHOOLS: ARCHITECTURE, ART, AND ENGINEERING; AND A	
	FACULTY OF HUMANITIES AND SOCIAL SCIENCES. (CONTINUED ON SCHEDULE	
	<u>0)</u>	
4b	• (Code:) (Expenses \$1,639,572. including grants of \$) (Revenue \$2,36	51,966.)
	RESIDENCE LIFE: THE COOPER UNION STUDENT RESIDENCE OFFERS	
	APARTMENT-STYLE HOUSING TO 170 STUDENTS. THE FACILITY IS STAFFED	
	BY THE DIRECTOR OF HOUSING & RESIDENT EDUCATION AND EIGHT RESIDENT	
	ASSISTANTS. THE HOUSING AND RESIDENTIAL EDUCATION STAFF HOSTS	
	SOCIAL, EDUCATIONAL, AND CULTURAL PROGRAMS AIMED AT BUILDING A	
	STRONG COMMUNITY, INCREASING APPRECIATION FOR DIVERSE BACKGROUNDS	
	AND PERSPECTIVES, AND HELPING STUDENTS TRANSITION TO LIFE IN NEW	
	YORK CITY AND AT THE COOPER UNION.	
4c	: (Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	I Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	e Total program service expenses > 94,219,677.	
JSA 7E1		Form 990 (2017)

-	90 (2017)		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,"		37	
-	complete Schedule A.	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Å	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			х
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		х	
F	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	A	
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? <i>If "Yes," complete Schedule C,</i>			
	Part III.	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	--		
U	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? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "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	
C	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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		X
d	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.01-	Х	
40	"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)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	A	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
U	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	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	- -		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
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	Х	
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		Х
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

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		Х
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		Х
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		Х
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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			37
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
• •	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		х
20	Part I.	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		х
22	complete Schedule N, Part II	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 33		
54	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	
55a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			<u> </u>
N N	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			<u> </u>
~~	related organization? If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
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	

Check if Schedule O contains a response or note to any line in this Part V Image: Schedule O contains a response or note to applicable Image: Schedule O contains a response or note to applicable Image: Schedule O contains a response or note to applicable Image: Schedule O contains a response or note to applicable Image: Schedule O contains a response or note to applicable Image: Schedule O contains a response or note to applicable Image: Schedule O contains a response or note to applicable Image: Schedule O contains a response or note to applicable Image: Schedule O contains a response or note to applicable Image: Schedule O contains a response or note to applicable Image: Schedule O contains a response or note to applicable Image: Schedule O contains a response or note to applicable Image: Schedule O contains a response or note to applicable Image: Schedule O contains a response or note to applicable Image: Schedule O contains a response or note to applicable Image: Schedule O contains a response or note to applicable Image: Schedule O contains applicable Image: Schedule O contapplicable Image: Schedule O contains applicable <th>Par</th> <th>t V Statements Regarding Other IRS Filings and Tax Compliance</th> <th></th> <th></th> <th></th>	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
1a 242 b Enter the number of ports W-20 included in line 1a. Enter -0- if not applicable. 1 1 1 0 b Enter the number of ports W-20 included in line 1a. Enter -0- if not applicable. 1 1 0 c D D Enter the number of ports W-20 included in line 1, and lines to reportable payments to vendors and reportable gaming (gambing) wirnings to prize winners? 1 0 0		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. Itb 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (azmilling) winnings to prize winners? 1c X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 1,064 2b Hat least one is reported on line 2a, did the organization file all required lederal employment tax returns? 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other inhancial accounts or thill a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 3b X 5a Was the organization ap arty to a prohibid tax shelter transaction at any time during the tax year? 5a X 5a Was the organization shelt were not tax deductible activations? 5b X 5a Was the organization shelt were not tax deductible as chartable contributions? 5b X 5a Did any contributions that were not tax deductible as chartable contributions? 5c 5c 5a Did bin organization calevia a payme				Yes	No
b End the influence of profiles for separation. 10 c Did the organization complexes reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 10 10 d Did the organization have unrelated business gross income of \$15,000 or more devial devial analyzonent tax returns? 20 X Note. If the sum of lines 1 and 2a is greater than 250, you may be required to -file (see instructions). 3a X b If "Yes," has it filed a Form 390-T for this year? If "No" to line 3b, provide an explanation in X-breakle 0. 3a X b If "Yes," has it filed a Form 390-T for this year? If "No" to line 3b, provide an explanation in X-breakle 0. 3a X b If "Yes," has it filed a Form 390-T for this year? If "No" to line 3b, provide an explanation in X-breakle 0. 3b X b If "Yes," other the organization that it was to is a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Was the organization near enceipts that are normally greater than \$100.000, and did the organization near enceipts that are normally greater than \$100,000, and did the organization near years statement that such contributions 7, organization sective a payment in excess of \$75 made parity as a contribution \$7. 5a X b If "Yes," old the organization neithy th			-		
reportable gaming (gambling) winnings to prize winners? Ic. X 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax. 1.064 b If at least one is reported on line 22a, did the organization file all required federal employment tax returns? 2b A to the sum of lines ta and 22 is greater than 250, you may be required to e-file (sea instructions) 2a 3a Did the organization have unrelated business greas income of \$1.000 or more during the year? 3a 3b If ves? in a file all required federal employment tax returns? 3a 4a At any time during the calendar year, did the organization have an interest in, or a signature or other intuitority over, a financial account in a foreign country. 3a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Was the organization have annual gress receipts that are normably greater than 3100.000, and did the organization hild with every solicitation an express statement that such contributions or gifts were a languistic norticulus as charka party to a prohibited tax shelter transaction? 5a 7b Did ha organization noity the doror of the value of the organization include with every solicitation an express statement that such contract? 5a 7c Toganization receive a payment in excess of 375 made party as a contribution and party for groods and services provided to the payor? 5a 7c Toganization receive a paymen		Enter the number of Forms w-2G included in the Ta. Enter -0- in for applicable.	-		
a End if the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 1,064 2 End if the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 1,064 2 Statuments, filed for the calendar year onding with or within the year coverade by this return. 2a 1,064 2 B of the organization have unrelated business gross income of \$1.000 or more dering the year? 3a 3a 3 D of the organization have unrelated business gross income of \$1.000 or more during the year? 3b X 4 At any time during the calendar year, dif the organization have universe in, or a signature or other authority over, a financial account in a foreign country. 5a X 5e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization have under share, dif the same annuel gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible as charltable contributions? 5a X 5b If Yes; 10 line 5a or 5b, did the organization that were solicitation a aparty to a prohibited tax shelter transaction 170(c). 5a X 5b If Yes; 10 dithe organization nucled with every solicitation and party for goods and services provided to the payor? 7a X 5c If Yes; 10 dithe organization nucled with every solicitation an express statement that such contributi	C			v	
Statements, field for the calendar year ending with or within the year covered by this return. 2a 1.064 b If at least one is reported on line 2, all different of fedral employment tax returns? 3b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	_		10	Λ	
b if at least one is reported on line 2a, did the organization file all required tederal employment tax returns? Note. If the sum of lines ta and 2a is greater than 250, you may be required to e- <i>file</i> (see instructions). 2b X 3 D of the organization have unrelated buistness gress income of \$1,000 or more during the year? 3a X 3 A tars time during the calendary user, diff the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country) 3b X 3 W at the organization have the anional state transaction at any time during the tax year? 5a X 5 W as the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5 W as the organization include with were not tax deductible as charitable contributions? 5b X 5 B Oas the organization have annuel gross receipts that are normally greater than \$100,000, and did the organization notify the every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 7 Organization shat may receive deductible contributions under section 170(c). a X 7a X 7 U Tives, indicate the number of Forms 2822 filed during the year? 7d 7d 7d 7d 7d 7d 7d 7d X	2a				
b a tate test on planes a x a a x a				x	
3a Did the organization have unrelated business gross income of \$1.000 or more during the year?	a		20		
bit West, with the dense building the sparse of the sp	2.0		39	х	
4 A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If 'Yes,' enter the name of the foreign country (>> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5a 5a Was the organization and the around granization file Form 886-f7. 5b 6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5b b If 'Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organization scele a payment in excess of 57 made party to a contribution and party for goods and services provided to the payor? 7b b If 'Yes,'' did the organization include with every solicitation an express statement that such contributions and services provided? 7b c Did the organization necleve a payment in excess of 57 made party to a personal benefit contract? 7c c Did the organization include with every contributions under section 170(c). 7b c Did the organization necleve a payment is express. 7cd c Did the organization necleve a payment is express or sorices provided? <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
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against amounts due or received from them.) 11b 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 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 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 X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b	а				
against amounts due or received from them.) 11b 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 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 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 X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b	b	Gross income from other sources (Do not net amounts due or paid to other sources			
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 Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					
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 Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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Note. See the instructions for additional information the organization must report on Schedule O. Image: Description of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: Imag	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b	b				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 14b X			-		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
					X
	b JSA	It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0			

Form	000	(2017)
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THE COOPER UNION FOR THE ADVANCEMENT OF

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

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		Х
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		Х
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on 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(0	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 interest 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: ► JOHN RUTH 30 COOPER SQUARE, 7TH FLOOR NEW YORK, NY 10003-7120

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Page I

Part VII	•				Office ractors	rs, Dire	ctors	s,	Trust	ees, K	ey	Employee	es,	High	nest (Compe	nsated	Emp	loye	es, a	and
	•					a respor	nse o	r no	ote to a	ny line in	this	Part VII.								[
Section A.	Office	rs, Dire	ecto	rs, [·]	Trustees	, Key En	ploy	ees	s, and H	lighest	Com	pensated E	Empl	oyee	s						
1a Comple organizatio			for	all	persons	required	to	be	listed.	Report	com	npensatior	n for	the	calend	dar year	ending	with	or	within	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	box,	unles	Pos neck ss pe	erson	e than c is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)JOSEPH DOBRONYI	1.00									
MEMBER - BOARD OF TRUSTEES	0.	Х						0.	0.	0.
(2)THOMAS DRISCOLL	1.00									
MEMBER - BOARD OF TRUSTEES	0.	Х						0.	0.	0.
(3)JEFFREY S. HERSCH (UNTIL 12/17	1.00									
MEMBER - BOARD OF TRUSTEES	0.	Х						0.	0.	0.
(4)ERIC HIRSCHHORN	1.00									
VICE CHAIR - BOARD OF TRUSTEES	0.	Х		Х				0.	0.	0.
(5)PETER KATZ	1.00									
MEMBER-BD OF TRUSTEES	0.	Х						0.	0.	0.
(6)MALCOLM M. KING	1.00									
MEMBER - BOARD OF TRUSTEES	0.	Х						0.	0.	0.
(7)SCOTT LERMAN	1.00									
MEMBER-BD OF TRUSTEES	0.	Х						0.	0.	0.
(8)JULIAN MAYFIELD	1.00									
MEMBER-BD OF TRUST	0.	Х						0.	0.	0.
(9)KEVIN SLAVIN	1.00									
VICE CHAIR - BOARD OF TRUSTEES	0.	Х		Х				0.	0.	0.
(10)ROBERT TAN	1.00									
MEMBER - BOARD OF TRUSTEES	0.	Х						0.	0.	0.
(11) JOHNNY TAYLOR JR. (UNTIL 2/18)	1.00									
MEMBER - BOARD OF TRUSTEES	0.	Х						0.	0.	0.
(12) RACHEL WARREN	1.00									
CHAIR - BOARD OF TRUSTEES	0.	Х		Х				0.	0.	0.
(13) JEREMY WERTHEIMER	1.00									
MEMBER - BOARD OF TRUSTEES	0.	X						0.	0.	0.
(14) ELIZABETH DILLER (UNTIL 12/17)	1.00]			
MEMBER - BOARD OF TRUSTEES	0.	Х						0.	0.	0.

JSA 7E1041 1.000

Part VII Section A. Officers, Directors, T		<u> </u>	ipio								
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than or is both a or/truste	an ee)	(D) Reportable compensation from the	(E) Reportatio compensatio related organizatio	n from	(F) 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-I		from the organization and related organizations
15) MARY DWYER	1.00										
MEMBER - BOARD OF TRUSTEES	0.	Х						0.		0.	
L6) BRIAN STEINWURTZEL	1.00										
MEMBER - BOARD OF TRUSTEES 0. X 0. 0.											
17) KEVIN BURKE 1.00											
MEMBER - BOARD OF TRUSTEES 0. X 0. 0.											
(18) TAESHA AURORA FROM 6/18 1.00											
MEMBER - BOARD OF TRUSTEES 0. X 0. 0.											
19) ANNE CHAO FROM 12/17 1.00											
MEMBER - BOARD OF TRUSTEES	0.	X						0.		0.	
0) WANDA FELTON FROM 12/17	1.00										
MEMBER - BOARD OF TRUSTEES	0.	X						0.		0.	
1) LYNN LANDER FROM 3/18	1.00										
MEMBER - BOARD OF TRUSTEES 0. 0. 0. 22) STEPHEN GERARD 1.00											
MEMBER - BOARD OF TRUSTEES	0.	X						0.		0.	
3) PAUL NIKULIN	1.00										
MEMBER - BOARD OF TRUSTEES	0.	X						0.		0.	
24) WILLIAM MEA UNTIL 8/17	35.00										
VP FINANCE & ADMIN, TREASURER	0.	1		Х				326,274.		0.	59,65
5) LAURA SPARKS	35.00										
PRESIDENT	0.	1		Х				475,788.		0.	231,09
1b Sub-total								0.		0.	
c Total from continuation sheets to Part VII,	Section A				• •			3,105,551.		0.	746,18
d Total (add lines 1b and 1c)	-							3,105,551.		0.	746,18
2 Total number of individuals (including but no reportable compensation from the organization)	ot limited to t			ed al	bove	e) who	o re	ceived more than	\$100,000 o	f	
											Yes
3 Did the organization list any former of	icer, directo	or, or	tru	uste	e,	key e	mp	loyee, or highes	t compensa	ated	
employee on line 1a? If "Yes," complete Sche	dule J for su	ch ind	lividu	ual							3 X
4 For any individual listed on line 1a, is the organization and related organizations of	greater than	\$15	50,0	00?	lf	"Yes	,"	complete Schedu	le J for s		
individual										••	4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If the organization of the organizati											5
Section B. Independent Contractors											
1 Complete this table for your five highest op	mpensated i										
 Complete this table for your five highest co compensation from the organization. Report year. 	compensati	on for	' the	e ca	ienc	al yea	are	anding with of with	ini the organ	nization	is tax
compensation from the organization. Report	compensati	on for	the					(B)		nization	(C)

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 ► 20

ATTACHMENT 1

13-5562985

	(A) Name and title	(B) Average hours per week (list any hours for related	box, office	unles er and	Pos heck ss pe d a d	erson lirect	e than o is both or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
		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)	organization and related organizations
26) KEITH STOKELD 8/17-12/17 INT. DIR. FIN/ADMIN, TREASURER	35.00 0.			x				107,230.	0.	47,71
27) DANIELLE C. DAUGHTRY FROM 9/17	35.00							1077230.		1,,,1
	GOVERNANCE/EXT AFFAIRS OFFICER	0.			х				48,459.	0.	4,02
28) JOHN RUTH (FROM 1/18)	35.00	-								
	VP-FIN/ADMIN, TREASURER	0. 35.00			Х				66,000.	0.	
) MITCHELL LIPTON VICE PRESIDENT OF ENROLLMENT	35.00				x			261,127.	0.	64,23
30) ALAN NEIL WOLF	35.00							201,127.		01,25
	PROFESSOR AND CHAIR OF PHYSICS	0.					х		207,843.	0.	33,70
1) WILLIAM GERMANO	35.00									
	DEAN, FACULTY OF HUMANITIES	0.					Х		220,299.	0.	59,79
2) NADER TEHRANI	35.00	-				v		200 464	0.	14 CE
3	DEAN/PROF. OF ARCHITECTURE DANIEL LEPEK	0. 35.00					X		300,464.	0.	44,65
_	ASSOC. PROF. CHEM. ENGINEERING	0.					х		223,155.	0.	23,99
4	RICHARD STOCK 35.00 DEAN, SCHOOL OF ENGINEERING 0. X 213,079. 0.							58,87			
5) LAWRENCE CACCIATORE UNTIL 3/17 35.00 CHIEF OF STAFF, SEC TO BOT 0. X 247,914. 0.								19,08		
6	JAMSHED BHARUCHA	35.00									
4 6	FORMER PRESIDENT	0.						X	116,163.	0.	48,53
c	 Total from continuation sheets to Part VII, Set Total (add lines 1b and 1c) Total number of individuals (including but not I 					bove	e) who	► ►	ceived more than	\$100,000 of	
2 Fortal mainbol of mainbol of mainbol of motioning but not minicate to those index above, whe resolved more than \$100,000 of the reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual											
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										than \$100 000 o	f
	Complete this table for your five highest com compensation from the organization. Report co year.										
Se 1	(A) (B) (C)										
	(A) Name and business add	ress							Description of se	ervices C	ompensation
		ress							Description of se		ompensation

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 **>** JSA 7E1055 1.000

Form 990 (2017)				
	17)	(20	aan	Form

Part VII Section A. Officers, Directors,	Trustees, Ke	y⊨m	pio	yee	es, a	and F	ligi	nesi Compensai	ea ⊑mpioyee	S (CONIII	iuea)
(A) Name and title	(B) Average hours per week (list any hours for	box, office	iot ch unless r and	s per a di	tion more son recte	e than o is both or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation f related organizations	; c	(F) 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-MIS		from the organization and related organizations
7) STEPHEN BAKER UNTIL 6/17	35.00										
VP OF STUDENT AFFAIRS	0.						X	291,756.		0.	50,83
 1b Sub-total c Total from continuation sheets to Part Vid Total (add lines 1b and 1c) 2 Total number of individuals (including but) 	II, Section A		 				► ► ►	ceived more than	\$100,000 of		
reportable compensation from the organization	ation 🕨	87	,								Yes
Did the organization list any former of employee on line 1a? If "Yes," complete Sci											X
For any individual listed on line 1a, is the organization and related organizations	greater than	\$15	0,00)0?	lf	"Yes	," (complete Schedu	le J for suc	h 📃	
individual	or accrue co	mpen	satio	on fi	rom	n any	uni	related organization	on or individua	l 📃	
for services rendered to the organization? / Section B. Independent Contractors	r res, comple		leaui	le J	101	Such	per	5011		. 5	
 Complete this table for your five highest of compensation from the organization. Report year. 											ax
(A) Name and business	address							(B) Description of se	rvices		C) ensation
							+				

more than \$100,000 in compensation from the organization **>**

Par	t VII	I Statement of Revenu Check if Schedule O cor		nse or note to an	v line in this Part VII	11		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
Am Am	с	Fundraising events						
Gif ilar	d	Related organizations						
ns, Sim	е	Government grants (contributi		203,880.				
er (f	All other contributions, gifts, g						
df j		and similar amounts not included a		11,944,317.				
nd ont	g	Noncash contributions included in	lines 1a-1f: \$	2,497,829.				
	h	Total. Add lines 1a-1f		<u></u> ▶	12,148,197.			
Program Service Revenue				Business Code				
eve	2a	TUITION AND STUDENT FEES		611600	41,856,547.	41,856,547.		
e R	b	AUXILIARY INCOME		532000	2,361,966.	2,361,966.		
Zic	с							
Se	d							
am	е							
ogr	f	All other program service reven	nue					L
<u> </u>	g	Total. Add lines 2a-2f	<u></u>	44,218,513.				
	3	Investment income (incl	uding dividen	ids, interest,				
		and other similar amounts).		▶	47,182,660.		-4,578.	47,187,238.
	4	Income from investment of ta			0.			
	5	Royalties			0.			
		_	(i) Real	(ii) Personal				
	6a	Gross rents	1,771,511.					
	b	Less: rental expenses						
	С	Rental income or (loss)	1,771,511.					
	d		(i) Securities		1,771,511.			1,771,511.
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	33,944,624.					
	b	Less: cost or other basis						
		and sales expenses	29,854,638.					
	C	Gain or (loss)	4,089,986.		4 000 000			4 000 000
	d	Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·	4,089,986.			4,089,986.
Ine	8a	Gross income from fundrais	0					
ver		events (not including \$						
Re		of contributions reported on lin						
Other Revenue		See Part IV, line 18						
Ò	b c	Less: direct expenses Net income or (loss) from fun			0.			
	9a	Gross income from gaming a See Part IV, line 19	activities.					
	b c	Less: direct expenses Net income or (loss) from ga	b		0.			
	10a	Gross sales of inventor returns and allowances	ry, less					
	b c	Less: cost of goods sold Net income or (loss) from sale	b		0.			
		Miscellaneous Revenue		Business Code				
	11a	OTHER REVENUE		611710	406,330.			406,330.
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			406,330.			
	12	Total revenue. See instruction			109,817,197.	44,218,513.	-4,578.	53,455,065.
JSA								Form 990 (2017)

JSA 7E1051 1.000

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 (C) Management and (A) Total expenses (B) Program service (D) Do not include amounts reported on lines 6b. 7b. Fundraising 8b. 9b. and 10b of Part VIII. general expenses 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 25,351,038. 25,351,038. 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 4,409,149 4,409,149. 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 1,502,787. 1,171,878 330,909. trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and 166,750 166,750 persons described in section 4958(c)(3)(B) 27,982,716 24,600,406. 1,980,101 1,402,209. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 1,932,248. 1,635,254. 159,743. 137,251. section 401(k) and 403(b) employer contributions) 6,977,262. 442,742. 5,823,485. 711,035 2,109,321. 1,783,358. 221,128 104,835. Payroll taxes 10 11 Fees for services (non-employees): 0 a Management 725,772. 725,772 b Legal 161,101. 161,101. c Accounting 43 43 d Lobbying 196,151. 196,151. e Professional fundraising services. See Part IV, line 17 907,999 907,999 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.) 176,148 4,749 3,470. 184,367. 12 Advertising and promotion 2,849,238. 141,184. 3,962,878. 972,456 13 Office expenses 226,410. 226,410. 14 Information technology 0 Royalties 15 5,297,428. 4,738,090. 350,859 208,479. Occupancy 16 453,463. 404,596. 41,417. 7,450. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 635,021 262,571 183,128 189,322. 19 Conferences, conventions, and meetings 12,975,460. 12,355,734. 482,523. 137,203. Interest 20 0 21 Payments to affiliates 8,121,365. 7,751,750. 225,013 144,602. 22 Depreciation, depletion, and amortization 451,767. 400,131. 28,351. 23,285. 23 Insurance 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 340,747. 340,747. **b**LIBRARY CONSORTIUM 242,983. 242,983. 22,726 22,726. cLIBRARY BOOKS & PERIODICALS d^{MISCELLANEOUS} ADMIN 1,692,388. 514,954. 1,111,474. 65,960. e All other expenses 107,029,340 94,219,677. 9,605,520 3,204,143. 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

0

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following SOP 98-2 (ASC 958-720)

Form	990	(2017)	
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Forr	n 990 (i	THE COOPER UNION FOR THE ADVANCEMEN 2017)		10	-5562985 Page 11
_	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this P	art X		
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	33,470,393.	1	30,996,452.
	2	Savings and temporary cash investments	2,585,800.	2	1,425,418.
	3	Pledges and grants receivable, net	1,126,538.	3	1,578,294.
	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.	0.	-	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
		4958(f)(1)), persons described in section $4958(c)(3)(B)$, and contributing employers			
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
Assets	7	Notes and loans receivable, net	1,861,978.	7	2,143,161.
ASS	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	9,472,763.	9	10,270,850.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 278, 500, 541.			
	b	Less: accumulated depreciation	154,167,158.	10c	147,562,234.
	11	Investments - publicly traded securities	60,682,749.	11	72,157,931.
	12	Investments - other securities. See Part IV, line 11	757,695,611.	12	780,003,502.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0. 1,021,062,990.	15	0.
	16	J	38,797,175.	16	1,046,137,842.
	17	Accounts payable and accrued expenses	0.	17	37,994,219.
	18	Grants payable	104,279,365.	18	103,558,064.
	19	Deferred revenue	0.	19 20	0.
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D	0.	20	0.
6	22	Loans and other payables to current and former officers, directors,		21	
Liabilities	~~	trustees, key employees, highest compensated employees, and			
ilidi		disqualified persons. Complete Part II of Schedule L	0.	22	0.
Ľ	23	Secured mortgages and notes payable to unrelated third parties	226,593,071.	23	226,989,850.
	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			
		of Schedule D	5,679,054.	25	5,288,572.
	26	Total liabilities. Add lines 17 through 25	375,348,665.	26	373,830,705.
ŝ		Organizations that follow SFAS 117 (ASC 958), check here ►			
nce	27		-169,148,479.	27	-170,206,294.
ala	28	Unrestricted net assets Temporarily restricted net assets	735,110,136.	28	756,121,295.
Б	29	Permanently restricted net assets	79,752,668.	29	86,392,136.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
s	30	Capital stock or trust principal, or current funds		30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	645,714,325.	33	672,307,137.
	34	Total liabilities and net assets/fund balances	1,021,062,990.	34	1,046,137,842.

THE	COOPER	UNION	FOR	THE	ADVANCEMENT	OF

-	90 (2017)				Pa	ge 12		
Part								
	Check if Schedule O contains a response or note to any line in this Part XI.					Х		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			17,1			
2	Total expenses (must equal Part IX, column (A), line 25)	2	10		29,3			
3	Revenue less expenses. Subtract line 2 from line 1	3			87,8			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	64	15,7	14,3	25.		
5	Net unrealized gains (losses) on investments	5	4	20,8	32,0	75.		
6	Donated services and use of facilities	6				0.		
7	Investment expenses	7		0.				
8	8 Prior period adjustments							
9	9 Other changes in net assets or fund balances (explain in Schedule O)							
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	33, column (B))	10	67	72,3	07,1	37.		
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," explain in							
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х		
	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							
	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	aht					
•	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.	npiam						
32	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in					
54	the Single Audit Act and OMB Circular A-133?	. ioitii		3a	х			
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lerao	the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b	Х			

SCHEDULE A

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11 12

(A)

(B)

(C)

(D)

(E)

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Open to Public Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection THE COOPER UNION FOR THE ADVANCEMENT OF Employer identification number Name of the organization SCIENCE & ART 13-5562985 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. С **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III е functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No Total

OMB No. 1545-0047

Schedule A (Form 990 or 990-EZ) 2017

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.)

Calendary year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 Gifs, grants, contributions, and membership flees received. (Do not include any 'unusual grants.') (c) 2015 (d) 2014 (c) 2015 (e) 2017 (f) Total 3 The value of services feved of the the organization's benefit and either paid to or expended on its behalf s (c) 2015 (d) 2014 (c) 2017 (f) Tota	Sec	tion A. Public Support									
membership fees received. (bo not include any "unusual grants")	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
or apprication's benefit and either paid to or expended on its behalf	1	membership fees received. (Do not									
fundamental unit to the organization without charge	2	organization's benefit and either paid									
5 The portion of total contributions by supported organization on publicly supported organization on clude do not inter 1, column (f),	3	furnished by a governmental unit to the									
each person (other than is governmental unit or publicly supported organization; included on line 11 that exceeds 2% of the amount shown on line 11; column (f),	4	Total. Add lines 1 through 3									
Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4	5	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).									
Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4											
7 Amounts from line 4		• •		1		T		1			
8 Gross income from interest, dividends, payments received on securities loans, rents, royalies, and income from similar sources	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
activities, whether or not the business is regularly carried on		Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from									
loss from the sale of capital assets (Explain in Part VI.) Image: Capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 Image: Capital assets (Capital assets) Image: Capital assets (Capital assets) 12 Gross receipts from related activities, etc. (see instructions) Image: Capital assets) Image: Capital assets) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Image: Capital assets) Section C. Computation of Public Support Percentage Image: Capital assets) Image: Capital assets) 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) Image: Capital assets) Image: Capital assets) 15 Public support percentage from 2016 Schedule A, Part II, line 14 Image: Capital assets) Image: Capital assets) 16a 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: Capital assets) Image: Capital assets) 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organiza	9	activities, whether or not the business									
12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 14 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). 14 % 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 % 16a 33 1/3 % support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 11 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	10	loss from the sale of capital assets									
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). 14 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 16a 33 1/3 % support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. 16 b 331/3 % support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. 10 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. 11 10%-	11	Total support. Add lines 7 through 10									
organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). 14 % 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 % 16a 33 1/3 % support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. 10 b 33 1/3 % support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization fueld not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-a	12	Gross receipts from related activities, etc. (s	see instructions)				12				
 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). 14 % 15 Public support percentage from 2016 Schedule A, Part II, line 14 . 16a 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . b 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies		organization, check this box and stop here									
 15 Public support percentage from 2016 Schedule A, Part II, line 14	Sec			-							
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Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
~	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						1
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is regularly						
10	carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f		tion's first seco	nd third fourth	or fifth tax v	ear as a sectio	n 501(c)(3)
14	organization, check this box and stop here	-			-		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2017 (line 8	•		mn (f))		15	%
16	Public support percentage from 2016 Scho					16	%
	tion D. Computation of Investmen						/0
17	Investment income percentage for 2017 (li			13 column (f))		17	%
18	Investment income percentage for 2017 (in					18	%
	331/3% support tests - 2017. If the or					· · · · ·	
ıJd	17 is not more than 331/3%, check th						
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a	331/3% support tests - 2016. If the orga						
20	line 18 is not more than 331/3%, check		•	•			
20 JSA	Private foundation. If the organization			1 4 , 19a, 01 19t			990 or 990-EZ) 2017
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			* * * * * * * • * 0	0		~ ~	

Yes No

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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

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9a

9b

9c

10a

Part IV Supporting Organizations

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

Section A. All Supporting 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 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **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.)

10b Schedule A (Form 990 or 990-EZ) 2017

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Earth With Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? 1 <th>-</th> <th>le A (Form 990 or 990-EZ) 2017</th> <th></th> <th>F</th> <th>Page 5</th>	-	le A (Form 990 or 990-EZ) 2017		F	Page 5
11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indicently controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? A Astive, controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations I 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 of the organization, describe in Part VI how the supported organization of the supported organization, describe in Part VI is a controllation or remove during the fax year. Did the organization operate for the benefit of any supported organization after the supported organization? Vers in the supported organization operate for the benefit of any supported organization? If "Ns," results in Part With a supported organization of the supported organization? Vers a majority of the organization or or nutsees during the fax year. Vers in the supporting Organizations Were a majority of the organization was wested in the same persons that controlled or managed mine supporting organization was wested in the same persons that controlled or managed met supporting organization was wested in the supported organization? Were a majority of the organization was wested in the same persons that controlled or managed met supporting organization was wested in the same persons that controlled or managed met supported organization was wested in the supported organization? Vers in the organization of the supporting organization was wested in the supported organization was used to fit the organization?<th>Part</th><th>V Supporting Organizations (continued)</th><th></th><th>Vee</th><th>Ne</th>	Part	V Supporting Organizations (continued)		Vee	Ne
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Ves No			11c		
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Section C. Type II Supporting Organizations I 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). Section D. All Type III Supporting Organization was vested in the same persons that controlled or managed the supported organization (s). Section D. All Type III Supporting Organization was vested in the same persons that controlled or managed the supported organization (s). Were any of the organization's any requires in effect on the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, and (iii) copies of organization's governing documents in effect on the date of notification, and (iii) copies of organization's officers, directors, or trustees either (i) appointed or ganization's any of the organization's officers, directors, or trustees either (i) appointed organization's supported organization's activities complete line 2 below.<	2	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,			
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Schedule & (Form 990 or 990-F7) 2017	b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	JSA		990 or	990-EZ	2) 2017

Schedule A (Form 990 or 990-EZ) 2017 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s	Page
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	,
instructions. All other Type III non-functionally integrated supporting organized	zations r	nust complete Sectio	ns 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			
amore any temperature duction (and instructions)			

emergency temporary reduction (see instructions).

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

Schedule A (Form 990 or 990-EZ) 2017

6

	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions	oupporting organizat		Current Year
1	Amounts paid to supported organizations to accomplish ex	remot ourooses		ourrent real
2	Amounts paid to perform activity that directly furthers exer		ed	
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	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	
U	(provide details in Part VI). See instructions.		onsive	
9	Distributable amount for 2017 from Section C, line 6			
9 10	Line 8 amount divided by Line 9 amount			
10			<i>(</i> m)	<i></i>
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<u>,</u>	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
-	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
5	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
1	and 4c.			
0				
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
<u>с</u>	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Page 8

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

0194954-00003

Schedule B

(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

THE COO	PER	UNION	FOR	THE	ADVANCEMENT	OF
SCIENCE	&	ART				

13-5562985

Organization type (check 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 foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule	В	(Form	990,	990-EZ,	or 9	990-PF) (2017
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SCIENCE & ART

Employer identification number 13-5562985

art I Contri	butors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribu				
<u> </u>		\$245,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$53,196.	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			
3		\$\$	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			
4		\$\$,059,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$733,497.	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			
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule	В	(Form	990,	990-EZ,	or 9	990-PF) (2017
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SCIENCE & ART

Employer identification number 13-5562985

Part I	Contributors (see instructions). Use duplicate copies					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contr				
7		\$	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			
8		\$\$	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			
9		\$85,000.	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		\$174,000.	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			
		\$168,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12		\$127,288.	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule	В	(Form	990,	990-EZ,	or 9	990-PF) (2017
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SCIENCE & ART

Employer identification number 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) (d) Total contributions Type of contribu						
13		\$90,000.	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					
14		\$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					
15		\$105,978.	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					
16		\$105,000.	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					
17		\$ 39,898.	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					
18		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2017)
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SCIENCE & ART

Employer identification number 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					
		\$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					
		\$97,500.	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					
		\$95,565.	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					
		\$90,000.	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					
		\$87,112.	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$110,694.	Person X Payroll On Complete Part II for noncash contributions.)					

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule	В	(Form	990,	990-EZ,	or 9	990-PF) (2017
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SCIENCE & ART

Employer identification number 13-5562985

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25		\$80,000.	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
26		\$66,495.	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
27		\$65,718.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
28		\$60,000.	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
		\$100,000.	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
30		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule	В	(Form	990,	990-EZ,	or 9	990-PF) (2017
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SCIENCE & ART

Employer identification number 13-5562985

art I C	ontributors (see instructions). Use duplicate copi					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribu				
31		\$ 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			
32		\$51,195.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
33		\$47,680.	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			
34		\$90,129.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
35		\$42,826.	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			
36		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2017)
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SCIENCE & ART

Employer identification number 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) (d) Total contributions Type of contribu						
37		\$38,442.	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		\$75,000.	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					
39		\$36,130.	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		\$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					
41		\$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					
42		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule	В	(Form	990,	990-EZ,	or 9	990-PF) (2017
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SCIENCE & ART

Employer identification number 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				
43		\$33,000.	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				
44		\$32,700.	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		\$32,000.	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				
46		\$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				
		\$12,825.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$31,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule	В	(Form	990,	990-EZ,	or 9	990-PF) (2017
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SCIENCE & ART

Employer identification number 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				
<u>49</u> -		\$30,633.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
50 .		\$	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				
51 .		\$ 30,000.	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				
52		\$30,000.	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		\$30,000.	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				
54		\$28,478.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule	В	(Form	990,	990-EZ,	or §	990-PF) (2017)
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SCIENCE & ART

Employer identification number 13-5562985

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				
55		\$25,250.	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				
56		\$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				
57		\$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				
58		\$23,754.	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				
59		\$21,859.	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				
60		\$16,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule	В	(Form	990,	990-EZ,	or §	990-PF) (2017)
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SCIENCE & ART

Employer identification number 13-5562985

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61 -		\$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
62 _		\$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
63 -		\$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
64		\$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
65		\$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
66		\$20,000.	Person X Payroll Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2017)
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SCIENCE & ART

Employer identification number 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					
67		\$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					
68		\$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					
69		\$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					
		\$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					
		\$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					
		\$19,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2017)
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SCIENCE & ART

Employer identification number 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				
		\$17,000.	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		\$15,350.	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				
		\$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				
76		\$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				
		\$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				
78		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2017)
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Employer identification number 13-5562985

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$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
80		\$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
81		\$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
82		\$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
83		\$11,000.	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
84		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2017)
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SCIENCE & ART

Employer identification number 13-5562985

art I Contril	butors (see instructions). Use duplicate cop	es of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
85		\$14,200.	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		\$12,500.	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			
87		\$12,000.	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			
88		\$12,000.	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		\$11,500.	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			
90		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2017)
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SCIENCE & ART

Employer identification number 13-5562985

art I Contri	ibutors (see instructions). Use duplicate cop	pies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
91		\$11,100.	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			
92		\$11,036.	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		\$10,852.	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		\$11,000.	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			
95		\$11,000.	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			
96		\$10,447.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2017)
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SCIENCE & ART

Employer identification number 13-5562985

art I Contr	ibutors (see instructions). Use duplicate cop		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$10,250.	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
98		\$10,126.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$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
00		\$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
01		\$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
.02		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule	В	(Form	990,	990-EZ,	or 9	990-PF) (2017
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(a)	(b)	(c) (d)			
No.	Name, address, and ZIP + 4	Total contributions	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		
<u> </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		
105		\$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		
LOG		\$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>107</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		
108		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule	В	(Form	990,	990-EZ,	or 9	990-PF) (2017
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SCIENCE & ART

Employer identification number 13-5562985

(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
		Person
		Payroll
	\$ 10,000.	Noncash
	V	
		(Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
		Borcon
		Feison
	\$ 10,000.	Payroll Noncash
	\ Ψ	(Complete Part II for
		noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4		Type of contribution
		Person
		Payroll
	\$ 10,000.	Noncash
	+	(Complete Part II for
		noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
		Borcon
		Feison
	¢ 10,000.	Payroll
	ψ	Noncash
		(Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4		Type of contribution
		Person X
		Payroll
	1	
	\$10,000.	Noncash
	\$10,000.	
	\$10,000.	Noncash (Complete Part II for noncash contributions.)
(b)	(c)	(Complete Part II for noncash contributions.) (d)
(b) Name, address, and ZIP + 4		(Complete Part II for noncash contributions.)
	(c)	(Complete Part II for noncash contributions.) (d) Type of contribution
	(c)	(Complete Part II for noncash contributions.) (d) Type of contribution Person
	(c) Total contributions	(Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll
	(c)	(Complete Part II for noncash contributions.) (d) Type of contribution Person
	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) (b) (c) (c) Total contributions (b) (c) (b) (c)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Schedule	В	(Form	990,	990-EZ,	or 9	990-PF) (2017
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SCIENCE & ART

Employer identification number 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					
115		\$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					
116		\$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					
117		\$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					
118		\$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					
119		\$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					
120		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule	В	(Form	990,	990-EZ,	or 9	990-PF) (2017
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SCIENCE & ART

Employer identification number 13-5562985

art I Contr	ibutors (see instructions). Use duplicate cop	ies of Part I il additional space IS he	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
L21		\$10,000.	Person X Payroll Noncash (Complete Part II for
(a)	(b)	(c)	(complete Part non noncash contributions.) (d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
L22		\$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
.23		\$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
24		\$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
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
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule	В	(Form	990,	990-EZ,	or 9	990-PF) (2017
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SCIENCE & ART

Employer identification number 13-5562985

art I Contri	ibutors (see instructions). Use duplicate cop		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </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> </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
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
.30		\$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> </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>132</u>		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule	В	(Form	990,	990-EZ,	or 9	990-PF) (2017
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SCIENCE & ART

Employer identification number 13-5562985

art I Contri	ibutors (see instructions). Use duplicate cop	ies 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>		\$8,373.	Person 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>		\$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
<u>135</u>		\$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
L36		\$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
<u> </u>		\$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
138		\$7,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule	В	(Form	990,	990-EZ,	or 9	990-PF) (2017
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Page **2**

Name of o	organization THE COOPER UNION FOR THE ADVANC SCIENCE & ART	EMENT OF	Employer identification number 13-5562985
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		\$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
140		\$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
		\$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
142		\$6,859.	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
143		\$6,650.	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		\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule	В	(Form	990,	990-EZ,	or 9	990-PF) (2017
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Page **2**

Name of o	organization THE COOPER UNION FOR THE ADVANCE SCIENCE & ART	Employer identification number 13-5562985		
Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is i	needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
145		\$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	
146		\$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	
_147		\$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	
148		\$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	
		\$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	
150		\$5,819.	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule	В	(Form	990,	990-EZ,	or 9	990-PF) (2017
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Employer identification number 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			
		- _ \$_ -	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			
		- _ \$_ -	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			
		- _ \$_ -	5,800.	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			
154		- _ \$_	5,700.	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			
		- _ \$_	5,500.	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			
156		- _ \$_	5,500.	Person X Payroll Noncash			

Schedule	В	(Form	990,	990-EZ,	or 9	990-PF) (2017
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Employer identification number 13-5562985

Part I	Contributors (see instructions). Use duplicate copies of I	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157		\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$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
159		\$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
160		\$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
		\$5,160.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
162		\$5,104.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule	В	(Form	990,	990-EZ,	or 9	990-PF) (2017
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Employer identification number 13-5562985

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
163 		\$ 5,100.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
L64		\$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>165</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
.66		\$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
.67		\$ 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
L68		\$5,000.	Person X Payroll Noncash

Schedule	В	(Form	990,	990-EZ,	or 9	990-PF) (2017
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Page **2**

Name of o	organization THE COOPER UNION FOR THE ADVANCEN SCIENCE & ART	Employer identification number 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
169		\$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
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
		\$ 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
172		\$ 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
		\$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
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule	В	(Form	990,	990-EZ,	or 9	990-PF) (2017
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Page **2**

Name of o	organization THE COOPER UNION FOR THE ADVANCE SCIENCE & ART	MENT OF	Employer identification number 13-5562985
Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175		\$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
176		\$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
177		\$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
178		\$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
		\$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
180		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule	В	(Form	990,	990-EZ,	or 9	990-PF) (2017
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Page **2**

Name of o	organization THE COOPER UNION FOR THE ADVANCE SCIENCE & ART	MENT OF	Employer identification number 13-5562985
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is r	needed.
(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
182		\$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
183		\$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
184		\$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
185		\$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
186		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule I	В	(Form	990,	990-EZ,	or 990-PF)	(2017)
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Name of o	organization THE COOPER UNION FOR THE ADVANCEM SCIENCE & ART	Employer identification number 13-5562985	
Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is r	eeded.
(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
188		\$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
189		\$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
190		\$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
		\$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
192		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule	В	(Form	990,	990-EZ,	or 9	990-PF) (2017
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Page **2**

Name of o	organization THE COOPER UNION FOR THE ADVANCE SCIENCE & ART	MENT OF	Employer identification number 13-5562985
Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is i	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193		\$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
194		\$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
195		\$ 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
196		\$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
		\$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
198_		\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule	В	(Form	990,	990-EZ,	or 9	990-PF) (2017
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Employer identification number
13-5562985

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199		\$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
200		\$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
_201		\$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
202		\$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
203		\$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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

ame of or	ganization THE COOPER UNION FOR THE ADVANCEMENT O		lentification number
	SCIENCE & ART		562985
art II	Noncash Property (see instructions). Use duplicate copies of	Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

JSA 7E1254 1.000

	(Form 990, 990-EZ, or 990-PF) (2017)			Page 4					
Name of or	rganization THE COOPER UNION FOR 7	THE ADVANCEMENT	OF	Employer identification number					
	SCIENCE & ART			13-5562985					
Part III		the year from any ions completing Par ie year. (Enter this in	one contributo t III, enter the to formation once	r. Complete columns (a) through (e) and tal of <i>exclusively</i> religious, charitable, etc.,					
(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, a	nd ZIP + 4	Rela	ationship 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) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Rela	Relationship 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) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Rela	ationship 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) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Rela	ationship of transferor to transferee					
				Sebadula B /Ferm 000, 000 F7 000 PF (0017)					
JSA 7E1255 1.000				Schedule B (Form 990, 990-EZ, or 990-PF) (2017)					

Department of the Treasury Internal Revenue Service		w.irs.gov/Form990 for		atest information.	Inspection
	vered "Yes," on Form 990, F	Part IV, line 3, or Form	990-EZ, Part V, line 46	6 (Political Campaign Activi	
	organizations: Complete Parts	•			
	er than section 501(c)(3)) or	•	Parts I-A and C below.	Do not complete Part I-B.	
Ũ	zations: Complete Part I-A on	•			
	vered "Yes," on Form 990, F				
	organizations that have filed I				
	wered "Yes," on Form 990,	•	()	, ,	•
Tax) (see separate instr		Fait IV, Inte 5 (Floxy	Tax) (See Separate II		
• Section 501(c)(4),	(5), or (6) organizations: Comp	olete Part III.			
Name of organization	HE COOPER UNION FO	OR THE ADVANCE	MENT OF	Employer ide	ntification number
SCIENCE & ART				13-556	
Part I-A Compl	ete if the organization	is exempt under	section 501(c) or	is a section 527 orga	nization.
1 Provide a descr	ption of the organization's	direct and indirect p	olitical campaign ac	ctivities in Part IV. (see in	nstructions for
definition of "pol	itical campaign activities")			,	
•	gn activity expenditures (s			▶ \$	
	for political campaign act				
Part I-B Compl	ete if the organization	is exempt under s	section 501(c)(3).		
	nt of any excise tax incurre	ed by the organizatio	n under section 495	5 ▶\$	
	nt of any excise tax incurre				
	on incurred a section 4955				
-	n made?				
b If "Yes," describe					•• •• •
	ete if the organization	is exempt under	section 501(c), ex	cept section 501(c)(3	s).
	nt directly expended by th				
2 Enter the amount	nt of the filing organization ction activities	n's funds contributed	to other organizati	ons for section	
3 Total exempt fu	inction expenditures. Add	I lines 1 and 2. En	ter here and on Fo	orm 1120-POL,	
	parization file Form 1120 I				Yes No
4 Did the filing org5 Enter the names	anization file Form 1120-I , addresses and employed	r identification numb	er (EIN) of all section	on 527 political organiz	Yes No
	de payments. For each or				
	olitical contributions rece				
as a separate se	gregated fund or a politica	l action committee (l	PAC). If additional sp	ace is needed, provide i	nformation in Part IV.
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate
					political organization. If none, enter -0
(1)					
(2)			-		
(3)					
(4)					
(5)					
			•		
(6)					
For Paperwork Reducti	on Act Notice, see the Instru	uctions for Form 990 or	r 990-EZ.	Schedul	e C (Form 990 or 990-EZ) 2017

Political Campaign and Lobbying Activities

Complete if the organization is described below.

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

Attach to Form 990 or Form 990-EZ.

SCHEDULE C

(Form 990 or 990-EZ)



-		OFER ONION FOR THE ADVANCEMENT O		JOZJOJ Page Z
Pa	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
A		longs to an affiliated group (and list in Part IV eand share of excess lobbying expenditures).	ach affiliated group mem	per's name,
В	Check ► if the filing organization ch	ecked box A and "limited control" provisions app	bly.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
b c c e	 Total lobbying expenditures to influence Total lobbying expenditures (add lines 1 Other exempt purpose expenditures Total exempt purpose expenditures (add 	public opinion (grass roots lobbying) a legislative body (direct lobbying) a and 1b) d lines 1c and 1d) e amount from the following table in both		
	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 28	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	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	tion file Form 4720	
				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 Exper	nditures During 4-Y	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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) 2017

Page 3

No

Schedule C ((Form	990	or	990-EZ) 2017

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

Eor	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	a)	(b)
	cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
а	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		X	
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?			43
q	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
	Other activities?		Х	
;	Total. Add lines 1c through 1i			43
, 2а	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?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection

	501(c)(6).		
			Yes
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
-		•	

2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3

3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior 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	
	Carryover from last year.		
	Total		
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	

Supplemental Information Part IV

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.

PART II-B, LINE 1F

А	PORTION	(1.13%)	OF	THE	MEMBERSHIP	DUES	PAID	ΤO	THE	NATIONAL	ASSOCIATION
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OF COLLEGE AND UNIVERSITY BUSINESS OFFICERS (NACUBO) SUPPORTS THE

ORGANIZATION'S HIGHER EDUCATION LOBBYING EFFORTS.

Schedule C (Form 990 or 990-EZ) 2017

Part IV Supplemental Information (continued)

SCHEE	DULE	D
(Form	990)	

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Open to Public Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization THE COOPER UNION FOR THE ADVANCEMENT OF Employer identification number SCIENCE & ART 13-5562985 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements 2a а 2b b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) С d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located **b** 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? No Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 No and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and q balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet b works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: ▶ \$ _ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 а ▶ \$ Assets included in Form 990, Part X. b ▶ \$ For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

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OMB No. 1545-0047

THE COODED INTON EOD THE ADVANCEMENT OF

13-5562985
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Sahaa	1 H년 Jule D (Form 990) 2017	COOPER UNION	I FOR TH	E ADVAN	NCEMEN	n o	F		13-550	02985	Б	age 2
Par		na Collections o	f Art His	torical T	reasur	es	or Oth	her Simil	ar Asse	ts (cont		
3	Using the organization's acquisition	-										<u> </u>
•	collection items (check all that app			,				ing mare	e u eigi	unioant a		
а	Public exhibition	,	d	Loan	or excha	ange	progra	ms				
b	Scholarly research		e	Other		•						
С	Preservation for future gene	rations										
4	Provide a description of the organ	nization's collectior	is and expl	ain how t	they fur	ther	the or	ganization'	s exemp	t purpose	ə in	Part
	XIII.											
5	During the year, did the organization	on solicit or receive	donations of	of art, hist	orical tre	easu	res, or	other simil	ar			-
	assets to be sold to raise funds rath		tained as pa	art of the	organiza	ation'	s colle	ction?		Yes		No
Par	t IV Escrow and Custodial Ar									. –		
	Complete if the organizat 990, Part X, line 21.	tion answered "Ye	es" on Forr	n 990, P	art IV, I	ine s), or re	ported ar	n amoun	t on Fori	n	
4.	Is the organization an agent, truste	a avatadian ar ath		diam far a		iana	<u> </u>	*				
Ia	included on Form 990, Part X?								n. F	Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and com	nlete the fo	llowing tal	hle [.]				• • • • L	163		
N N	in res, explain the arrangement			nowing tai	0ic.			Α	mount			
с	Beginning balance					1c						
d	Additions during the year					1d						
е	Distributions during the year					1e						
f	Ending balance					1f						
2a	Did the organization include an am					or cu	stodial	account lia	bility?	Yes		No
b	If "Yes," explain the arrangement i	n Part XIII. Check I	nere if the e	xplanatior	has be	en pr	ovided	on Part XII	·			
Par												
	Complete if the organizat											
		(a) Current year	(b) Pric		(c) Two			(d) Three y		(e) Four		
1a	Beginning of year balance	798,919,435.						717,62		665,1		
b	Contributions	6,639,467.	1,89	9,205.	⊥, ,	/63	,319.	4,35	4,912.	2,0	68,	012.
С	Net investment earnings, gains,		E2 00	1 216	70 -	220	267	10 20	5 2EE	00 F	06	100
	and losses	66,389,642. 45,633,104.		1,216. 4,916.			,367. ,524.		5,355. 1,599.	80,5 30,1		
	Grants or scholarships	45,055,104.	34,00	4,910.	55,5	11/,	, 524.	52,00.	1,399.	30,1	59,	
е	Other expenditures for facilities											
	and programs											
	Administrative expenses	826,315,440.	798,91	9,435.	777.3	133	930.	738,48	7,768.	717,6	28,	100.
g	End of year balance Provide the estimated percentage				1					,		
∠ a	Board designated or quasi-endown		%	e (inte ig,	, column	(a))		•				
b	Permanent endowment 10.5											
С	Temporarily restricted endowment	▶ 89.5000 %	•									
	The percentages on lines 2a, 2b, a											
3a	Are there endowment funds not in	the possession of	the organiza	ation that	are held	d and	d admir	nistered for	the	_		
	organization by: Yes No											
	(i) unrelated organizations											
	(ii) related organizations											
-	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds.											
4			ation's endo	wment fu	nds.							
Par	t VI Land, Buildings, and Equ Complete if the organiza	tion answered "Y	es" on For	m 990, F	Part IV,	line	11a. S	ee Form	990, Pai	rt X, line	10.	
	Description of property		or other basis stment)		or other ba other)	isis		cumulated eciation	(0	d) Book valu	ie	
1a	Land				150,00	0.	dopi	oolation		15	0,0	00.
b	Buildings				594,23		94,5	89,974.		141,00		
С	Leasehold improvements				334,80			78,490.		3,55		
d	Equipment			34,9	921,50)1.		69,843.		2,85	1,6	58.
е	Other											
Tota	I. Add lines 1a through 1e. (Columr		rm 990, Part	X, colum	n (B), lin	ne 10	c.)			147,56	2,2	34.
									Sched	ule D (Forr	n 990) 2017

Page 3

Schedule D (Form 990) 2017

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 (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) REAL ESTATE AND OTHER	704,040,191.	FMV
(B) LIMITED PARTNERSHIPS	43,383,251.	FMV
(C) HEDGE FUNDS	25,728,836.	FMV
(D) FUNDS OF FUNDS	6,851,224.	FMV
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	780,003,502.	

Part VIII Investments - Program Related.

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.)		

Other Assets.

Part IX

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 TRU	5,288,572.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 5,288,572.

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

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Schedu	le D (Form 990) 2017		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIII Supplemental Information.		
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr		ne 4; Part X, line
SEE	PAGE 5		

Schedule D (Form 990) 2017

JSA

Part XIII Supplemental Information (continued)

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, LINE2 - FIN 48 (ASC 740) FOOTNOTE FROM THE CONSOLIDATED FINANCIAL 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 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, 2014, 2015, 2016, AND 2017 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. THE COLLEGE BELIEVES THAT THERE ARE NO MATERIAL

Schedule D (Form 990) 2017

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Part XIII Supplemental Information (continued)

UNCERTAIN TAX POSITIONS WITHIN ITS FINANCIAL STATEMENTS.

PART V, LINE 1B - ENDOWMENT CONTRIBUTIONS

THIS AMOUNT REPRESENTS THE SUM OF:

2,639,467 CONTRIBUTIONS TO THE ENDOWMENT

4,000,000 RECLASSIFICATION OF RESTRICTED ASSETS TO ENDOWMENT ASSETS

6,639,467

=======

SCHF	DULE E	Schools	OMB No.	1545	0047			
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 99		► Complete if the organization answered "Yes" on Form 990,		2017				
	Part IV, line 13, or Form 990-EZ, Part VI, line 48. Attach to Form 990 or Form 990-EZ.							
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection						
Name of the organization THE COOPER UNION FOR THE ADVANCEMENT OF Employer identificati								
-	ENCE & ART	13-556	2985					
Part				YE	S NO			
1	Does the organiz	ation have a racially nondiscriminatory policy toward students by statement in its char	ter.		<u>3 NO</u>			
	•	erning instrument, or in a resolution of its governing body?		X				
		ation include a statement of its racially nondiscriminatory policy toward students in all						
		gues, and other written communications with the public dealing with student admission		x				
		nolarships? tion publicized its racially nondiscriminatory policy through newspaper or broadcast me						
	-	of solicitation for students, or during the registration period if it has no solicitation progr						
		akes the policy known to all parts of the general community it serves? If "Yes," ple						
	describe. If "No," p	blease explain. If you need more space, use Part II	3	X				
	SEE SUPPLEMENTAL PAGE							
			—					
	-	tion maintain the following? The racial composition of the student body, faculty, and administrative staff?	4a	, x				
		enting that scholarships and other financial assistance are awarded on a rac		1 22				
		basis?	-	, X				
С	Copies of all cata	logues, brochures, announcements, and other written communications to the public dea	ling					
		issions, programs, and scholarships? rial used by the organization or on its behalf to solicit contributions?						
	-	No" to any of the above, please explain. If you need more space, use Part II.	40					
5	Doos the organize	tion discriminate by race in any way with respect to:						
		r privileges?	54		X			
-	e la contra l'ighte e			-				
b	Admissions policie	es?	5t	>	X			
_					x			
С	Employment of fa	culty or administrative staff?	50		A			
d	Scholarships or o	ther financial assistance?	50	3	Х			
е	Educational policie	es?	56	•	X			
f	f Use of facilities?				x			
•			51					
g	Athletic programs	?	50	3	X			
					v			
		Ilar activities? /es" to any of the above, please explain. If you need more space, use Part II.	<u>5</u> ł	<u>ו</u>	X			
I	n you answered I	נט מוזי טי גווב מטטיב, אובמשב באאומווג זו ייטע וופבע וווטוב שמטב, עשב דמונ וו.						
			_					
6.0	Doos the organiza	tion receive any financial aid or assistance from a governmental agency?		, x				
		ion's right to such aid ever been revoked or suspended?			X			
		Yes" on either line 6a or line 6b, explain on Part II.						
7	Does the organiz	ation certify that it has complied with the applicable requirements of sections 4.01 thro	-					
	4.05 of Rev. Proc.	75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X				

	4.05 of Rev	. Proc. 7	′5-50, 1975	5-2 C.B. 58	7, coveri	ing racial	nondisc	rimination? If	"No," explain	on Part II
	Paperwork Redu	uction Act	Notice, see the	e Instructions	s for Form	990 or For	m 990-EZ.			Scheo
JSA 7E12	73 1.000									
	4492NM	700J	5/14/201	19 3:1	.6:32 I	PM V	17-7.1	_0	0194954	-00003

Schedule E (Form 990 or 990-EZ) 2017

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

JSA

\$62,580.00

SCHEDUL		ment of A	ctivities	Outside the Uni	ted States	OMB No. 1545-0047		
(Form 990	2017							
Department of the Internal Revenue		Go to <i>www.irs.go</i>	Open to Public Inspection					
Name of the orga	nization THE COOPER	UNION FOR	THE ADVAN	CEMENT OF		Employer identification number		
SCIENCE & Part I G		n Activities (Jutsida tha L	nited States. Complete		562985		
	orm 990, Part IV, line 14			filled States. Complete	ii the organization a			
-	-			substantiate the amount o	-			
				e, and the selection criter		e Yes No		
_	ntmakers. Describe in ce outside the United St		ganization's p	rocedures for monitoring	g the use of its gr	ants and other		
3 Activities				e duplicated if additional sp	· · · · · ·			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the reg	e, expenditures for be of and investments		
(1) CENTRAL	AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		26,358,688.		
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
<u>(</u> 10)								
<u>(11)</u>								
<u>(12)</u>								
<u>(13)</u>								
<u>(14)</u>								
<u>(</u> 15)								
(16)								
(17)								
3a Sub-to	otal					26,358,688.		
	from continuation to Part I							
	(add lines 3a and 3b)	e the Instruction	s for Form 990		e,	26,358,688. chedule F (Form 990) 2017		

JSA

Part II	Grants and Other Assista Part IV, line 15, for any re							d "Yes" on F	orm 990,
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 noncash assistance	(h) Description of noncash 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)									
by t	er total number of recipient orga he IRS, or for which the grantee er total number of other organiz	or counsel has prov	ided a section 501(c)(3) e	quivalency lette	er		x-exempt		

Schedule F (Form 990) 2017

Page **2**

Schedule F (Form 990) 2017

(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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SCHOLARSHIPS, FELLOWSHIPS, GRANTS	CENT. AMERICA/CARIBBEAN	3.	97,275.				
(2) SCHOLARSHIPS, FELLOWSHIPS, GRANTS	EAST ASIA/PACIFIC	123.	2,956,185.				
(3) SCHOLARSHIPS, FELLOWSHIPS, GRANTS	EUROPE/ICELAND/GREENLAND	15.	424,137.				
(4) SCHOLARSHIPS, FELLOWSHIPS, GRANTS	MIDDLE EAST/NORTH AFRICA	7.	213,973.				
(5) SCHOLARSHIPS, FELLOWSHIPS, GRANTS	NORTH AMERICA	7.	199,013.				
(6) SCHOLARSHIPS, FELLOWSHIPS, GRANTS	RUSSIA/NEWLY IND. STATES	1.	23,625.				
(7) SCHOLARSHIPS, FELLOWSHIPS, GRANTS	SOUTH AMERICA	9.	237,424.				
(8) SCHOLARSHIPS, FELLOWSHIPS, GRANTS	SOUTH ASIA	11.	257,517.				
(9) SCHOLARSHIPS, FELLOWSHIPS, GRANTS	SUB-SAHARAN AFRICA						
10)							
11)							
12)							
13)							
14)							
15)							
16)							
17)							
(18)							

Schedule F (Form 990) 2017

JSA 7E1276 1.000 Page 3

THE COOPER UNION FOR THE ADVANCEMENT OF

Sched	ule F (Form 990) 2017		Page 4
Part	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
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; don't 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)	X Yes	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; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017

Part V Supplemental Information 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):

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.

JSA

SCHEDULE G	Supplemen	tal Information R	egarding	Fundrai	sing or Gaming	Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if t	he organization answer organization entered r	red "Yes" on nore than \$1	Form 990, F 5,000 on Fo	Part IV, line 17, 18, or 1 rm 990-EZ, line 6a.	9, or if the	2017
Department of the Treasury			to Form 990				Open to Public
Internal Revenue Service Name of the organization	THE COOPER UN	► Go to www.irs.g	-		st instructions.	Employer identification	Inspection
SCIENCE & ART	THE COOPER ON	ION FOR THE A	DVANCEN	IENI OF		13-5562985	on number
	i ng Activities. Con				I "Yes" on Form	990, Part IV, line	17.
	0-EZ filers are not						
a X Mail solicita	the organization rais	sed funds through : e		-	activities. Check a non-government g		
	email solicitations	f			government grants		
c X Phone solici	itations	g			ising events		
d X In-person so							
2a Did the organiza	tion have a written o es listed in Form 990						X Yes No
b If "Yes," list the	10 highest paid indi	viduals or entities				•	
compensated at	least \$5,000 by the	organization.					
			(iii) Did fup	draiser have		(v) Amount paid to	(vi) Amount paid to
(i) Name and addr or entity (fu		(ii) Activity	custody o	r control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
				outions?		col. (i)	organization
1			Yes	No			
RUFFALO NOEL	LEVITZ	SOLICITING		х		38,913.	
2							
ARTS MANAGER	LLC, DEVOS I	SOLICITING		X		115,000.	
VERTREP CONSU	LTING, LLC	SOLICITING		x		42,238.	
4							
5							
6							
7							
8							
9							
10							
		•					
Total 3 List all states in	which the organiza	tion is registered a			contributions or	196,151.	it is exempt from
registration or lic		tion is registered t	Ji licensed			has been notined	it is exempt from
FL,NY,							
For Paperwork Reduction A	ct Notice, see the Instruc	tions for Form 990 or 9	90-EZ.			Schedule G (Fo	rm 990 or 990-EZ) 2017

~

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
n	_	(event type)	(event type)	(total number)	col. (c))
	1 Gross receipts				
2	2 Less: Contributions3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
	5 Noncash prizes				
0001	6 Rent/facility costs				
הוובתו דעהמוספס	7 Food and beverages				
ביני	8 Entertainment				
	9 Other direct expenses				
	11 Net income summary. Subtract line 10 rt III Gaming. Complete if the orga than \$15,000 on Form 990-E2) from line 3, column (nization answered "			orted more
Pa) from line 3, column (nization answered "		<u> </u>	(d) Total gaming (ac
Pa	rt III Gaming. Complete if the orga than \$15,000 on Form 990-E) from line 3, column (nization answered " Z, line 6a.	Yes" on Form 990, Pa	rt IV, line 19, or repo	(d) Total gaming (ac
a	rt III Gaming. Complete if the orga) from line 3, column (nization answered " Z, line 6a.	Yes" on Form 990, Pa	rt IV, line 19, or repo	(d) Total gaming (ad
	 Gaming. Complete if the orga than \$15,000 on Form 990-E. 1 Gross revenue) from line 3, column (nization answered " Z, line 6a.	Yes" on Form 990, Pa	rt IV, line 19, or repo	(d) Total gaming (ad
	rt III Gaming. Complete if the orga than \$15,000 on Form 990-E. 1 Gross revenue) from line 3, column (nization answered " Z, line 6a.	Yes" on Form 990, Pa	rt IV, line 19, or repo	(d) Total gaming (ad
	rt III Gaming. Complete if the orga than \$15,000 on Form 990-Ei 1 Gross revenue 2 Cash prizes 3 Noncash prizes) from line 3, column (nization answered " Z, line 6a. (a) Bingo	Yes" on Form 990, Pa		orted more (d) Total gaming (ac col. (a) through col. (
	rt III Gaming. Complete if the orga than \$15,000 on Form 990-Ei 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs) from line 3, column (nization answered " Z, line 6a.	Yes" on Form 990, Pa	rt IV, line 19, or repo	(d) Total gaming (ad
	rt III Gaming. Complete if the orga than \$15,000 on Form 990-Ez 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses) from line 3, column (nization answered " Z, line 6a. (a) Bingo	Yes" on Form 990, Pa	rt IV, line 19, or report (c) Other gaming	(d) Total gaming (ad
	rt III Gaming. Complete if the orga than \$15,000 on Form 990-Ei 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor) from line 3, column (nization answered " Z, line 6a. (a) Bingo	Yes" on Form 990, Pa		(d) Total gaming (ad
	Gaming. Complete if the orgation than \$15,000 on Form 990-Ei 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 8 Net gaming income summary. Subtration licensed to conduct g) from line 3, column (nization answered " Z, line 6a. (a) Bingo Ves No through 5 in column (ct line 7 from line 1, co on conducts gaming a aming activities in eac	Yes" on Form 990, Pa		(d) Total gaming (ac col. (a) through col. (
	Gaming. Complete if the orgation than \$15,000 on Form 990-Ei 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 8 Net gaming income summary. Subtration) from line 3, column (nization answered " Z, line 6a. (a) Bingo Ves No through 5 in column (ct line 7 from line 1, co on conducts gaming a aming activities in eac	Yes" on Form 990, Pa		(d) Total gaming (a col. (a) through col.

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Schedule G (Form 990 or 990-EZ) 2017

THE	COOPER	UNION	FOR	THE	ADVANCEMENT	OF

Sched	lule G (Form 990 or 990-EZ) 2017			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 ent			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events boo records:	ks and		
	Name			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives 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 ► \$			
C	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pl	oceeds to	I	
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt org	anizations		
	or spent in the organization's own exempt activities during the tax year 🕨 \$			
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additi (see instructions).			

Schedule G (Form 990 or 990-EZ) 2017

SCHEDULE I (Form 990)				Assistance t ndividuals in				201 7
	Comp	lete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury				tach to Form 990.				Open to Public
Internal Revenue Service				/Form990 for the I	atest information	າ.		Inspection
Name of the organization	THE COOPER UNION 1	FOR THE A	DVANCEMENT	OF			Employer identifica	
SCIENCE & ART	nformation on Grants and	Accistone	•				13-556298	5
-	zation maintain records to su teria used to award the grants			-	-			X Yes No
	IV the organization's proced						• • • • • • • • • • • • • •	
	nd Other Assistance to Do IV, line 21, for any recipio		-					es" on Form
	nd address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)		-						
(2)		-						
(3)		-						
(4)								
(5)								
(6)		-						
_(7)		-						
(8)		-						
(9)		-						
(10)		-						
(11)								
(12)		-						
	per of section 501(c)(3) and g	5	0					
3 Enter total numb	per of other organizations list	ed in the line	1 table			<u></u>	<u></u>	
For Paperwork Reducti	on Act Notice, see the Instruction	ons for Form 9	90.				Sch	edule I (Form 990) (2017)

Schedule I (Form 990) (2017)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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
FEDERAL SEOG GRANT	22.	106,336.		N/A	N/A
PRIZES, INTERNSHIP & FELLOWSHIPS	101.	206,497.		N/A	N/A
SCHOLARSHIPS	876.	25,038,205.		N/A	N/A
1					
5					
6					
7					

information.

SUPPLEMENTAL INFORMATION

THE COLLEGE HISTORICALLY AWARDED FULL-TUITION SCHOLARSHIPS TO ALL

ENROLLED STUDENTS. FOLLOWING A PROVISIONAL REDUCTION IN 2014 OF

SCHOLARSHIPS TO A MINIMUM 50% OF TUITION FOR FISCAL REASONS (CURRENTLY

THE AVERAGE STUDENT RECEIVES 70%), THE COLLEGE IS NOW EXECUTING A

BOARD-APPROVED PLAN WITH A GOAL OF RETURNING WITHIN TEN YEARS TO ITS

PRACTICE OF AWARDING FULL-TUITION SCHOLARSHIPS TO ALL ENROLLED STUDENTS

IF THE COLLEGE MEETS ITS FINANCIAL TARGETS.

THE COLLEGE DESIGNATED A TUITION RATE OF \$43,250 FOR FULL-TIME

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

JSA

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

UNDERGRADUATE STUDENTS FOR THE 2017-2018 ACADEMIC YEAR. 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 GRANTS, AS WELL AS COOPER

UNION GRANTS, TO STUDENTS WHO MEET THE ELIGIBILITY REQUIREMENTS.

	EDULE J m 990)			tion Information	ļ		o. 1545∙	0047
(,	Co	mper	sated Employees		2)	
Departm	nent of the Treasury			swered "Yes" on Form 990, Part IV, line to Form 990.	23.	Open	to Pu	ıblic
Internal	Revenue Service	, i i i i i i i i i i i i i i i i i i i		or instructions and the latest information			pecti	on
	of the organization	THE COOPER UNION FOR TH	IE A	ADVANCEMENT OF	Employer identific		ber	
Part	ENCE & ART	s Regarding Compensation			13-55629	185		
Pari	Question						Yes	No
1a		propriate box(es) if the organization pro Section A, line 1a. Complete Part III to		, , ,		orm		
		ss or charter travel	X	Housing allowance or residence for	•			
		or companions		Payments for business use of perso				
		emnification and gross-up payments		Health or social club dues or initiati				
	Discretio	onary spending account		Personal services (such as, maid, c	hauffeur, chef)			
b	or reimburse	boxes on line 1a are checked, did the ment or provision of all of the ex	pens	ses described above? If "No," cor	egarding paym nplete Part III	ent to 1k		
2	Did the orga	anization require substantiation prior	to	reimbursing or allowing expense	s incurred by		,	
		stees, and officers, including the CEC						
	1a?					. 2	2	Z
3	organization's	n, if any, of the following the filing organ s CEO/Executive Director. Check all the	at ap	pply. Do not check any boxes for method	ods used by a			
		ization to establish compensation of th			an III.			
	00p0.	nsation committee dent compensation consultant	X X	Written employment contract Compensation survey or study				
		00 of other organizations	X	Approval by the board or compens	ation committee			
		•						
4	organization of	ar, did any person listed on Form 990, or a related organization:			-			7
a L		verance payment or change-of-control p	-				•	X
b	-	, or receive payment from, a suppleme , or receive payment from, an equity-ba						X
С		y of lines 4a-c, list the persons and pl				. 40		
	ii ies to all							
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) of	rgan	izations must complete lines 5-9.				
5	-	isted on Form 990, Part VII, Section A	-	-	any			
	compensatior	n contingent on the revenues of:			-			
а		ion?					ı 📃	X
b		rganization?	• •			. 5t		X
		e 5a or 5b, describe in Part III.						
6		isted on Form 990, Part VII, Section A	, line	a 1a, did the organization pay or accrue	any			
-		n contingent on the net earnings of:						X
a b		ion?						X
b	,	e 6a or 6b, describe in Part III.				- 00	,	
7		listed on Form 990, Part VII, Sectio	n A	, line 1a, did the organization pro	vide any nonfix	ked		
	payments not	described on lines 5 and 6? If "Yes," d	escri	ibe in Part III.		. 7		X
8		ounts reported on Form 990, Part VII,	-	-	-			
		I contract exception described in	-					x
9		ine 8, did the organization also fol						
3		ection 53.4958-6(c)?						
						- 3		

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

Schedule J (Form 990) 2017

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 aren't 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 of	W-2 and/or 1099-MIS	C 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 UNTIL 8/17	(i)	252,931.	0.	73,343.	21,456.	38,194.	385,924.	
VP FINANCE & ADMIN, TREASURER	(ii)	0.	0.	0.				
LAWRENCE CACCIATORE UNT	(i)	103,529.	0.	144,385.	4,903.	14,178.	266,995.	
2 ^{CHIEF OF STAFF, SEC TO BOT}	(ii)	0.	0.	0.				
MITCHELL LIPTON	(i)	260,501.	0.	626.	26,522.	37,717.	325,366.	
VICE PRESIDENT OF ENROLLMENT	(ii)	0.	0.	0.				
STEPHEN BAKER UNTIL 6/1	(i)	157,991.	0.	133,765.	12,891.	37,941.	342,588.	
4 OF STUDENT AFFAIRS	(ii)	0.	0.	0.				
ALAN NEIL WOLF	(i)	207,843.	0.	0.	19,817.	13,884.	241,544.	
5 PROFESSOR AND CHAIR OF PHYSICS	(ii)	0.	0.	0.				
WILLIAM GERMANO	(i)	215,940.	0.	4,359.	22,372.	37,418.	280,089.	
DEAN, FACULTY OF HUMANITIES	(ii)	0.	0.	0.				
NADER TEHRANI	(i)	299,362.	0.	1,102.	30,092.	14,563.	345,119.	
7 DEAN/PROF. OF ARCHITECTURE	(ii)	0.	0.	0.				
JAMSHED BHARUCHA	(i)	115,234.	0.	929.	11,880.	36,654.	164,697.	
8FORMER PRESIDENT	(ii)	0.	0.	0.				
LAURA SPARKS	(i)	475,308.	0.	480.	49,001.	182,090.	706,879.	
9PRESIDENT	(ii)	0.	0.	0.				
KEITH STOKELD 8/17-12/1	(i)	106,525.	0.	705.	11,122.	36,589.	154,941.	
10 ^{INT. DIR. FIN/ADMIN, TREASURER}	(ii)	0.	0.	0.				
DANIEL LEPEK	(i)	223,051.	0.	104.	10,002.	13,997.	247,154.	
ASSOC. PROF. CHEM. ENGINEERING	(ii)	0.	0.	0.				
RICHARD STOCK	(i)	213,079.	0.	0.	21,508.	37,365.	271,952.	
12 ^{DEAN, SCHOOL OF ENGINEERING}	(ii)	0.	0.	0.				
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
	(ii)							
	(i)							
_16	(ii)							

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Part III Supplemental Information

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.

PART 1, LINE 1A

THE PRESIDENT IS PROVIDED WITH HOUSING AND CLEANING SERVICES AS A

CONDITION OF EMPLOYMENT FOR THE CONVENIENCE OF THE UNIVERSITY. HOUSING

VALUED AT \$157,500 WAS INCLUDED AS NONTAXABLE COMPENSATION ON SCHEDULE J,

PART II, COLUMN (D).

PART II, COLUMN (III)

INCLUDED IN "OTHER REPORTABLE COMPENSATION" (PART II, COLUMN (III)) ARE

SEVERANCE PAYMENTS MADE TO THE FOLLOWING INDIVIDUALS IN THE FOLLOWING

AMOUNTS:

WILLIAM MEA - \$71,795.00

LAWRENCE CACCIATORE - \$144,217.44

STEPHEN BAKER - \$128,905.02

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

THE COOPER UNION FOR THE ADVANCEMENT OF

Open to Public Inspection Employer identification number

13-5562985

Name of the organization SCIENCE & ART

Types of Property

Par	Types of Property	(-)	(1-)	(c)	1			
		(a) Check if applicable	(b) Number of contributions or items contributed	Noncash contribution amounts reported on	Method of noncash conti			
				Form 990, Part VIII, line 1g				
	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
6	goods Cars and other vehicles							
6								
7	Boats and planes							
8	Intellectual property	X	40.	2,497,829.	FAIR MARK			
9 10	Securities - Publicly traded Securities - Closely held stock		10.	2713770231				
10 11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
10	contribution - Historic							
	structures							
14	Qualified conservation							
••	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles.							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28								
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for				
	which the organization completed F	orm 8283,	Part IV, Donee Acknowledg	ement	29			
					ſ	$ \rightarrow $	Yes	No
30a	During the year, did the organizat							
	28, that it must hold for at least the	-						37
	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement i							
31	Does the organization have a						v	
	contributions?					31	X	
32a	Does the organization hire or use	•	•			20-	v	
	contributions?					32a	X	
	If "Yes," describe in Part II.		alway (a) fan a tur a st	a anti- fan				
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a)	is checked,			
For P	describe in Part II. aperwork Reduction Act Notice, see the Instr	uctions for Fo	rm 990		Schedule I	M (Earr	n 900)	(2017)
	appendix and a second real of the model of the model				Joneuule I			(*****)

Schedule M (Form 990) (2017)

Part II Supplemental Information. 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 M (Form 990) (2017)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.



Department of the Treasury Internal Revenue Service

SCIENCE & ART

ORGANIZATION'S MISSION

990 PART III, LINE 1: VISION: THE COOPER UNION FOR THE ADVANCEMENT OF SCIENCE AND ART IS DEDICATED TO PETER COOPER'S RADICAL COMMITMENT TO DIVERSITY AND HIS FOUNDING VISION THAT FAIR ACCESS TO AN INSPIRING FREE EDUCATION AND FORUMS FOR COURAGEOUS PUBLIC DISCOURSE FOSTER A JUST AND THRIVING WORLD.

MISSION: OUR MISSION IS TO SUSTAIN THE COOPER UNION AS A FREE CENTER OF LEARNING AND CIVIC DISCOURSE THAT INSPIRES INVENTIVE, CREATIVE, AND INFLUENTIAL VOICES IN ARCHITECTURE, ART, AND ENGINEERING TO ADDRESS THE CRITICAL CHALLENGES AND OPPORTUNITIES OF OUR TIME.

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 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

Schedule O (Form 990 or 990-EZ) 2017									
Name of the organization	THE	COOPER	UNION	FOR	THE	ADVANCEMENT	OF	Employer identification number	
SCIENCE & ART								13-5562985	

CERTAIN KEY EMPLOYEES. ALL COMPLETED CONFLICT OF INTEREST QUESTIONNAIRES ARE RETURNED TO AND REVIEWED BY THE CORPORATE SECRETARY. A LIST OF ALL ACTUAL OR APPARENT CONFLICTS DISCLOSED ON THE QUESTIONNAIRES ARE THEN SUBMITTED TO THE CHAIR OF THE AUDIT COMMITTEE. ANY DISCLOSURES THAT THE AUDIT COMMITTEE CHAIR DETERMINES ARE ACTUAL OR APPARENT CONFLICTS ARE REVIEWED BY THE AUDIT COMMITTEE. THE AUDIT COMMITTEE AND, IF NECESSARY, THE BOARD OF TRUSTEES, DOCUMENTS, THROUGH MEETING MINUTES, ANY DECISIONS RELATED TO TRANSACTIONS INVOLVING AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST. THE SECRETARY TO THE BOARD OF TRUSTEES MAINTAINS 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 B, LINE 15

THE BOARD COMPENSATION COMMITTEE, ON BEHALF OF THE ENTIRE BOARD, FOLLOWS THE PROCEDURES REFERRED TO IN I.R.C. 4958 TO ESTABLISH A "REBUTTABLE PRESUMPTION OF REASONABLENESS" WITH RESPECT TO THE COMPENSATION OF THE PRESIDENT. THE COMMITTEE REVIEWS COMPARABLE COMPENSATION DATA FROM INDUSTRY SURVEYS TO EVALUATE THE REASONABLENESS OF THE COMPENSATION AMOUNTS. THE RESULTS OF THIS PROCESS ARE RECORDED IN THE COMMITTEE'S MINUTES. ALL ADJUSTMENTS TO THE PRESIDENT'S COMPENSATION ARE APPROVED BY THE BOARD.

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 AT MANAGEMENT'S DISCRETION 990 PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

\$2,972,880

AMOUNT NOT YET RECOGNIZED AS A COMPONENT OF NET PERIODIC BENEFIT COST

990 PART III, LINE 4A:

INSTRUCTION: (CONTINUED) THE COLLEGE ADMITS UNDERGRADUATES SOLELY ON MERIT AND HISTORICALLY AWARDED FULL-TUITION SCHOLARSHIPS TO ALL ENROLLED STUDENTS. FOLLOWING A PROVISIONAL REDUCTION IN 2014 OF SCHOLARSHIPS TO 50% OF TUITION DUE TO FISCAL REASONS, THE COLLEGE IS NOW EXECUTING A BOARD-APPROVED PLAN TO RESUME ITS PRACTICE OF AWARDING FULL-TUITION SCHOLARSHIPS TO ALL ENROLLED STUDENTS. THE INSTITUTION PROVIDES STUDENTS 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. ENROLLMENT FOR THE 2017-2018 ACADEMIC YEAR WAS 846 UNDERGRADUATE STUDENTS AND 60 GRADUATE STUDENTS.

990 PART VII, SECTION A, LINE 1A

JSA 7E1228 1.000

JOHN RUTH WAS APPOINTED AN OFFICER OF THE UNIVERSITY ON JANUARY 1, 2018. HIS CALENDAR-YEAR-2017 COMPENSATION REPORTED ON PART VII WAS FOR WORK HE PERFORMED AS A PART-TIME CONSULTANT PRIOR TO ASSUMING THE OFFICER ROLE.

Schedule O (Form 990 or 990-EZ) 2017 Name of the organization THE COOPER UNION FOR THE A	DVANCEMENT OF Employer in	Pag lentification number		
SCIENCE & ART		562985		
	ATTACHME	ENT 1		
990, PART VII- COMPENSATION OF THE FIVE HIC	SHEST PAID IND. CONTRACTORS			
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION		
SOS SECURITY LLC P.O. BOX 6373, 1915 ROUTE 46, PARSIPPANY, NJ 07054	SECURITY	1,014,845.		
ROBERTOS BUILDING MAINTENANCE, CO. 2.0. BOX 1210 GRACIE STATION NEW YORK, NY 11103	MAINTENANCE	490,366.		
PERFECT BUILDING MAINTENANCE, LLC 360 LEXINGTON AVENUE, 2FL NEW YORK, NY 10017	MAINTENANCE	468,601.		
PATTERSON BELKNAP WEBB & TYLER LLP 1133 AVE. OF THE AMERICAS NEW YORK, NY 10036-6710	LEGAL SERVICES	501,196.		
4 STAR CONTRACTING, INC. 276 NEWTOWN ROAD PLAINVIEW, NY 11803	MAINTENANCE	267,748.		

Schedule O (Form 990 or 990-EZ) 2017

13-5562985

	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
THE	COOPER UNION FOR THE ADVANCEMENT OF	Employer identification number

Name of the organization SCIENCE & ART

Department of the Treasury

Internal Revenue Service

SCHEDULE R

(Form 990)

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

(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	(g Section 5 contr enti	olled
						Yes	No
(1) ASTOR PLACE HOLDING CORPORATION 13-6126686							
C/O COOPER UNION, 30 COOPER SO 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)	12-1	COOPER UNION	Х	
(3)							
(4)							
(5)							
(6)							
(7)							
	1						

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

Schedule R (Form 990) 2017

JSA

7E1307 1.000

Schedule R (Form 990) 2017

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	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		oounity)					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 foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(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)	-						

JSA 7E1308 1.000 Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

Part	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Par	t 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?						
al	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	Х			
b	Sift, grant, or capital contribution to related organization(s)				1b		Х		
C (Gift, grant, or capital contribution from related organization(s)				1c		Х		
dl	oans or loan guarantees to or for related organization(s)				1d		X		
e l	oans or loan guarantees by related organization(s)				1e	_	X		
	Dividends from related organization(s)			••••	1f		37		
	Sale of assets to related organization(s)			F	1g		X X		
	Purchase of assets from related organization(s)			• • • • • +	1h		X		
	Exchange of assets with related organization(s)			⊢	1i	x			
jl	ease of facilities, equipment, or other assets to related organization(s)		• • • • • • • • • • • • • • • •	•••••	1j	A			
					414		Х		
	ease of facilities, equipment, or other assets from related organization(s)				1k		X		
	Performance of services or membership or fundraising solicitations for related organization(s)				11 1 m		X		
	m Performance of services or membership or fundraising solicitations by related organization(s).								
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				<u>1n</u> 1o	X X			
0 3	Sharing of paid employees with related organization(s)	• • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••	10				
n (Deimburgement paid to related ergenization(e) for eveneses				1p		х		
	Reimbursement paid to related organization(s) for expenses				1q		X		
q				•••••	- 4				
r (Other transfer of cash or property to related organization(s)				1r	Х			
s (Other transfer of cash or property from related organization(s)				1s		Х		
	the answer to any of the above is "Yes," see the instructions for information on who must complete t				holds	i.			
	(a)	(b)	(c)		(d)				
	Name of related organization	Transaction type (a-s)	Amount involved	Method of amoun			ıg		
		() p 0 (u 0)		dirioun		a			
(1)									
(2)									
(3)									
(4)									
(5)									
(5)									
(6)									
JSA			Sch	edule R (Fo	orm 9	90) 2	2017		
7E1309 2	000								

Schedule R (Form 990) 2017

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

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	(a) (b) (c) Legal domicile (state or foreign country)		(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		s? amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			sections 512-514)	Yes	No			Yes	No		Yes	No		
(1)														
2)														
(3)														
(4)														
(5)														
(6)														
(7)														
8)														
(9)														
0)														
1)														
2)														
3)														
4)														
5)														
6)														
A										Sch	edule	R (Fori	n 990) 2	

7E1310 1.000

Schedule R (Form 990) 2017

Schedule K (Follil 990) 2017	
Part VII Supplemental Information 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.	