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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning 2013, and ending 20 14 07/01 06/30 D Employer identification number Check if applicable C Name of organization THE COOPER SCHOOL Address change Doing Business As 20-8818159 Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change Initial return 843-573-1033 City or town, state or province, country, and ZIP or foreign postal code Terminated G Gross receipts \$ Amended return CHARLESTON SC 29407 H(a) is this a group return for subordinates? \(\begin{align*} \text{Yes} \text{ \$\buildred{\buildred{V}} \text{ No} \end{align*} F Name and address of principal officer. Application pending **BRIAN BERNEKING** H(b) Are all subordinates included? Tyes No 810 RUE DRIVE, CHARLESTON SC 29414 If "No," attach a list (see instructions)) ◀ (insert no) ☐ 4947(a)(1) or 501(c)(3) 501(c) (Tax-exempt status H(c) Group exemption number ▶ Website. ▶ WWW.THECOOPERSCHOOL ORG Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ► NON-PROF L Year of formation M State of legal domicite Briefly describe the organization's mission or most significant activities: THE COOPER SCHOOL SUPPORTS THE SCANNEN "AD 0 3 2015 Governance DEVELOPMENT OF THE WHOLE CHILD THROUGH AN INTEGRATED CURRICULUM THAT BALANCES ACADEMIC, PHYSICAL, ARTISTIC, AND SPIRITUAL ENDEAVORS. Check this box ► ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 11 6 Total number of volunteers (estimate if necessary) . 5 Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 34 Current Year Contributions and grants (Part VIII, line 1h). 110.144 100,705 Program service revenue (Part VIII, line 2g). 9 553,192 707,021 Investment income (Part-Vill-column-(A)-lines-3-4-)and 7d) . . 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8679c, 10c, and 11e) . . . Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11 12 807,726 663,336 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 14 15 314,137 420,415 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 322,222 362,920 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 636,359 783,335 19 Revenue less expenses. Subtract line 18 from line 12 26,977 24,391 Fnd of Year Beginning of Current Year Total assets (Part X, line 16) 20 425,227 353<u>,268</u> 21 Total liabilities (Part X, line 26) . . 206,643 110,293 22 Net assets or fund balances. Subtract line 21 from line 20 242,975 218,584 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Type or print name and title Print/Type preparer's name Check 🗾 if Paid self-employed Preparer Firm's EIN ▶ **Use Only** Firm's address > 1730 mc Hearn AVL Chraston SC294/2 May the IRS discuss this return with the preparer shown above? (see instructions) . . .



Form **990** (2013)

Cat No. 11282Y

Form 99	, 0 (2013)				Page 2
Part l	State	ement of Program Service	•	 	
<u></u>			esponse or note to any line in this Pa	art III	🗆
1	THE COOPE	FOR LEARNING THROUGHOU	UCATION THAT RESPECTS THE UNIQUE T A LIFETIME. IT FOSTERS THE ABILIT	Y TO THINK WITH CLARITY, TO	
	IMAGINATIO	ON, AND TO FEEL WITH COMP	ASSION.		
2	prior Form	990 or 990-EZ?	ificant program services during the ye		
3	Did the or	escribe these new services on rganization cease conducting	Schedule O. g, or make significant changes in h	ow it conducts, any progran	1 Vas ☑No
		escribe these changes on Sch			163 [-] 140
4	Describe the expenses.	he organization's program se Section 501(c)(3) and 501(c)(rvice accomplishments for each of its 4) organizations are required to report for each program service reported.		
4a	THE COOP	ER SCHOOL OFFERS THE PRO	685,614 including grants of \$ GRAM THAT IS EXPERIMENTAL AND PE EMSELVES IN THE VARIETY OF MEANIN	ERSONAL, CHALLENGING STUD IGFUL WAYS.	DENTS TO
					·
4b	(Code:) (Expenses \$	including grants of \$		
		••••••			
	/Codo	\/Evpapage ¢	including grants of \$) (Povonuo \$	
40	(Code) (Expenses 9	including grants of \$) (Neverlue \$	/

685,614

Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$
 Total program service expenses ►

) (Revenue \$

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,"			i
	complete Schedule A	_1_		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		V
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		v
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		V
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		v
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	v	
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		V
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		V
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		V
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		V
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	 	V
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	
14 a		14a		~
b		14b		V
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		,
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		v
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		~
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		~
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		~
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	_	V
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
		For	m 99 0) (2013

	0 (2013)		. P	age 4
Part	V Checklist of Required Schedules (continued)		V 1	Na.
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		·
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		v
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		~
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		V V
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		٧ ٧
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		~
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 so, complete Schedule L, Part II	26		V
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		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		~
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		V
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<u></u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		v_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		V
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
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		~
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) (2013)

Form **990** (2013)

Part				. P
	Check if Schedule O contains a response or note to any line in this Part V	÷	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	`		
	reportable gaming (gambling) winnings to prize winners?	1c	V	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 11	(l		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	٧	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	,		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		~
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			Ì
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			_
_	account)?	4a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			~
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	<u> </u>	V
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	-50		
Vu	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	"		
	gifts were not tax deductible?	6b		V
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			l
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1		
	required to file Form 8282?	7c		V
d	If "Yes," indicate the number of Forms 8282 filed during the year	ļ <u>. </u>		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		V
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		V
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		\ <u>'</u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organizations, but the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		V
9	Sponsoring organizations maintaining donor advised funds.	-		† -
а	Did the organization make any taxable distributions under section 4966?	9a		V
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		~
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	4		1
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	100		V
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		-
b 12	· · · · · · · · · · · · · · · · · · ·	1]	
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	 	1
а	Note. See the instructions for additional information the organization must report on Schedule O.	.50	†	Ť
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	1		
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
h	If "Vos " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b	1	V

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 th response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				
	Check if Schedule O contains a response or note to any line in this Part VI				
Section	on A. Governing Body and Management				
10	Enter the number of voting members of the severing heady at the and of the tay year	ا م		Yes	No
Id	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or	1a 7			
	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 6		,	
2	Did any officer, director, trustee, or key employee have a family relationship or a business	·			
2	any other officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or oth		3		,
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		~
5	Did the organization become aware during the year of a significant diversion of the organization		5		V
6	Did the organization have members or stockholders?		6	~	
7a	Did the organization have members, stockholders, or other persons who had the power to				
	one or more members of the governing body?		7a	~	
b	Are any governance decisions of the organization reserved to (or subject to approve stockholders, or persons other than the governing body?		- ,		·
8	Did the organization contemporaneously document the meetings held or written actions up		7b		<u> </u>
U	the year by the following:	idertaken duning			
а	The governing body?		8a	1	
b	Each committee with authority to act on behalf of the governing body?		8b		~
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be seen any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be seen as a second section of the section and the second section of the section and the second section of the section of th				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule		9	Ĺ,,	<u></u>
Secti	on B. Policies (This Section B requests information about policies not required by the	ne Internal Reven	ue C	ode.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	103	V
b	If "Yes," did the organization have written policies and procedures governing the activities of	of such chapters,	100		
	affiliates, and branches to ensure their operations are consistent with the organization's exer		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	The time of gammation from the time of time of the time of time of the time of tim	vo rice to conflicts?	12a		V
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could gi Did the organization regularly and consistently monitor and enforce compliance with the		12b		
С	describe in Schedule O how this was done	policy: II Tes,	12c		~
13	Did the organization have a written whistleblower policy?		13		~
14	Did the organization have a written document retention and destruction policy?		14		V
15	Did the process for determining compensation of the following persons include a review				
	independent persons, comparability data, and contemporaneous substantiation of the deliberatio		45.		ļl
a b	The organization's CEO, Executive Director, or top management official		15a 15b	~	V
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		135	-	Ť
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	ıılar arrangement		1	
	with a taxable entity during the year?		16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps		401		. }
Socti	organization's exempt status with respect to such arrangements?		16b	L	L
<u>Secti</u>	List the states with which a copy of this Form 990 is required to be filed ► SC				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990,	and 990-T (Section	า 501	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	·			- *
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Section 2)			_	
19	Describe in Schedule O whether (and if so, how) the organization made its governing docum	ents, conflict of int	erest	polic	y, and
00	financial statements available to the public during the tax year.	and records	of th	_	
20	State the name, physical address, and telephone number of the person who possesses the borranization:		OI LIN	5	

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Page	•

Form **990** (2013)

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

Check if Schedule O contains a response or note to any line in this Part VII	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 no		d orga	aniz	atıo	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
(C) Position (D)										
(A)	(B)	(do n	ot ch			than c	one	(D)	(E)	(F)
Name and Title	Average hours per	box.	unles	s pe	rson	ıs both or/trust	an	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any							from	related	other
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	nplo	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations below dotted	dual	tiona	7	nplo	st co	1	(W-2/1099-MISC)		organization and related
	line)	trust	tru		yee	mpei				organizations
		ee	stee			Highest compensated employee				
(1)KATHRYN SHORTER	40									_
DIRECTOR		~					_	<u></u>	0	
(2)WARREN MERSEREAU MEMEBR	0	,								(
(3)RUSTY KENDALL	0	ا `			_		-			
MEMBER	ļ	1			Ì			١		(
(4)KENT TROWBRIDGE	0									
MEMBER		\ <u>\</u>							0	
(5)WINSLOW HASTIE	0	}				}			}	
MEMBER		~	ļ		_				0	
(6)DAVID BUNDY	0	1		,			1			
MEMEBR (7) DATE:		-	<u> </u>	-	<u> </u>	<u>-</u> .	\vdash		0	
(7)SHAILESH PATEL MEMBER	0	1			ĺ	1	ļ		ا، ا	(
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(14)		ļ <u> </u>		-			-	-		
X.H	†									

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n box, office or directr	ot ch	Pos eck s pe	ition more	n oth st Highest compensated the start employee	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	en ar corr fi org an	(F) stimated nount of other opensation the lanization direction anization anization	1
			ě	stee			ısated						
(15)													
(16)			<u>.</u>										
(17)													
(18)													
(19)				ļ									
(20)				<u> </u>							-		
(21)													
(22)				ļ		-							
(23)				-		<u> </u>		_					
(24)											-		
				ļ				ļ					
(25)			-										
C	Sub-total	VII, Section	n A					* * *			o		
2	Total number of individuals (including bu reportable compensation from the organ	t not limited						e) w	nho received m	ore than \$100,0	000 of		
3	Did the organization list any former or employee on line 1a? If "Yes," complete									nest compensa	ted 3	Yes	No ·
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150	,000)? /	f "Ye	s, "	complete Scl				
5	Did any person listed on line 1a receive of for services rendered to the organization												V
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Re year.	compensat port compe	ted in ensati	dep on f	end or ti	lent he c	contr alenc	act lar	ors that receive year ending wi	ed more than \$ th or within the	100,000 organiza	ot tion's t	tax
	(A) Name and business add	dress							(B) Description of s	services		C) ensation	
		· ·											
			•					L					
2	Total number of independent contractor received more than \$100,000 of compen	ors (includi sation from	ng b	ut r orga	ot niza	limi tion	ted to	o ti	nose listed ab	ove) who	. '		
				_			_				F	orm 99	0 (2013)

Form **990** (2013)

Part	VIII	Statement of Revenue	nonce or note to	any lina in this	Dort VIII		
		Check if Schedule O contains a res	Pouse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts its	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	0				
	C	Fundraising events 1c	1,575	ľ			
	d	Related organizations 1d	0				
	е	Government grants (contributions) 1e	0				
rsi	f	All other contributions, gifts, grants,					
but		and similar amounts not included above 1f	99,130				
d di	g	Noncash contributions included in lines 1a-1f: \$					·
a Co	h	Total. Add lines 1a-1f	•	100,705			I
ne			Business Code				
Program Service Revenue	2a	TUITION	611110	700,807	700,807	0	0
Re	b	AFTER SCHOOL PROGRAMS	611110	3,360	3,360	0	0
ice	С	APPLICATION FEES	611110	2,475	2,475	0	0
šen	d						
Ē	е						
gre	f	All other program service revenue.	611110	379	379	0	C
P	g	Total. Add lines 2a-2f	▶	707,021			
	3	Investment income (including divid	dends, interest,				
		and other similar amounts)	▶				
	4	Income from investment of tax-exempt b	ond proceeds ►				
	5	Royalties	▶				
		(ı) Real	(II) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(II) Other	-			
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	<u> ▶</u>				
4)							
nue	8a	Gross income from fundraising					
Š		events (not including \$					
æ		of contributions reported on line 1c).					
ē		See Part IV, line 18	3				
Other Reve	b	Less: direct expenses k	ol	<u></u>			
_		Net income or (loss) from fundraising	events . 🕨				
	9a	Gross income from gaming activities.					
		See Part IV, line 19	3	1			
	b	Less: direct expenses					
		Net income or (loss) from gaming ac	tivities ▶				
	10a	Gross sales of inventory, less					
		returns and allowances	3				
	b		ــــــــــــاد				
	<u> </u>	Net income or (loss) from sales of inv					
		Miscellaneous Revenue	Business Code			- 	
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d	🟲				
	12	Total revenue. See instructions	.	907 726	807 726	0	l

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete co	lumn (A).
Dono	Check if Schedule O contains a respon	se or note to any lin	ie in this Part IX	- · · · · · · · · · · · · · · · · · · ·	<u> </u>
8b, 9b	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21			, , ,	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			,	,
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	20,000	5,000	15,000	(
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	304,113	298,619	5,494	(
9	Other employee benefits	66,434	59,050	7,384	
10	Payroll taxes	29,868	28,009	1,859	0
11	Fees for services (non-employees):				
a	Management				
b	Legal				
C	Accounting	16,862	0	16,862	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12		34,102	34,102	0	<u>C</u>
13	Advertising and promotion Office expenses	9,133	9,133	0	
14	Office expenses	105	476		····
15	Royalties	195	176	19	(
16	Occupancy	94,094	84,685	9,409	
17	Travel	1,702	0	1,702	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,702	0	1,702	
19	Conferences, conventions, and meetings .				····
20 21	Interest	2,719	2,447	272	(
22	Depreciation, depletion, and amortization .	37,015	11,955	25,060	(
23	Insurance	3,885	3,497	388	(
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)		ļ		
а	CLASSROOM MATERIALS	62,209	62,209	0	(
b	FIELD TRIPS	14,715	14,715	0	(
С	REPAIRS & MAINTNANCE	16,505	14,855	1,650	(
d	JANITORIAL SERVICES	17,790	16,011	1,779	
е	All other expenses	51,994	41,151	10,843	(
25	Total functional expenses. Add lines 1 through 24e	783,335	41,151	10,843	(
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				

Pa	art X	Balance Sheet	····		
		Check if Schedule O contains a response or note to any line in this Par			🗆
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	60,022	1	(22,597)
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	
	4	Accounts receivable, net	0	4	49,062
	5	Loans and other receivables from current and former officers, directors,	1		
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section	İ		
		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			
ets		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 448 786		1	1
	L	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		100	224 202
	b	Less: accumulated depreciation	362,595	11	324,203
	11 12	Investments—publicly traded securities		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,610		2,600
	16	Total assets. Add lines 1 through 15 (must equal line 34)	425,227		353,268
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	115,500	19	110,293
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
S	22	Loans and other payables to current and former officers, directors,			
≝		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	91,143		
	26	Total liabilities. Add lines 17 through 25	206,643	26	110,293
Ś		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets		27	
ala	28	Temporarily restricted net assets	218,584		
8	29	Permanently restricted net assets	210,004	29	
Š	23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
F		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
let	33	Total net assets or fund balances	218,584	33	242,975
_	34	Total liabilities and net assets/fund balances	425,227	34	353,268
	-				Form 990 (2013)

Form 99	0`(2013)		Pag	ge 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)		80	7,726
2	Total expenses (must equal Part IX, column (A), line 25)		78	3,335
3	Revenue less expenses. Subtract line 2 from line 1		2	<u>4,391</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		21	8,584
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O) 9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		24	2,975
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 Accrual Other	ŀ		i
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	-		}
	Schedule O.			ل
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:		:	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		V
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a]
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		For	m 990	(2013)

SCHEDULE A (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.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

wante	or the organization						6	Employer id	dentificatio	n number		
	COOPER SCHOOL				··					18159		
Par			rity Status (All orga						nstruction	ons.		
The c			ation because it is: (Fo									
1			hes, or association of			ed ın sec	tion 170((b)(1)(A)(i	i).			
2			170(b)(1)(A)(ii). (Attac		,							
3			spital service organiza									
4			on operated in conjun	ction with	n a hospit	al descri	bed in se	ction 17	0(b)(1)(A)	(iii). Enter	the	
_	•	ne, city, and state										
5	section 170(b)(1)(A)(iv). (Com	•		-				vernmen	tal unit de	escrib	ed in
6			nment or government									
7			receives a substantia		its suppo	ort from a	a governr	nental ui	nit or fror	n the gen	eral p	oublic
_	_		(A)(vi). (Complete Par	•								
8			n section 170(b)(1)(A		•							
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unre lifter June 30, 1975. Se	ions—sul lated bus	bject to d siness ta	certain e xable ind	come (les	s, and (2) ss sectio) no more	e than 33	1/3%	of its
10	☐ An organization	n organized and	l operated exclusively	to test fo	or public s	safety. Se	e sectio	n 509(a)	(4).			
11			nd operated exclusive									
			licly supported orgar				•	, , ,			ee se	ction
	509(a)(3). Che	ck the box that	describes the type of	supportir	ng organiz	zation an	d comple	te lines 1	11e throu	gh 11h.		
	_ a ☐ Type I	b 🗌 Type								tionally int		
е			that the organization									
			ers and other than one	e or more	e publicly	support	ed organi	izations (described	l ın sectio	n 509	9(a)(1)
_	or section 509											
f			a written determination					• •		-	portir	_
		check this box .										
g			he organization acce	oted any	gift or co	ontributio	n from a	ny of the	9			
	following pers											
			ndirectly controls, eitl								Yes	No
			ody of the supported	-						300		
			on described in (i) abo									
L			a person described in							[11g(iii)		
h		1	on about the support	·····								
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your	organiza	ls the tion in col ized in the	(vii) Amoun suj	it of mo	netary
			(see instructions))			<u> </u>	oort?	<u> </u>	S?			
				Yes	No	Yes	No	Yes	No	ļ		
(A)							-		1			
			<u> </u>							ļ		
(B)												
									ļ		_	
(C)												
		ļ		ļ	-		_	ļ	 	 		
(D)					[
				-				 	-	 		
(E)												
	<u> </u>				 	L	ļ	-				
		I	I	I	1	I	1	1	1	1		

Part		itions Desci	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	raye z
	(Complete only if you checked the	ne box on lin	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
Sect	Part III. If the organization fails to ion A. Public Support	quality und	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(a) 2011	(4) 2012	(-) 2012	(6) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.				<u> </u>		
	ion B. Total Support		1		1 10 22/2	1	T
Caler 7	idar year (or fiscal year beginning in) Amounts from line 4	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	-					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop here.	ne organizatio	n's first, secon		•		
Sacti	on C. Computation of Public Suppor		<u> </u>	· · · · ·			
14	Public support percentage for 2013 (line 6			1 column (f)\	·· ······	14	%
15 16a	Public support percentage from 2012 Sch 331/3% support test—2013. If the organiz	nedule A, Part	II, line 14 .			15	%
	box and stop here. The organization qual						
b	331/3% support test—2012. If the organic check this box and stop here. The organic					9 15 is 33 ¹ /3%	or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "forganization	ets the "facts- acts-and-circi	-and-circumsta umstances" tes	inces" test, che st. The organiz	eck this box ar ation qualifies	nd stop here. as a publicly s	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	012. If the orgain ion meets the eets the "fact	anization did n e "facts-and-ci s-and-circums	ot check a box ircumstances" tances" test. T	k on line 13, 16 test, check th The organization	6a, 16b, or 17a nis box and s t on qualifies as	a, and line top here. a publicly
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	_

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

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

	in the organization rails to quality	under the te	SIS IISIEU DEI	JW, please Cl	ompiete Fart	11. <i>)</i>	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	3 (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					i	
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3	1					
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	†					
	line 6.)						
	on B. Total Support	··					
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	3 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						1
	royalties and income from similar sources .						
b							
	section 511 taxes) from businesses	1				}	
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether		1				
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u> </u>			<u> </u>	
14	First five years. If the Form 990 is for the	-			•		
	organization, check this box and stop he	_	· · · · · ·	<u> </u>			🕨 🗀
	on C. Computation of Public Suppo						
15	Public support percentage for 2013 (line						%
16	Public support percentage from 2012 Sci			<u> </u>	<u> </u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2013 (%
18	Investment income percentage from 2012						%
19a	331/3% support tests—2013. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2012. If the organize						
	line 18 is not more than 331/3%, check this		-	•	•		_
20	Private foundation If the organization di	d not chack a	hoy on line 14	10a or 10h	chack this hav	and see in	etructione -

or ampailoc	om 330 or 330-c2/2013
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
· 	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number THE COOPER SCHOOL 20-8818159 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) . Aggregate grants from (during year) . . 3 Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 an 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 easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, 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) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Assets included in Form 990, Part X .

\$_____

Fall	Urganizations Maintaining	Collections of	Art, His	torical I	reasures	, or Ot	her Similar As	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and o	ther reco	rds, check	any of th	ne follov	ving that are a s	significant use of its
а	☐ Public exhibition		d	☐ Loan (or exchang	ge prog	rams	
b	☐ Scholarly research							
С	☐ Preservation for future generations	3						
4	Provide a description of the organizat XIII.	ion's collections	and expla	ain how th	ey further	the org	anızation's exer	mpt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be maint						ar Yes No
Part	IV Escrow and Custodial Arra							
	Complete if the organization 990, Part X, line 21.			•	•	·	•	
1a	Is the organization an agent, trustee, included on Form 990, Part X?							ot Yes No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	llowing ta	ble:		A	mount
С	Beginning balance					10	:	
d	Additions during the year					1d		· · · · · ·
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amoun					L		☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa							
	t V Endowment Funds.						<u> </u>	
	Complete if the organization	answered "Yes	" to Forr	m 990. Pa	art IV. line	e 10.		
		(a) Current year		or year	(c) Two yea		(d) Three years bac	k (e) Four years back
1a	Beginning of year balance		 		•			1
b	Contributions		 					+
c	Net investment earnings, gains, and losses							
d	Grants or scholarships			—····				
e	Other expenditures for facilities and	· · · · · · · · · · · · · · · · · · ·						
	programs			1				
f	Administrative expenses			- 1				
	-							
g	End of year balance		<u> </u>					
2	Provide the estimated percentage of t			e (line 1g,	column (a	a)) neia a	as:	
a	Board designated or quasi-endowmer		%					
b	Permanent endowment	%						
С	Temporarily restricted endowment	%						
_	The percentages in lines 2a, 2b, and 2							
3a	Are there endowment funds not in the	e possession of the	ne organi	zation tha	t are held	and ad	ministered for th	
	organization by:							Yes No
	(i) unrelated organizations						. 	3a(i)
	.,	. <i></i>						3a(ii)
b	If "Yes" to 3a(II), are the related organi							3b
4	Describe in Part XIII the intended uses		on's endo	owment fu	nds.			
Part	VI Land, Buildings, and Equip	ment.						
	Complete if the organization	answered "Yes	" to Forr	n 990, Pa	art IV, line	e 11a. S	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or o		1 ' '	other basis her)		Accumulated epreciation	(d) Book value
1a	Land					of the last		
b	Buildings							
С	Leasehold improvements				369,961		68,697	301,271
d	Equipment		••		78,818	<u> </u>	55,886	22.932
e	Other				70,010	 	33,000	££.33£
	Add lines 1a through 1e. (Column (d) n	oust equal Form 9	90. Part)	X. column	(B) line 10	0(c).)	•	324.202

Part VII	Investments—Other Securities.			_			
	Complete if the organization answer	ered "Yes" to For	n 990, Part I	V, line 1	1b. See Form	990, Part X, line 12	
	(a) Description of security or category (including name of security)		(b) Book val	ue		hod of valuation -of-year market value	
(1) Financial							
	neld equity interests						
(3) Other						<u> </u>	
(A)							
(B)							
(C)			7		·		
(D)							
(E) (F)							
(G)							
(H)						· · · · ·	
	b) must equal Form 990, Part X, col. (B) line 12.) ▶						
Part VIII	Investments—Program Related.						
	Complete if the organization answer	ered "Yes" to For	m 990. Part l	V. line 1	1c. See Form	990. Part X. line 13	_
	(a) Description of investment		(b) Book val		(c) Met	hod of valuation -of-year market value	
(1)				 -			
(2)							
(3)							
(4)							
(5)			-				
(6)							
(7)							
(8)							
(9)							
	b) must equal Form 990, Part X, col. (B) line 13.) ▶						
Part IX	Other Assets.						
	Complete if the organization answer		m 990, Part I	V, line 1	1d. See Form		
	(a) [Description				(b) Book value	
(1)	——————————————————————————————————————						
(2)							
(3)							
(4)		·				_	
(5) (6)							
(7)							
(8)		,					
(9)							
Total. (Colu	mn (b) must equal Form 990, Part X, col.	(B) line 15.)		· · ·	•	<u> </u>	
Part X	Other Liabilities. Complete if the organization answelline 25.	· · · · · · · · · · · · · · · · · · ·	m 990, Part I	V, line 1	1e or 11f. See	Form 990, Part X,	
1.	(a) Description of liability	(b) Book value					
(1) Federal in							
(2)							
(3)		• .					
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	b) must equal Form 990, Part X, col. (B) line 25.) ►	•					
	uncertain tax positions. In Part XIII, provide						_
organization'	s liability for uncertain tax positions under F	IN 48 (ASC 740). Che	ck here if the te	ext of the f	footnote has bee	n provided in Part XIII	

Part			Return.
	Complete if the organization answered "Yes" to Form 990, F		
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:		57 E
а	Net unrealized gains on investments	2a	430 27
b	Donated services and use of facilities	2b	7 , - 9
C	Recoveries of prior year grants	2c].,
d	Other (Describe in Part XIII.)	2d	1 ´.·
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:		3 4
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	†,,
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			
	Complete if the organization answered "Yes" to Form 990, F		
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	2a	
b	Prior year adjustments	2b	-
С	Other losses	2c	-
d	Other (Describe in Part XIII.)	L	1
e	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	
a			
b			,
_	Other (Describe in Part XIII.)	4b	4c
b	Other (Describe in Part XIII.)	4b	4c 5
b c 5	Other (Describe in Part XIII.)	4b	
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 p; Part V, line 4; Part X, line
b c 5 Part Provid	Other (Describe in Part XIII.)	4b	5 p; Part V, line 4; Part X, line

Schedule D (Fo	m 990) 2013	Page 5
Part XIII	m 990) 2013 Supplemental Information (continued)	
	•••••••••••••••••••••••••••••••••••••••	

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

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

OMB No 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

THE COOPER SCHOOL

Employer identification number

20-8818159

YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter. bylaws, other governing instrument, or in a resolution of its governing body? 1 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 ~ Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II 3 ~ THE COOPER SCHOOL PRESENTS ITS NON-DISCRIMINATORY POLICY ON THE WEBSITE. IN ADDITION, THIS INFORMATION IS IN THE PRINTED MATERIALS THAT ARE AVALIABLE TO PROSPECTIVE STUDENTS AND GENERAL COMMUNITY. Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? . . . 4a Records documenting that scholarships and other financial assistance are awarded on a racially 4b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Copies of all material used by the organization or on its behalf to solicit contributions? 4d V If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Admissions policies? . 5b Employment of faculty or administrative staff? 5c Scholarships or other financial assistance? . 5d Educational policies? . 5e 5f Use of facilities? Athletic programs?. 5g 5h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? ~ ~ Has the organization's right to such aid ever been revoked or suspended? 6b If you answered "Yes" to either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II...

	-orm 990 or 990-EZ) (2013)	Page 2
Part II	Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).	
		·

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	·	

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)

► See separate instructions.

► Attach to your tax return.

Name	(s) shown on return		Busine	ess or activity to w	hich this form rela	ites	Identi	fying number
THE	COOPER SCHOOL		scн	OOL				20-8818159
Pai			rtain Property Ur			-		
	Note: If you	have any liste	ed property, comp	lete Part V be	efore you co	mplete Part I.		
1							1	
2							2	
3			perty before reducti				3	
4							4	
5		-				r -0 If married filing		
	separately, see inst						5	
6	(a) De	scription of proper	rty	(b) Cost (busi	ness use only)	(c) Elected cost		
	-							
7	Listed property. Ent							
8	Total elected cost of						8	
9	Tentative deduction						9	
10			•				10	
11				•	•	ne 5 (see instructions)	11	
	Section 179 expens		•			n <u>e 11</u>	12	
	Carryover of disallo					13		
	e: Do not use Part II							.
						lude listed property.)	(See i	nstructions.)
14				ty (other than	listed prope	rty) placed in service		
	during the tax year						14	
							15	
	Other depreciation			<u> </u>			16	37,015
Pai	t III MACRS De	preciation (D	o not include liste	ed property.)	(See instruct	tions.)	·	
				Section A				
17	MACRS deductions	for assets pla	ced in service in tax	years beginning	ng before 201	3	17	
18						one or more general		
	asset accounts, che	eck here				🕨 🔲		1
	Section B			ng 2013 Tax Y	ear Using the	e General Depreciation	า Syst	em
(a)	Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	n (f) Method	(g) D	epreciation deduction
19a	3-year property							
b	5-year property					·	1	
C	7-year property	,						
d	l 10-year property							
	15-year property							
1	20-year property							
	25-year property			25 yrs		S/L		
h	Residential rental			27.5 yrs	MM	5/L	1	
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real	, , , , , ,		39 yrs	ММ	S/L	T	
				<u> </u>	ММ	S/L		
	property				<u> </u>		C.	
	<u> </u>	-Assets Place	ed in Service During	2013 Tax Ye	ar Using the	Alternative Depreciati	บท อง:	stem
20a	<u> </u>	-Assets Place	ed in Service During	2013 Tax Ye	ar Using the		on Sys	stem
	Section C-	-Assets Place	ed in Service During		ar Using the	S/L	on Sy:	stem
b	Section C - Class life 12-year	-Assets Place	ed in Service During	12 yrs.	ar Using the	5/L 5/L	on Sy:	stem
b	Section C- Class life 12-year 40-year					S/L	on Sy:	stem
b Pal	Section C- 1 Class life 1 12-year 2 40-year 3 1V Summary (See instruction	ons.)	12 yrs.		5/L 5/L	21	stem
b Pal 21	Section C- 1 Class life 1 12-year 2 40-year 1 IV Summary (Summary	See instructio	ons.) n line 28	12 yrs. 40 yrs.		5/L 5/L		stem
b Pal 21	Section C- Class life 12-year 40-year TIV Summary Listed property. Ent Total. Add amount	See instruction amount from the strom line 12	ons.) n line 28	12 yrs. 40 yrs. 7, lines 19 and	MM	9/L 9/L 9/L 	21	
Par 21 22	Section C- Class life 12-year 40-year TIV Summary Listed property. Ent Total. Add amount	See instructioner amount from line 12 propriate lines	ons.) In line 28 , lines 14 through 13 of your return. Partn	12 yrs. 40 yrs. 7, lines 19 and erships and S	MM 20 in column corporations	9/L 9/L 9/L 		37,015

	4562 (2013)												1	Page 2
Pai	t V Listed Property				ain ot	her ve	hicles,	certa	in co	nputer	s, and	prope	erty us	ed for
	entertainment, rec	·		•										
	Note: For any vehice 24b, columns (a) three									g lease (expense	e, comp	olete on	ly 24a,
	Section A-Depreciati									s for pas	senaer	automo	obiles.)	
24 a	Do you have evidence to suppo					, –				is the evi				□No
	of Droperty (list 11)ate blaced ((c) Business/ (d estment use Cost or ot			(e) for depre ess/inves		(f) Recovery period	Me	(g) ethod/ vention	1 .	(h) preciation	El€	(ı)	on 179
	Special depreciation allow	ercentage wance for qualifie	d listed		use only)		·			i de			cost	1
	the tax year and used mo	ore than 50% in a	qualifie	d busir	ness us				25					
26	Property used more than		l busine	ess use	:					7				
		%						<u> </u>		ļ				
		%		ļ				_		 				
	D	%								<u> </u>				
21	Property used 50% or les		siness	use:				<u> </u>	_	1				
		%						9/L -		-				
		<u>%</u>		-			-	9/L -		-				
20	Add amounts in salumn /h		- O7 F				01	5/L -		 	···-			Ì
28	Add amounts in column (r	n), lines 25 inroug	n 27. El	nter nei	re and o	on line	zı, page	€1.	_28	<u> </u>		29		
23	Add amoditis in column (i						of Veh		• •	• • •	• 1	29		
Com	plete this section for vehicles								er" or i	related n	erson I	f vou pre	ovided v	ehicles
to yo	our employees, first answer th	ne questions in Sec	tion C t	o see if	you me	et an ex	ception	to com	pleting	this sec	tion for	those ve	hicles.	
			(a			b)	(0		T	(d)		(e)	(1	
30	Total business/investment m the year (do not include com		Vehic			cle 2	Vehic			nicle 4		icle 5	Vehi	
	Total commuting miles driver													
32	Total other personal (miles driven	(noncommuting)												
	Total miles driven during lines 30 through 32													
34	Was the vehicle availabuse during off-duty hours?		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used printhan 5% owner or related													
36	Is another vehicle available for											<u> </u>		·
	· · · · · · · · · · · · · · · · · · ·	-Questions for	Emplo	vers W	ho Pro	vide Ve	hicles	for Use	e bv T	neir Em	plovee	S		
Ansv	wer these questions to dete												who ar	e not
more	e than 5% owners or relate	d persons (see ins	structio	ns).										
37	Do you maintain a written your employees?		t that p		all per	rsonal ı	use of v	ehicles 	, inclu	ding co	mmutin 	g, by 	Yes	No
38	Do you maintain a writter employees? See the instr													
39	Do you treat all use of veh			-				-, -,				_		
40	Do you provide more that					aın info	rmation	from	· · · · vour e	mplove	es aboi	 ut the	<u> </u>	
-	use of the vehicles, and re		-											
41	Do you meet the requirem	nents concernina (qualifie	d auton	nobile d	demons	stration	use? (S	See ins	truction	s.) .			
	Note: If your answer to 3	_									•			
Par	rt VI Amortization													
	(a)	(b)			(0)			/-11		(e)	ation	-	IN	
	Description of costs	Date amortiza begins	ition	Amor	(c) tızable ar	mount	Co	(d) ode secti	on	Amortiza period percent	or	Amortiza	(f) tion for th	is year
42	Amortization of costs that	begins during yo	ur 2013	tax ye	ar (see	instruc	tions):							
	Amortization of costs that			-							43			
44	Total. Add amounts in co	olumn (f). See the	instruct	tions fo	r where	to rep	ort				44			

44 Total. Add amounts in column (f). See the instructions for where to report .

The Cooper School 20-8818159 2013 Depreciation and Amortization Report

Asset	Description	Date	Method	Lıfe	Unadjusted	% sng	Reduction	Basis for	Accumulated	Current Year
2		Acquired			Cost or Basis	Excl	in Basis	Depreciation	Depreciation	Depreciation
	FF&E :									
-	Playground Equipment	8/13/2007	SL	15	4,099	,	1	4,099	1,913	273
7	Refrigerator	9/19/2007	SF	2	591	1	1	591	591	•
က	Classroom Furniture	7/9/2007	SF	7	15,543	1	1	15,543	15,543	2,220
4	Dell Computer	10/12/2007	SL	2	1,200	1	1	1,200	1,200	•
S	Apple Computer	10/19/2007	SL	വ	1,277	,	1	1,277	1,277	•
9	Classroom Furniture	9/17/2011	SL	7	588	1	,	588	588	84
7	Classroom Furniture	2/5/2010	SL	7	1,270	1	ı	1,270	206	181
∞	Apple Computer	8/8/2009	SF	5	1,777	1	,	1,777	1,422	355
တ	Apple Computers	1/5/2010	SL	2	13,071	1	•	13,071	13,071	2,614
6	Apple Computer	2/5/2010	SL	9	290	1	,	260	290	112
4	Classroom Furniture	11/12/2010	SF	7	1,148	1	'	1,148	656	164
15	Playground Equipment	8/15/2011	SL	15	000'9	ı	'	000'9	1,600	400
16	Apple Computers x 5	8/31/2010	SF	2	5,892	1	1	5,892	4,714	1,178
17	Apple Computer	5/10/2011	SF	2	1,346	1	'	1,346	1,076	269
18	Apple Computer	5/16/2011	SF	2	1,831	ı	,	1,831	1,465	366
20	Apple Computer	6/4/2011	SF	ß	5,765	1	1	5,765	4,155	1,483
7	Smart Boards	9/1/2011	SF	2	4,201	I	,	4,201	2,521	840
22	Clasroom Furniture	9/1/2011	SF	7	9,199	I	ı	9,199	2,628	1,314
56	Clasroom Furniture	9/1/2012	SL	7	3,461	1	1	3,461	2,221	494
					78,818	1	1	78,818	55,886	12,350
	Leasehold Improvements:									
7	Leasehold Improvements	7/31/2009	SF	15	1,728	ı	ı	1,728	929	115
12	Gates	4/16/2010	SL	15	2,494	ı	1	2,494	831	166
13	Leasehold Improvements	5/23/2010	S	15	2,000	1	ı	2,000	299	133
19	Leasehold Improvements	8/15/2010	SF	15	39,413	ı	ı	39,413	10,510	2,628
23	Landscaping Improvements	9/1/2012	SF	15	16,593	1	1	16,593	5,390	1,106
5 4	Leashold Improvements	9/1/2012	SL	15	295,114	•	•	295,114	50,723	19,674
27	Leashold Improvements	2/1/2013	SL	15	12,625	'	1	12,625	1,193	842
				_	369,967	•	1	369,967	269'89	24,665
	Total				448.785	•	•	448.785	124.583	37.015

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.

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

THE COOPER SCHOOL	20-8818159
FORM 990, PART V, QUESTION 3A:	
THE COOPER SHOOL HAS NOT ENGAGED IN ANY ACTIVITY THAT PROVIDED UNRELATED BUSI	NESS INCOME.
FORM 990, PART VI, QUESTION 15A:	
THE COOPER'S SCHOOL DIRECTOR COMPENSATION HAS BEEN DETERMINED AND APPROVED	BY THE BOARD OF TRUSTEES.
·····	