# 990

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

20**09** 

Open to Public Inspection

A F	or th	ne 2009	) cale	ndar year, or tax year beginning 09/01, 2009, and ending		3/31 <b>, 20</b> 10
<u>—</u>	heck if a	pplicable:	Please	C Name of organization NATIONAL CENTER ON PHILANTHROPY AND	D Employer identifi	cation number
	Addr	ess	use IRS label or	Doing Business As THE LAW, INC.	13-395440	)5
$\vdash$		e change	print or	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone numbe	er
$\vdash$	-		type.	139 MACDOUGAL STREET, 1ST FLOOR	(212) 998-	5168
-	-	l return	See Specific	City or town, state or country, and ZIP + 4		
<u> </u>		inated	Instruc-		G Cross respirts \$	1,854,173
<u> </u>	Ame retur	n I	tions.	NEW YORK, NY 10012	G Gross receipts \$	
	Appli pend	ication ling		me and address of principal officer: JILL S. MANNY	H(a) Is this a group ret affiliates?	<b>⊢</b>
			139	MACDOUGAL STREET, 1ST FL NEW YORK, NY 10012	H(b) Are all affiliates in	cluded? Yes, No
Ī	Tax-ex	cempt sta	tus:	X 501(c) (3 ) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a li	st. (see instructions)
J	Webs	ite: 🕨	WWW.	LAW.NYU.EDU/NCPL	H(c) Group exemption	number 🕨
					ation: 1998 M State	of legal domicile: NY
_	rt I		nmary			
Γ¢						
	1	Briefly	descri	be the organization's mission or most significant activities: CLUDES RESEARCH AND OTHER EDUCATIONAL ACTIVITIES I	N THE AREA C	
ø						
aŭc				ROPY AND THE LAW. THE CENTER CONDUCTS OR SUPPORTS		
Ë	İ	FOR	THE	BENEFIT, FUNCTION, AND PURPOSES OF NEW YORK UNIVE	RSITY	
Governance	2	Check	this bo	if the organization discontinued its operations or disposed of more than 25°	% of its net assets.	
త	3	Numbe	er of vo	ting members of the governing body (Part VI, line 1a)	3	7
	4	Numbe	er of in-	dependent voting members of the governing body (Part VI, line 1b)	4	. 5
Activities	5				I _	. 0
듄				• • • • • • • • • • • • • • • • • • • •		0
4	6	Total n	umber	of volunteers (estimate if necessary)	70	-
	7a			nrelated business revenue from Part VIII, column (C), line 12		
	b	Net un	related	business taxable income from Form 990-T, line 34		0
					Prior Year	Current Year
•	8	Contril	outions	and grants (Part VIII, line 1h)	425,007.	458,072
Revenue	9	Progra	m serv	ice revenue (Part VIII, line 2g)	0.	0.
Ş	10			come (Part VIII, column (A), lines 3, 4, and 7d)	274,414.	236,763.
ď	11			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,741.	3.
	12			e - add lines 8 through 11 (must equal Part VIII, column (A), line 12).	730,162.	694,838.
	-				93,000.	100,000.
	13			milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14			to or for members (Part IX, column (A), line 4)	0.	0.
8	15			er compensation, employee benefits (Part IX, column (A), lines 5-10)		
ŠLI	16a	Profes	sional	fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	b	Total f	undrais	sing expenses, Part IX, column (D), line 25) ▶65,043.	la xanen diak plaispi i \$18 ii iki kizi bilalbarik	
ш	17	Other	expens	es (Part IX, column (A), lines 11a-11d, 11f-24f)	799,689.	
				es. Add lines 13-17 (must equal Part IX, column (A), line 25)	892,689.	864,989.
				expenses. Subtract line 18 from line 12	-162,527.	-170,151
F &		11010	40 1000		Beginning of Year	End of Year
ts c	20 21 22	Takal a		<del></del>	5,830,152.	5,801,263.
sse	20			Part X, line 16)	184,995.	37,800.
춫	21			s (Part X, line 26)	5,645,157.	5,763,463
<u> </u>	22			fund balances. Subtract line 21 from line 20,	3,043,137.	3,703,403.
Pa	rt II	Sig	nature	Block		
		Under	penaltie	es of perjury, I decjare that I have examined this return, including accompanying schedules ar	nd statements, and to	the best of my knowledge
		and be	elief, it	is true, correct, and complete. Declaration of preparer (other than officer) is based on all inf	ormation of which pre	parer has any knowledge.
S	ign			1) d / lann	1 614	
	ere		Signat	of officer	Date	1
			- []	1115 Manny Executive. Director	•	
		• ;	Type or	print name and title		
		1		Date Check if	Preparer	s identifying number
Paid		Prepa		2 2 2 1111 7 2011 Self-		uctions) 200736879
	oarer's	signa			<del>, '                                   </del>	
	Only	I FILILIS	name (d employe	oryouls EISNERAMPER LLP		13-1639826
		addres	employe s, and Z	$p+4$ $\sqrt{750}$ THIRD AVENUE NEW YORK, NY 10017-2703	Phone no.	212-949-8700
May	the I	RS disc	uss th	is return with the preparer shown above? (see instructions)		X Yes No

Form 886 <u>,</u> 8 (Re					Page 2
<ul><li>If you are</li></ul>	filing for an Additional (Not Automatic) 3-M	onth Exter	nsion, complete only Part II and ch	eck this box	► <u>X</u>
	omplete Part II if you have already been gra			eviously filed Form 8868	3.
	filing for an Automatic 3-Month Extension,	complete (	only Part I (on page 1).		
	Additional (Not Automatic) 3-Month E			Employer identification	numbor
Type or	Name of exempt organization NATIONAL CE	SNTER OF	N PHILANTHROP! AND	1	
print	THE LAW, INC.	!	all	13-3954405	
File by the extended	Number, street, and room or suite no. If a P.O. bo		ctions.		
lue date for	139 MACDOUGAL STREET, 1ST FL		desa and instructions		
lling your eturn. See nstructions.	City, town or post office, state, and ZIP code. For NEW YORK, NY 10012	a foreign ad	aress, see instructions.		
Enter the Re	turn code for the return that this application	is for (file a	a separate application for each return	n)	01
Application		Return	Application		Return
s For		Code	Is For		Code
orm 990		01			
orm 990-BL		02	Form 1041-A		08
orm 990-EZ		03	Form 4720		09
orm 990-PF		04	Form 5227		10
	(sec. 401(a) or 408(a) trust)	05	Form 6069		11
	(trust other than above)	06	Form 8870		12
TOP! Do no	ot complete Part II if you were not already	granted an	automatic 3-month extension on	a previously filed Forn	n <b>8868</b> .
Telephone If the orga If this is fo	are in the care of ► KERRI TRICARIC No. ► 212 998-2913 nization does not have an office or place of b r a Group Return, enter the organization's fou	 pusiness in ur digit Gro	up Exemption Number (GEN)	. If thi	s is
	group, check this box		rt of the group, check this box	<b>&gt;</b> and atta	ach a
	ames and EINs of all members the extension		07/15	20 11 .	
	st an additional 3-month extension of time un		09/01 , 20 09 , and ending		20 10
5 For cale	endar year, or other tax year beginning x year entered in line 5 is for less than 12 mo	opths shoo		Final return	
		oritris, criec	K reason miliai return		
7 State in	nange in accounting period detail why you need the extension INFOR	MATION	NECESSARY TO FILE A COM	PLETE	
AND	ACCURATE RETURN IS NOT YET A	VAILABL	Е.		
0 - If this s	application is for Form 990-BL, 990-PF, 99	0-T 4720	or 6069 enter the tentative tax	less any	· · · · · · · · · · · · · · · · · · ·
	ndable credits. See instructions.	U 1, 712U	, c. coco, enter the tentative tax	8a \$	
	application is for Form 990-PF, 990-T,	4720 or	6069 enter any refundable cr		
	ed tax payments made. Include any price				
	paid previously with Form 8868.	J. , JOC. 0	respuyment anomer as a cream	8b \$	
e Ralance	• Due. Subtract line 8b from line 8a. Include	vour payme	ent with this form, if required, by us		
	nic Federal Tax Payment System). See instruc		one with time form, in required, by the	8c \$	
	Sign	ature and	d Verification		
nder penalties is true, correct,	of perjury, I declare that I have examined this form, i and complete, and that I am authorized to prepare this for	ncluding acco	ompanying schedules and statements, and to	o the best of my knowledg	e and belief,
ignature	vein & Pevel		Title > CPA	Date 3 112	1"

EISNERAMPER LLP 750 THIRD AVENUE NEW YORK, NY 10017-2703 Form **8868** (Rev. 1-2011)

(Rev. April 2009)

Department of the Treasury

#### Application for Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

File a separate application for each return. Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Name of Exempt Organization Employer identification number Type or print NATIONAL CENTER ON PHILANTHROPY AND THE LAW 13-3954405 Number, street, and room or suite no. If a P.O. box, see instructions. File by the 139 MACDOUGAL STREET, 1ST FLOOR due date for filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. NEW YORK, NY 10012 Check type of return to be filed (file a separate application for each return): Form 990 Form 990-T (corporation) Form 4720 Form 990-T (sec. 401(a) or 408(a) trust) Form 990-BL Form 5227 Form 990-T (trust other than above) Form 6069 Form 990-EZ Form 1041-A Form 8870 Form 990-PF The books are in the care of ► KATIE SLACK Telephone No. ▶ 212 998-2917 212 995-4113 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box . • L . If it is for part of the group, check this box . • L and attach a list with the names and EINs of all members the extension will cover

	for the organization's return for.	
	calendar year or tax year beginning 09/01, 2009, and ending 08/31	., 2010 .
2	If this tax year is for less than 12 months, check reason: Initial return Final return Change	in accounting period
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$

I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 04/15 2011 to file the exempt organization return for the organization part of the exempt organization return for the organization part of the exempt organization return for the organization part of the exempt organization return for the organization part of the exempt organization return for the organization part of the exempt organization return for the organization part of the exempt organization return for the organization part of the exempt organization return for the organization part of the exempt organization return for the organization part of the exempt organization return for the organization part of the organization

\_ , to file the exempt organization return for the organization named above. The extension is

made. Include any prior year overpayment allowed as a credit. c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO

3b \$

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

for payment instructions.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

768,174.

Form 990 (2009)

4e Total program service expenses ▶

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		İ	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
-	Schedule C, Part II	4		Х
_	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	<u> </u>		
5	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
_	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	-		
6	Did the organization maintain any donor advised runds or any similar rands or accounts where donors have	-		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			Х
	complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
• •	quasi-endowments? If" Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	28.50		
•	Schedule D, Part VI.			
_	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
•				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule.D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
h	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
4 5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
4.0	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	-13		
16	Did the organization report on Part IX, column (X), line 3, more than \$5,000 or aggregate grants or assistance	4.6		Х
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			37
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
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		<u>X</u>
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		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Pai	t IV Checklist of Required Schedules (continued)	<del></del>	1	1
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		x	İ
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<del>  ^</del>	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	22		X
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		ļ	
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	23	X	
	employees? If "Yes," complete Schedule J	23	<del></del>	-
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	24a		Х
	24b through 24d and complete Schedule K. If "No," go to question 25	24b		
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	275		
С	to defease any tax-exempt bonds?	24c		
	the state of the s	24d		
ď	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	2.74		
25 a		25a		X
	the state of the s			
b	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
		25b		Х
00	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
26	disqualified person outstanding as of the end of the organization's tax year? 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,			
27	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
_	· ' ' *	28a	DIL'ILBIBIONI	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
Б		28b		X
_	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
·	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
		28c		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			
	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,			
•	Part	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
•	III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	ĺ		
	Schedule R, Part V, line 2	35		X
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		<u>X</u>
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,		-	
	, with the transfer of the tra	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		[	
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 /	annai

Pai	TV Statements Regarding Other IRS Filings and Tax Compliance	1, 1,
		Yes No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	
	U.S. Information Returns. Enter -0- if not applicable	1
b	Eliter the number of Forms W-Zo moldded in this fat Eliter of a first approach.	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c
	gaming (gambling) winnings to prize winners?	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2b
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this returns. (see	
_	instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	
3 a	-	3a X
	this return?	3b
D	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	
4 a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	
	account)?	4a X
<b>h</b>	If "Yes," enter the name of the foreign country: ▶	
D	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	
	and Financial Accounts.	
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a X
h	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	
·	Prohibited Tax Shelter Transaction?	5c
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	
	organization solicit any contributions that were not tax deductible?	6a X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	
	gifts were not tax deductible?	6b
7	Organizations that may receive deductible contributions under section 170(c).	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	
	and services provided to the payor?	7a X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	
	required to file Form 8282?	7c X
	If "Yes," indicate the number of Forms 8282 filed during the year	4   4
е	Did the organization, allowed the property of	
	benefit contract?	7e X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	
	required?	7h
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8 X
	organization, have excess business holdings at any time during the year?	0 11
9	Sponsoring organizations maintaining donor advised funds.	9a X
а	Did the organization make any taxable distributions under section 4966?	9b X
	Did the organization make a distribution to a donor, donor advisor, or related person?	30
10	Section 501(c)(7) organizations. Enter:	
a	Initiation fees and capital contributions included on Part VIII, line 12	
	Gloss receipts, molded on relatives, mile 12, 100 passes and a second of the control of the cont	
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	
a	Gross income from members of shareholders	
b	amounts due or received from them.)	
40-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a
ıZä h	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	
	· · · · · · · · · · · · · · · · · · ·	

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.

Sec	tion A. Governing Body and Management		T	1
		- [ - 244 3	Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	ari dan		
-	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
4	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
5	Does the organization have members or stockholders?	6		Х
6	Does the organization have members, stockholders, or other persons who may elect one or more members			
7a		7 a		X
	of the governing body?	7b		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		X	
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	- 11	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			Х
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		
	ion B. Policies (This Section B requests information about policies not required by the Internal			
<u>Reve</u>	enue Code.)		Yes	Na
			res	No X
10a	Does the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	ĺ		
	form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C	describe in Schedule O how this is done	12c	Χ	
12	Does the organization have a written whistleblower policy?	13	Х	
13	Does the organization have a written document retention and destruction policy?	14	X	
14	Did the process for determining compensation of the following persons include a review and approval by	Belgich:		
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	independent persons, comparability data, and contemporarieous substantiation of the deliberation and decision:	15a		X
a	The organization's CEO, Executive Director, or top management official	15b		X
b	Other officers or key employees of the organization		4)(25) 5-4	
	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		iididha	Mariana. X
	with a taxable entity during the year?	16a		dictribu:
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			ensyon Beans
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	in wir @	t. es. Altes	ilitini ranitzio
	the organization's exempt status with respect to easy arrangements.	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NY,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1 (501(5)(3)	s only)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:   KERRI TRICARICO 726 BROADWAY ROOM 902 NEW YORK, NY 10003	ne		
	organization: KERRI TRICARICO 726 BROADWAY ROOM 902 NEW YORK, NY 10003			
	(212) 998-2913			

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

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

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

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

(A)	(B)		_		2)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee  Or director	Institutional trustee	che Officer	Key employee	Highest compensated at employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
JOHN E CRAIG, JR.								_		
DIRECTOR	1.00	Х						0.	0.	0
PROFESSOR HARVEY P DALE										05 004
PRESIDENT/DIRECTOR	10.00	Х		Χ			_	0.	191,368.	25,004
PROFESSOR HARVERY J GOLDSCHMID										^
DIRECTOR	1.00	X						0.	0,	0
LESTER POLLACK ESQ										^
CHAIRMAN	1.00	Х		X				0.	0.	0
DEAN RICHARD REVESZ								0	E00 0E0	20 024
DIRECTOR	1.00	X						0.	528,959	30,234
S ANDREW SCHAFFER ESQ								0		0
DIRECTOR	1.00	X					ļ	0.	0	0
PROFESSOR JOHN G SIMON	1 00	3,7		1				0.	0.	0.
DIRECTOR	1.00	X						<u> </u>	- 0.	<u> </u>
PROFESSOR JILL S MANNY	20.00			Х				0.	113,077	28,444.
SECRETARY/TREASURER/EXEC DIR	20.00			Δ				· ·	113,011	20, 111
					-					
				-						

P	art VII Section A. Officers, Directors, Tru	ustees, Ke	y En	ple	oye	es,	and	Hig	hest Compensat	ed Empl	oyees (	continued)
	(A)	(B)			•	C)			(D)	(E	•	(F)
	Name and title	Average hours per week	on director	Institutional trustee	(chec Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Repor compen from re organiz (W-2/109	sation elated ations	Estimated amount of other compensation from the organization and related organizations
										· · · · · · · · · · · · · · · · · · ·		
				Ì		ĺ	8					
				ì								
								_				
								+				
										022	404	02 (02
1b	Total number of individuals (including but not li	mited to th	ose li		 Iah	· ·	· · · ·	► rec	eived more than S		,404. n	83,682.
2	reportable compensation from the organization		0	3100	. ab		y wiic	, 100	served more than t	,,00,000		
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu. For any individual listed on line 1a, is the the organization and related organizations	<i>le J for suci</i> sum of r	h <i>indi</i> eport:	vidu able	al. ecc	 omp	 ensa	i tion	and other comp	ensation	· · · from	Yes No  X  X
	individual											4 X
5	Did any person listed on line 1a receive services rendered to the organization? If "Yes," or services rendered to the organization?	or accru	e co chedu	mpi ile J	ensa I for	atio: suc	n fro h per	m :	any unrelated or	ganizatior	for	5 X
Se	ction B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization.	ompensate	ed inc	dep	end	ent —-	conti	ract	ors that received	more th	an \$10	0,000 of
	(A) Name and business addre	ess							(B) Description of serv	vices	С	(C) ompensation
		<del></del>				-		+				
2	Total number of independent contractors (in-						thos	e lis	sted above) who	received		

	ırt VI	Statement of Reve	enue		· · · · · · · · · · · · · · · · · · ·	13-3954405								
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514					
, gifts, grants	1a b c	Federated campaigns Membership dues Fundraising events Related organizations		1a 1b 1c 1d	270,000.		241 241 242 243 243 243 243 243 243 243 243 243							
Contributions, gifts, grants and other similar amounts	e f	Government grants (contributions, gifts, grant and similar amounts not include Noncash contributions included Total. Add lines 1a-1f	nts, d above in lines 1a-1f:		188,072.	458,072.								
	<u> </u>	I otal. Add lines 1a-11	· · · · · · ·	<del></del>	Business Code									
Program Service Revenue	2a b c d						Battle Colonial State of the Colonial State		55658.1.2056.64.22.54.62.44.20 <u>86</u>					
Prog	f g	All other program service rev Total. Add lines 2a-2f	enue	L		0.								
	3	Investment income (including other similar amounts) Income from investment of the street of the	g dividends, ax-exempt b	, intere  oond pr	st, and	195,431.			195,431.					
	5 6a	Royalties · · · · · · · · · · · · · · · · · · ·	(i) Rea	· · ·	(ii) Personal	0.								
	b c d	Less: rental expenses Rental income or (loss) Net rental income or (loss) .	(i) Securit		▶ (ii) Other	0.								
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	1,200,	,667.										
<u>ə</u>	c d 8a	Gain or (loss)		, 332.		41,332.			41,332.					
Other Revenue		events (not including \$ of contributions reported on See Part IV, line 18						Barbara Park and Program						
Oth	b c 9a	Less: direct expenses Net income or (loss) from fur Gross income from gaming a See Part IV, line 19	ndraising eve ctivities.	nts .		0.	The military of the second of	Comment of the control of the contro	A A TO THE CONTRACT OF THE CON					
	ь с 10а	Less: direct expenses Net income or (loss) from ga Gross sales of inventor returns and allowances	ming activitie ory, less	∍s 		0.								
	b c	Less: cost of goods sold Net income or (loss) from sal Miscellaneous Reven	es of invento	ory	Business Code	0.								
	11a b c	MISCELLANEOUS INCOME				3.			3.					
	d	All other revenue					202 No 1886 429 488 November 1868 N. 201	12 20 mm   12	5 - 1 12 . 12 . 12 . 12 . 12 . 12 .					
	e 12	Total. Add lines 11a-11d  Total Revenue. See instruction				3. 694,838.			236,766.					

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp			mplete columns (B), (C	
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	100,000	100,000.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.	· -		
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	. 0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	i e			
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
11	Fees for services (non-employees):	0.			
	Management	0.			
	Legal	9,000.	5,611.	3,389.	
	Accounting	0.	3,344		
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17 Investment management fees	0.	to a distribution of the Wilderick Control	7 - 12 - 14 - 15 - 16 - 17 - 17 - 17 - 17 - 17 - 17 - 17	
g	±	6,281.	3,916.	2,365.	
12	Advertising and promotion	0.			
13	Office expenses	6,905.	5,939.	275.	691.
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	63,000.	54,180.	2,520.	6,300.
17	Travel	32,479.	32,479.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.	24 697		
19	Conferences, conventions, and meetings	24,687.	24,687.		
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
23	Insurance		5-41-4177-514-4008-5177-56		
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
a	SALARIES-ALLOCATED FROM NYU	434,570.	373,730.	17,383.	43,457.
	BENEFITS-ALLOCATED FROM NYU	119,832.	103,055.	4,794.	11,983.
c	BOOKS AND PERIODICALS	27,808.	27,808.		
d	MEMBERSHIP	3,344.	3,344.		
e	TELEPHONE	6,703.	5,765.	268.	670.
f	All other expenses	30,380.	27,660.	778.	1,942.
	Total functional expenses. Add lines 1 through 24f	864,989.	768,174.	31,772.	65,043.
	Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Form <b>990</b> (2009)

13-3954405

Part X Balance Sheet  (A Beginnin  1 Cash - non-interest-bearing	g of year	(B) End of year 1 256, 568.
		256 560
	4 184 l	
2 Savings and temporary cash investments		2 4,189.
3 Pledges and grants receivable, net	25,400.	3 114,723.
4 Accounts receivable, net		4
5 Receivables from current and former officers, directors, trustees, key		
employees, and highest compensated employees. Complete Part II of		5
Schedule L		
6 Receivables from other disqualified persons (as defined under section		
4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	50,584622666666666	S.P.E. GPB-2 E-220 APRECISES ET GARACIONE
Part II of Schedule L		6
7 Notes and loans receivable, net 8 Inventories for sale or use		7
8 Inventories for sale or use		3
9 Prepaid expenses and deferred charges		9
10a Land, buildings, and equipment: cost or 10a		
other basis. Complete Part VI of Schedule D		
h Less accumulated depreciation 10b		)c
11 Investments - publicly traded securities	00,568. 1	1 5,425,783.
12 Investments - other securities. See Part IV, line 11	1	2
13 Investments - program-related. See Part IV, line 11	1	3
	1	·····
	1	
15 Other assets. See Part IV, line 11	30,152.1	
To Total assets. And lines I through to (inter-	94,500.1	
Accounts payable and accorded expenses	1	
18 Grants payable		=
19 Deferred revenue	1	<del></del>
20 Tax-exempt bond liabilities	2	
21 Escrow or custodial account liability. Complete Part IV of Schedule D	2	1
21 Escrow or custodial account liability. Complete Part IV of Schedule B 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		
employees, highest compensated employees, and disqualified		
persons. Complete Part II of Schedule L	. 2	2
23 Secured mortgages and notes payable to unrelated third parties	2	3
24 Unsecured notes and loans payable to unrelated third parties	2	4
125 Office happines, complete har Not conclude D	90,495. 2	
26 Total liabilities. Add lines 17 through 25	34,995. 2	<b>6</b> 37,800.
Organizations that follow SFAS 117, check here ▶ X and		
2.83	84,855. <b>2</b>	0 00 000
27 Unrestricted net assets	24,902.2	
28 Temporarily restricted net assets	35,400.2	
		estado encumbro ando se al se en edistro esta se se si difinidad.
and complete lines 30 through 34.		
	3	<del></del>
30 Capital stock or trust principal, or current funds	3	1
32 Retained earnings, endowment, accumulated income, or other funds	3	
33 Total net assets or fund balances	15,157.3	5,763,463.
34 Total liabilities and net assets/fund balances 5,83	30,152.3	5,801,263.

Form **990** (2009)

Page 12

P	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		rini Lini	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.		ADE:	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	which the the company of the control			
_	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis X Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		-	000	

Form **990** (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization NATIONAL CENTER ON PHILANTHROPY AND

Employer identification number 13-3954405

THE LA	AW, INC.									24402
Part I			ity Status (All orga						ctions.	
The orga			dation because it is: (							
1	A church, c	onvention of ch	urches, or association	of churche	s described	d in sectio	on 170(b)	(1)(A)(i).		
2	A school de	escribed in <b>secti</b>	on 170(b)(1)(A)(ii). (A	ttach Sched	dule E.)					
3	A hospital o	or a cooperative	hospital service organ	nization des	cribed in se	ection 17	0(b)(1)(A)	)(iii).		
4	A medical	research organi	zation operated in co	onjunction	with a hos	spital des	scribed in	section	170(b)(1)	(A)(iii). Enter the
• 📖		ame, city, and st		•						
5	An organiz	ation operated f	or the benefit of a co	ilege or ur	niversity ov	vned or o	perated	by a gov	ernmental	unit described in
٠ 			complete Part II.)	Ū	•		•			
ء			vernment or government	ental unit d	escribed in	section 1	170(b)(1)(	A)(v).		
6	An organiz	ation that norms	ally receives a substar	ntial part of	its suppor	t from a	governm	ental unit	or from t	he general public
'			(1)(A)(vi). (Complete I				9			J ,
• 🗀			d in section 170(b)(1)		mnlete Par	+ 11 \				
8 —	A communi	ty trust describe	div receives: (1) more	than 331/3	% of its si	innort fro	m contrib	outions r	nembershi	n fees and gross
9	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									
	receipts fro	m activities rela	ment income and un	rolated bu	cinece tav	shle inco	ma /lace	section	511 tax\	from husinesses
			n after June 30, 1975.						O / I taxy	HOITI DUONIOCOCO
			and operated exclusive							
10	An organiza	ition organized a	and operated exclusive and operated exclus	ively for th	o honofit	of to be	orform th	e functio	ne of or	to carry out the
11 X	An organiz	ation organized	ublicly supported org	orizations	deposibed i	in coeffe	500/31/	1) or eac	tion 500/s	1/2) See section
	purposes of	r one or more p	at describes the type of	amzauons A augustin	uescribeu i	tion and	oomplete	lines 11	through 1	11h
	<del></del>				ig organiza se III - Fund			111100 110	d Tv	pe III - Other
	a X Typ	el b[						iroatly by		
e X	By checking	g this box, i ce	ertify that the organiz	ation is no	or controlle	eu uireci	aupported	d organiz	ations doe	cribed in section
			ion managers and oth	ier than on	e or more	publicly	supportet	ı biyanız	ations des	scribed iii section
	509(a)(1) oi	section 509(a)(	2).				T 1 7	5 II -	. T	
f	_		d a written determina	tion from t	ine IRS tha	atitisa	Type I, I	rype II, o	r rype iii	supporting -
		n, check this box			101				· · · · · ·	
g	=		the organization acce	epted any g	lift or contri	ibution tro	om any oi	tne		
	following pe									Vee Ne
			or indirectly controls			etner wit	in person	is descri	oea in (ii)	Yes No
			erning body of the sup		anization?					11g(i) X
			erson described in (i) a							11g(ii) X
			of a person described							11g(iii) X
h	Provide the	following inform	ation about the suppo					···		<del></del>
	of supported	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Did y	ou notify		s the	(vii) Amount of
orga	anization		(described on lines 1-9 above or IRC section	aovernina	sted in your document?		nization in of your		tion in col.   zed in the	support
			(see instructions))	33.0		support?		U.S.?		
				Yes	No	Yes	No	Yes	No	
									1	
ATTA	CHMENT	1								
		_								· · · · · · · · · · · · · · · · · · ·
<del></del>										
								kiri-ing		
Total										47,000.

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

Schedule A (Form 990 or 990-EZ) 2009

9E1210 2.000

	Support Schedule for O (Complete only if you che	rganizations I	<b>Described in</b> In In In In In In In In In In In In In	<b>Sections 170</b> 8 of Part l.)	(b)(1)(A)(iv) a	nd 170(b)(1)(	A)(vi)
Sec	tion A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						· · · · · · · · · · · · · · · · · · ·
4	Total. Add lines 1 through 3		Property and the second		(400 a 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ion B. Total Support			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						·····
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		\$\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	of Other IV Shrow and I shall be the	Water of the leaven in the late to the control of	koločný cedlováčkých to dově, odcarby č. d	
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organizati	ion's first, secon	d, third, fourth,	or fifth tax yea		
Sect	ion C. Computation of Public Sup	port Percentag	ge		,		
14	Public support percentage for 2009 (li	ne 6. column (f)	divided by line	11, column (f))		14	%
	Public support percentage from 2008						%
	331/3% support test - 2009. If the o						e, check
	this box and <b>stop here</b> . The organization						
h	331/3% support test - 2008. If the c						
~	check this box and <b>stop here.</b> The orga						
17a	10%-facts-and-circumstances test - 2						
	or more, and if the organization me						
	Part IV how the organization meets t						
	organization						<b>▶</b>
1	10%-facts-and-circumstances test - 2						and line
a							
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization						Publicly
	supported organization						ond see
18	Private foundation. If the organization						
	instructions						
					Sc	hedule A (Form 99	u or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

500	tion A. Public Support						
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1						1	
•	membership fees received. (Do not include						
	any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
2	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						<del></del>
6	Total. Add lines 1 through 5						
7 a	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						
	\$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						
Ü	line 6.)						
Sac	tion B. Total Support						
	alendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_ `	• • • • • • •	(-7		,			
402	Amounts from line 6						
ıva	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						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,	-					
	and 12.)						
14	First five years. If the Form 990 is for	the organization	's first, second,	third, fourth, or	fifth tax year as	a section 501(	c)(3)
• •	organization, check this box and stop here.						. 1 1
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2009 (line 8,			ın (f))		15	<u></u> %
16	Public support percentage from 2008 Sche					16	%
	tion D. Computation of Investmen					<del></del>	
	Investment income percentage for 2009 (lir			3. column (f))		17	%
17						18	<u> </u>
18	Investment income percentage from 2008 S						
19a	33 1/3% support tests - 2009. If the or						
	17 is not more than 33 1/3%, check th						
b	33 1/3% support tests - 2008. If the orga						
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of	aid not check a	pox on line 1	4, 19a, or 19b	cneck this box	k and see instru	ictions 🚩

Schedule A (Form 990 or 990-EZ) 2009

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

	ATTACHMENT 1					
SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZAT:  (I) NAME OF SUPPORTED ORGANIZATION	IONS (II) EIN	(III) TYPE OF	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT
NEW YORK UNIVERSITY	13-5562308	02	х	x	х	47,000.
TOTAL AMOUNT OF SUPPORT						47,000.

#### Schedule B

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

Internal Revenue Service

Name of the organization

NATIONAL CENTER ON PHILANTHROPY AND

#### Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

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

13-3954405 THE LAW, INC. Organization type (check one): Section: Filers of: X 501(c)(3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

for Form 990, 990-EZ, or 990-PF.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

### Form CHAR500

This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)

#### **Annual Filing for Charitable Organizations**

New York State Department of Law (Office of the Attorney General)
Charities Bureau - Registration Section
120 Broadway
New York, NY 10271

http://www.charitiesnys.com

2009

Open to Public Inspection

1. General Information a. For the fiscal year beginning  $(mm/dd/yyyy)\frac{0.9/0.1}{l}$  / 2 0 0 9 and ending (mm/dd/yyyy)08/31/2010 b. Check if applicable for NYS: c. Name of organization NATIONAL CENTER ON PHILANTHROPY AND 13-3954405 Address change THE LAW, INC. NY State registration no. (##-##-##) Name change 06-46-84 Initial filing Number and street (or P.O. box if mail not delivered to street address) Room/suite Telephone number Final filing 139 MACDOUGAL STREET, 1ST FLOOR (212) 998-6168 Amended filing City or town, state or country and zip + 4 Email NY registration pending NEW YORK, NY, 10012 NCPL.INFO@NYU.EDU 2. Certification - Two Signatures Required We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report. a. President or Authorized Officer b. Chief Financial Officer or Treasurer 3. Annual Report Exemption Information a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants) if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may claim this exemption if no PFR or FRC was used and either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal and contributions from all other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A. b. EPTL annual report exemption (EPTL registrants and dual registrants) if gross receipts did not exceed \$25,000 and the assets (market value) did not exceed \$25,000 at any time during this fiscal year. For EPTL or Article-7A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form. 4. Article 7-A Schedules If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year: 📝 a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? \* If "Yes", complete Schedule 4a. b. Did the organization receive government contributions (grants)? . . . . . . . . . . . . . . . . . \* If "Yes", complete Schedule 4b.

5. Fee Submitted: See last page for summary of fee requirements.		
Indicate the filing fee(s) you are submitting along with this form:		
a. Article 7-A filing fee	\$25.	Submit only one check or money order for the
b. EPTL filing fee	<b>\$</b> 250.	total fee, payable to "NYS Department of Law"
c. Total fee	<b>\$</b> 275.	

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments. -> -> ->

Form 8868 (Rev. 1-2011)					
• If you are	e filing for an Additional (Not Automatic) 3-	Month Exte	nsion, complete only Part II and che	eck this box	<b>►</b> X
Note. Only	complete Part II if you have already been gr	anted an a	utomatic 3-month extension on a pre	viously filed Form 886	8.
• If you are	e filing for an Automatic 3-Month Extension,	complete	only Part I (on page 1).		<del></del>
Part II	Additional (Not Automatic) 3-Month E	extension	of Time. Only file the original (no	copies needed).	
Type or	Name of exempt organization NATIONAL C	ENTER O	N PHILANTHROPY AND	Employer identification	
print	THE LAW, INC.			13-3954405	5
File by the	Number, street, and room or suite no. If a P.O. b	ox, see instru	uctions.		
extended due date for	139 MACDOUGAL STREET, 1ST F	LOOR			
filing your	City, town or post office, state, and ZIP code. For	or a foreign ac	ddress, see instructions.		
retum. See instructions.	NEW YORK, NY 10012				
Enter the Re	eturn code for the return that this application	is for (file	a separate application for each return	)	. 01
Application Return Application					Return
ls For		Code	ls For		Code
Form 990	•	01			
Form 990-B		02	Form 1041-A		0.8
Form 990-E		03	Form 4720		09
Form 990-Pf		04	Form 5227		10
	(sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
STOP! Do no	ot complete Part II if you were not already	granted ar	n automatic 3-month extension on a	previously filed Forn	n 8868.
The book	s are in the care of 🕨 KERRI TRICARIO	CO	•		
Telephone	e No. ▶ 212 998-2913	F	AX No. ► 212 995-4113	<del></del>	
<ul> <li>If the orga</li> </ul>	anization does not have an office or place of	business in	the United States, check this box		▶
<ul> <li>If this is for</li> </ul>	or a Group Return, enter the organization's fo	ur digit Gro	up Exemption Number (GEN)	If thi	is is
for the whole	e group, check this box	f it is for pa	art of the group, check this box	▶ and atta	ach a
	names and EINs of all members the extension				
4 1	et en additional 2 month extension of time III	ntil	07/15 , 2	20_11	
:5 For cal	endar year, or other tax year beginni	ng	09/01 , 20 09 , and endi <u>ng</u>	08/31,2	20 <u>10</u> .
6 If the ta	ax year entered in line 5 is for less than 12 m	onths, chec	k reason: Initial return	Final return	
	hange in accounting period				
7 State in	n detail why you need the extension INFOR	MATION	NECESSARY TO FILE A COMP	PLETE	
AND	ACCURATE RETURN IS NOT YET A	VAILABL	Ε.		
8a If this	application is for Form 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the tentative tax,	less any	
nonrefu	undable credits. See instructions.			8a \$	
b If this	application is for Form 990-PF, 990-T,	4720, or	6069, enter any refundable cre	dits and	
estimat	ted tax payments made. Include any pri	or year o	verpayment allowed as a credit	and any	
amoun	t paid previously with Form 8868.			8b \$	
c Balanc	e Due. Subtract line 8b from line 8a. include	your payme	ent with this form, if required, by usir	ng EFTPS	
(Electro	onic Federal Tax Payment System). See instru	ctions.		8c \$	
	Sign	ature and	d Verification		
Under penalties	of perjury, I declare that I have examined this form,	including acco	ompanying schedules and statements, and to	the best of my knowledg	e and belief,
it is true, correct	, and complete, and that I am authorized to prepare this for	rm.			
	. 1 12		7.04	3144	141
Signature D	wen & person		Title > TPA	Date >	1,,
	I CAMPANADED TID			Earn ROAR /	Day 4 20441

EISNERAMPER LLP 750 THIRD AVENUE NEW YORK, NY 10017-2703

#### Form 88'68

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

SIME NO. 10-10

Department of the Treasury

File a separate application for each return.

OMB No. 1545-1709

Iliterilari revellad		<del></del>
		<u> </u>
<ul> <li>If you are</li> </ul>	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 or	f this form).
	lete Part II unless you have already been granted an automatic 3-month extension on a previous	y filed Porm 8868.
	omatic 3-Month Extension of Time. Only submit original (no copies needed).	
	required to file Form 990-T and requesting an automatic 6-month extension - check this box an	d complete
Part I only		
	porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to come tax returns.	o request an extension of
	ing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic	
	eturns noted below (6 months for a corporation required to file Form 990-T). However, you	
	if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-B composite or consolidated From 990-T. Instead, you must submit the fully completed and signe	
	e details on the electronic filing of this form, visit <i>www.irs.gov/efile</i> and click on <i>e-file for Charitie</i> .	
Type or		oyer identification number
print	· · · · · · · · · · · · · · · · · · ·	3-3954405
-	Number, street, and room or suite no. If a P.O. box, see instructions.	
File by the due date for	139 MACDOUGAL STREET, 1ST FLOOR	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	NEW YORK, NY 10012	
Check type of	f return to be filed (file a separate application for each return):	
X Form 990		•
Form 990-	BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227	
Form 990-	EZ Form 990-T (trust other than above) Form 6069	
Form 990-	PF Form 1041-A Form 8870	
• The books	are in the care of : KATIE SLACK	
		•
Telephone i	No. ▶ 212 998-2917 FAX No. :▶ 212 995-4113	
		. —
_	zation does not have an office or place of business in the United States, check this box a Group Return, enter the organization's four digit Group Exemption Number (GEN)	
for the whole at	roup, check this box . Fig. 1. If it is for part of the group, check this box and attack	n a list with the
names and EIN	s of all members the extension will cover.	
	an automatic 3-month (6 months for a corporation required to file Form 990- $\frac{04/15}{2011}$ , to file the exempt organization return for the organization named	T) extension of time
	panization's return for:	above. The externator is
ioi ilie oig	BANKERON 3 FORUM 101.	
▶ □	calendar year or	
▶ X t	ax year beginning 09/01, 2009, and ending 08/3	31, 2010 .
-		
.2 If this tax y	vear is for less than 12 months, check reason: Initial return Final return Chang	ge in accounting period
3a If this app	lication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
nonrefunda	able credits. See instructions.	3a \$
b If this app	lication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments	
	ude any prior year overpayment allowed as a credit.	3b \$
c Balance D	ue. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit	
with FTD	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See	
instruction		3c \$
Caution. If you a	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Fo	rm 8879-EO
for payment inst	ructions.	
For Privacy Act	and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev. 4-2009)

#### 5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

#### Organization's Registration Type Fee Instructions Article 7-A Calculate the Article 7-A filling fee using the table in part a below. The EPTL filling fee is \$0. Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0. **EPTL** Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and Dual EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

#### Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

#### b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

#### 6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers						
Filing Fee						
X Single check or money order payab	le to "NYS Department of Law"					
Copies of Internal Revenue Service Forms						
IRS Form 990	IRS Form 990-EZ	IRS Form 990-PF				
X All required schedules (including Schedule B)	All required schedules (including Schedule B)	All required schedules (including Schedule B)				
IRS Form 990-T	IRS Form 990-T	IRS Form 990-T				
Additional Article 7-A Document Attachment Re	quirement					
•						
Independent Accountant's Report						
X Audit Report (total support & revenu	e more than \$250,000)					
Review Report (total support & rever						
No Accountant's Report Required (to	No Accountant's Report Required (total support & revenue not more than \$100,000)					

CHAR500 - 2009