Return of Organization Exempt From Income Tax

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Inspection

Form 990 (2008)

09/01, 2008, and ending , 2009 A For the 2008 calendar year, or tax year beginning 08/31 D Employer identification number C Name of organization NATIONAL CENTER ON PHILANTHROPY AND Please B Check if applica use IRS Addres 13-3954405 THE LAW. tabel or Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) print of 139 MACDOUGAL STREET 1ST FLOOR (212)998-6168 Initial return See Specifi City or town, state or country, and ZIP + 4 Instruc Amended tions. G Gross receipts \$ 546. 735 NEW YORK, NY 10012 F Name and address of principal officer: JILL S. MANNY H(a) is this a group return for Yes No FL NEW YORK, NY 10012 H(b) Are all affitiates included? Nο MACDOUGAL STREET, 1sTIf "No." attach a list, (see instructions) X 501(c) (3) ◀ (insert no.) 4947(a)(1) or H(c) Group exemption number Website: ► WWW.LAW.NYU.EDU/NCPL L Year of formation: 1998 M State of legal domicile: Type of organization: X | Corporation | NY Summary Briefly describe the organization's mission or most significant activities: SUPPORT THE PROMOTION, ENCOURAGEMENT, AND SPONSORSHIP OF STUDY, Activities & Governance RESEARCH AND OTHER EDUCATIONAL ACTIVITIES IN THE AREA OF PHILANTHROPY AND THE LAW, if the organization discontinued its operations or disposed of more than 25% of its assets. Check this box 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) 6 Total number of employees (Part V, line 2a) NONE Total number of volunteers (estimate if necessary) NONE 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** Contribution and grants (Part VIII, line 1h) 104,701 425,007. 8 NONE 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,595,300 274.414. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 331,816 30,741. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,031,817 730,162. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 92,000 93,000. Benefits paid to or for members (Part IX, column (A), line 4) NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) NONE 16a Professional fundraising fees (Part IX, column (A), line 11e) NONE b Total fundraising expenses, Part IX, column (D), line 25) ▶ _____63, 035.___ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 829,587 799,689. 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 921,587 892,689. Revenue less expenses. Subtract line 18 from line 12 1,110,230 -162,527 19 5 Beginning of Year End of Year 6,362,004 5,830,152. 20 Total assets (Part X, line 16) 25,200 21 Total liabilities (Part X, line 26) 184,995. 22 Net assets or fund balances. Subtract line 21 from line 20. 336,804 5,645,157. Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge polete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here or print name and title Date 0 2010 Check if Preparer's identifying number Preparer's Paid signature employed P00736879 address, and ZIP +4

S discuss ** Preparer's 13-1639826 Phone no 212-949-8700 750 THIRD AVENUE NEW YORK, NY 10017-2703 May the IRS discuss this return with the preparer shown above? (See instructions) X Yes No

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

$\mathsf{Form}\,8868$

. (Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the	Treasury	► File a separate application for each return.	
 If you are f 	filing for a	Automatic 3-Month Extension, complete only Part I and check this box	× x
a lifyou are f	filing for a	n Additional (Not Automatic) 3-Month Extension, complete only Part II (on pag Inless you have already been granted an automatic 3-month extension on a prev	je 2 of this form). viously filed Form 8868.
Part Auto	matic 3-	Month Extension of Time. Only submit original (no copies needed).	
A corporation	required t	o file Form 990-T and requesting an automatic 6-month extension - check this b	oox and complete
Part I only			
time to file inco	ome tax re	including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 eturns.	
one of the reference of a contract of the reference of a contract of a contract of a contract of the reference of the	turns note if (1) you omnosite	Generally, you can electronically file Form 8868 if you want a 3-month autometed below (6 months for a corporation required to file Form 990-T). However, want the additional (not automatic) 3-month extension or (2) you file Forms or consolidated From 990-T. Instead, you must submit the fully completed and on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for C	er, you cannot file Form 8868 990-BL, 6069, or 8870, group d signed page 2 (Part II) of Form
Type or		Exempt Organization	Employer identification number
print	NAT	IONAL CENTER ON PHILANTHROPY AND THE LAW	13-3954405
File by the	Number,	street, and room or suite no. If a P.O. box, see instructions.	
due date for	110	WEST THIRD STREET, SECOND FLOOR	
filing your return. See	City, tow	n or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.		YORK, NY 10012	
		b be filed (file a separate application for each return):	m 4720
X Form 990		Total obs : (osperanor)	m 5227
Form 990-		1 0/11/ 950-1 (555. 45 /(a) 51 /55(a) 1.25(y	m 6069
Form 990-		Total cool (tractional traction)	m 8870
- Foili 990-	-1 1		
Telephone If the organ If this is for for the whole gonames and EIN	No. ▶ <u>2</u> nization do a Group Figroup, che	nembers the extension will cover. Itomatic 3-month (6 months for a corporation required to file Forn	. If this is and attach a list with the m 990-T) extension of time
until for the or		04/15 , 2010 , to file the exempt organization return for the organization 's return for:	named above. The extension is
▶	calendar tax year l	year or beginning 09/01, 2008, and ending	08/31,2 <u>009</u> ,
2 If this tax	year is fo	r less than 12 months, check reason: Initial return Final return	Change in accounting period
		is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, latic. See instructions.	less any 3a \$
h If this an	nlication i	s for Form 990-PF or 990-T, enter any refundable credits and estimated tax pa	
made. Inc	clude anv	prior year overpayment allowed as a credit.	3b \$
c Balance	Due. Subi	tract line 3b from line 3a. Include your payment with this form, or, if required,	deposit :
with FTE	O coupon	or, if required, by using EFTPS (Electronic Federal Tax Payment System	m). See
instructio	ns.		3c \$
Caution. If you	are going	to make an electronic fund withdrawal with this Form 8868, see Form 8453-EC	o and Form 8879-EO
for payment in	structions		
For Privacy A	ct and Pa	perwork Reduction Act Notice, see Instructions.	Form 8868 (Rev. 4-2009)

Form 9889 (Pay 4 2000)	Page 2
Form 8868 (Rev. 4-2009) ● If you are filing for an Additional (Not Automatic) 3-Month Extension, complete on	
Note. Only complete Part II if you have already been granted an automatic 3-month ex	
• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page	
Part II Additional (Not Automatic) 3-Month Extension of Time. Only	
Name of Exempt Organization	Employer identification number
Type or print NATIONAL CENTER ON PHILANTHROPY AND THE LAW	13-3954405
File by the Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
extended 110 WEST TUTD STREET SECOND FLOOR	
filling the 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):	
X Form 990 Form 990-PF	Form 1041-A Form 6069
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)	Form 4720 Form 8870
Form 990-EZ Form 990-T (trust other than above)	Form 5227
STOP! Do not complete Part II if you were not already granted an automatic 3-mo	nth extension on a previously filed Form 8868.
The books are in the care of ► KERRI TRICARICO	
Telephone No. ▶ <u>212 998-2913</u> FAX No. ▶ <u>21</u>	2 995-4113
 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 	per (GEN) If this is
for the whole group, check this box	s box ▶ and attach a
list with the names and EINs of all members the extension is for.	
4 I request an additional 3-month extension of time until07/15/2010	
5 For calendar year, or other tax year beginning09/01/2008	and ending <u>08/31/2009</u>
6 If this tax year is for less than 12 months, check reason: Initial return	Final return Change in accounting period
7 State in detail why you need the extension <u>INFORMATION NECESSARY TO</u>) FILE A COMPLETE AND
ACCURATE RETURN IS NOT YET AVAILABLE.	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	
nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundab	
tax payments made. Include any prior year overpayment allowed as a credit	
previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form	
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S	
Signature and Verificatio	
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules a	nd statements, and to the best of my knowledge and belief,
it is true, correct, and complete, and that I am authorized to prepare this form.	
Signature ► Title ► CP	
EISNER LLP	Form 8868 (Rev. 4-2009)

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

	ort Statement of Program Service Accomplishments (see instructions)	
1	Briefly describe the organization's mission:	
	SUPPORT THE PROMOTION, ENCOURAGEMENT, AND SPONSORSHIP OF STUDY,	
	RESEARCH AND OTHER EDUCATIONAL ACTIVITIES IN THE AREA OF PHILANTHROPY	
	AND THE LAW.	
-	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	X No
	If "Yes" describe these new services on Schedule O.	
_		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	77 1
	services?Yes	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
40	(Code:) (Expenses \$)
40	(Code	- /
	THE CENTER IS OPERATED FOR THE CHARITABLE AND EDUCATIONAL	
	PURPOSES, INCLUDING THE PROMOTION, ENCOURAGEMENT, AND SPONSORSHIP	
	OF STUDY, RESEARCH AND OTHER EDUCATIONAL ACTIVITIES IN THE AREA OF	
	PHILANTHROPY AND THE LAW. THE CENTER CONDUCTS OR SUPPORTS	
	ACTIVITIES FOR THE BENEFIT OF, PERFORMS THE FUNCTION OF, OR	
,	CARRIES OUT THE PURPOSES OF NEW YORK UNIVERSITY.	
	CARRIED OUT THE TORIGODE OF NEW FORCE OF STREET	
4h	(Code:) (Expenses \$including grants of \$) (Revenue \$)
		-
		
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$	_)
		
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	Total program service expenses ►\$ 782,403 (Must equal Part IX, Line 25, column (B).)	
JSA 8F1	ozo 1.000	90 (2008)
J_ 1		

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		_X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
	Schedule J	23	X	
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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	25a	-	<u>X</u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	<u> </u>		
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	_		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	_		
10.4	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X (2222)
JSA 8E1021	1,000	Form	330	(2008)

Page 4

Checklist of Required Schedules (continued) Part IV Yes Nο During the tax year, did any person who is a current or former officer, director, trustee, or key employee: 28 a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, 28a X b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," 28b X Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Parts II, 34 III. IV. and V. line 1 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 Х 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

Form **990** (2008)

b Ente c Did gam 2a Ente Stat b If at Note 3a Did this b If "Y 4a At a over acco b If "Y	Statements Regarding Other IRS Filings and Tax Compliance			
b Ente c Did gam 2a Ente Stat b If at Note 3a Did this b If "Y 4a At a over acco b If "Y			Yes	No
b Ente c Did gam 2a Ente Stat b If at Note 3a Did this b If "Y 4a At a over acco b If "Y	er the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	43.47	2.x 3	748
b Ente c Did gam 2a Ente Stat b If at Note 3a Did this b If "Y 4a At a over acco b If "Y	5. Information Returns. Enter -0- if not applicable			
c Did gam 2a Ente Stat b If at Note 3a Did this b If "Y 4a At a over acco b If "Y	er the number of Forms W-2G included in line 1a. Enter -0- if not applicable		30 30	
gam 2a Ente Stat b If at Note 3a Did this b If "Y 4a At a over acco b If "Y	the organization comply with backup withholding rules for reportable payments to vendors and reportable			
2a Enter State State Note 3a Did this b If "Y 4a At a over according to the state of the state of the state over according to the state over a	ning (gambling) winnings to prize winners?	1 c		
b If at Note 3a Did this b If "Y 4a At a over acco	er the number of employees reported on Form W-3, Transmittal of Wage and Tax	4.		
b If at Note 3a Did this b If "Y 4a At a over accc b If "Y	tements, filed for the calendar year ending with or within the year covered by this return 2a NONE	i	ne v min	
Note 3a Did this b If "Y 4a At a over accc b If "Y	t least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a Did this b If "Y 4a At a over accc b If "Y	e: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	A. 19	30 1	
this b If "Y 4a At a over acco b If "Y	the organization have unrelated business gross income of \$1,000 or more during the year covered by			
b If "Y 4a At a over acco b If "Y	return?	3a		Х
4a At a over acco	Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule</i> O	3b		
over acco b If "Y	any time during the calendar year, did the organization have an interest in, or a signature or other authority			
acco b If "Y	r, a financial account in a foreign country (such as a bank account, securities account, or other financial			
b If "Y	ount)?	4a		Х
See	/es," enter the name of the foreign country: ►		*	
366	the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		907.5% 0.803	
and	Financial Accounts.	. 227		
	s the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	/es," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	hibited Tax Shelter Transaction?	5c		
	the organization solicit any contributions that were not tax deductible?	6a		Х
	Yes," did the organization include with every solicitation an express statement that such contributions or			
	s were not tax deductible?	6b		
	anizations that may receive deductible contributions under section 170(c).			
a Did	the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7a		Χ
b If "Y	es," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did	the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
real	uired to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7 c		X
d If "Y	es," indicate the number of Forms 8282 filed during the year	94.75	* 43	440
e Did	the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	الشيك عدد.	22	
	efit contract?	7e		X
f Did	the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	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			
	uired?	7h	. (1 5 220
8 Sec	ction 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	1		
509((a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	25		ala bacasala
orga	anization, have excess business holdings at any time during the year?	8	25810	X
9 Sec	tion 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did	the organization make any taxable distributions under section 4966?	9a		X
b Did	the organization make a distribution to a donor, donor advisor, or related person?	9b	. 17. 1	X April
	etion 501(c)(7) organizations. Enter:			
a Initia	ation fees and capital contributions included on Part VIII, line 12	1	<i>*</i> .41	2. 9427
b Gro	ess receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		Yaij	
1 Sec	etion 501(c)(12) organizations. Enter:		33	1777
		11.0	- 1 (참	A 30 3 1
	ss income from members or shareholders			
amo	ass income from other sources (Do not net amounts due or paid to other sources against			
l2a Sec	ses income from other sources (Do not net amounts due or paid to other sources against ounts due or received from them.)			
b If "Y	ass income from other sources (Do not net amounts due or paid to other sources against	12a		

Part Vi

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sect	ion A. Governing Body and Management			<u></u>
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the	:		. 5
	circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	٠.		
b	Enter the number of voting members that are independent 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		144
	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	-	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_		
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during		. :	
	the year by the following:			
а	The governing body?	8a_	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		<u> </u>
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10_	X_	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
<u>Secti</u>	on B. Policies			
	- Charles and the second and the sec	40-	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X_	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by		٠	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	4 6 -	. *	
а	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		X
	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	40-		
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	160		
	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-T (501(c)(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 inter	est		
	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	ie		
	organization: ▶KERRI TRICARICO 726 BROADWAY ROOM 902 NEW YORK, NY 10003			
	(212) 998-2913		000	

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. 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, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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)	(C) Position (check all that apply)						(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee	nstitutional trustee	ec Officer	key employee	Highest compensated at employee	Former	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	_									
DIRECTOR	1.	X				ļ <u>.</u>		NONE	NONE	NONE
PROFESSOR HARVEY P DALE									1	
PRESIDENT/DIRECTOR	10.	X		X				186,673.	NONE	NONE
PROFESSOR HARVERY J GOLDSCHMID	_									
DIRECTOR	1.	_X_						NONE	NONE	NONE
LESTER POLLACK ESQ										
CHAIRMAN	1.	X						NONE	NONE	NONE
DEAN RICHARD REVESZ										
DIRECTOR	1.	X						NONE	499,360.	NONE
S ANDREW SCHAFFER ESO										
DIRECTOR	1.	_X_					<u> </u>	NONE	NONE	NONE
PROFESSOR JOHN G SIMON										
DIRECTOR	1.	X						NONE	NONE	NONE
PROFESSOR JILL S MANNY	1									
SECRETARY/TREASURER/EXEC DIR	20.			Х				137,045.	NONE	NONE
	_									
	-									
	ļ									8.44
	-									
		ļ					<u> </u>			
	-									
						<u> </u>				
	-									
	<u> </u>				<u> </u>					
	4									
						-				<u> </u>
	-									
			-				-			
	-									
	1	1	1 1		1		l			
			\Box			l				

	n 990 (2008) Int VII Section A. Officers, Directors, Tru	istops Ke	v Fn	nlo	N/A	26	and F	lini	13-3954405 hest Compensat	ed Emplo	vees (c	ontinue	Page o
	(A)	(B)	<u>, y</u>	<u>ıpı</u>		C)	una i	1191	(D)	(E)	, 000 (8		(F)
	Name and title .	Average hours per week	Individual trustee	Institutional trustee		•	at Highest compensate employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reports compens from rel organiza (W-2/1099	ation ated tions	am comp fro orga and	timated ount of other oensation om the anization related nizations
							ted			-			
									74 117 -				
				_									·
													
										-			
											-		
						_							
1b	Total							▶	323,718.		,360.		NONE
2	Total number of individuals (including those organization ▶ 2	e in 1a) w	/ho r	ece	ived	m.	ore th	an	\$100,000 in rep	oortable co	mpens	ation fr	Yes No
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Schedu	er, directoule J for suc	or or ch ind	tru <i>ividi</i>	istee ual	e, l 	key e	mp	loyee, or highest	compens	ated	3	X
4	For any individual listed on line 1a, is the the organization and related organizations individual	greater th	ıan \$	150	,00	0?	If "Ye	es,"	complete Sched	pensation ule J for	from such	4	X
5	Did any person listed on line 1a receive	e or accr	ue c	omp	ens	atio	n fro	m	any unrelated o	rganization	for	<u> </u>	
Sec	services rendered to the organization? If "Yes," tion B. Independent Contractors	complete s	scried	uie .	J 101	Su	cn pers	SOL		· · · · · ·		3	X
1	Complete this table for your five highest compensation from the organization.	compensat	ed in	dep	enc	ient	contr	ract	tors that received	i more th	an \$10	0,000	of
	(A) Name and business add	ress							(B) Description of ser	vices	C	(C) Compens	ation
						-		-					
_								Ĺ					
										1441112-7-			<u></u>
2	Total number of independent contractors (incompensation from the organization ▶	including the	hose	in	1) v	vho	recei	ivec	d more than \$10	0,000 in			
		., , , , , ,					·····					F	990 (2008)

Page 9

Pa	rt VII	Statement of Reveni	ue			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
ions, gifts, grants similar amounts	1a b c	Federated campaigns Membership dues Fundraising events Related organizations	1b	239,889.				
Contributions, and other simil	e f	Government grants (contributions, gifts, grant and similar amounts not included	tions) 1e ts, above . 1f	185,118.				
Con	g h	Noncash contributions included in Total . Add lines 1a-1f			425,007.			
Program Service Revenue	2a b			ness Code		a managara sa aka sa a		Section of the sectio
Program S	e f g	All other program service reve Total. Add lines 2a-2f	enue	▶	NONE			
	3	Investment income (including other similar amounts) Income from investment of ta	g dividends, interest, and	i ►	257,866. NONE			257,866.
	5 6a b	Royalties · · · · · · · · · · · · · · · · · · ·	(i) Real (ii) F	Personal	NONE			
	c d 7a	Rental income or (loss)		▶ Other	NONE			
	b	Less: cost or other basis and sales expenses	5,384. 16,548.				and the second s	
Other Revenue	d 8a	events (not including \$ of contributions reported on I See Part IV, line 18	undraising ine 1c).	•	16,548.			16,548.
Other	b c 9a	Less: direct expenses Net income or (loss) from fur Gross income from gaming a See Part IV, line 19	ctivities.	▶	NONE			
	b c	Less: direct expenses Net income or (loss) from ga	ming activities	▶	NONE			
	10a b c	Gross sales of inventor returns and allowances Less: cost of goods sold	a b	▶	NONE	And and Annual Control of the Contro		shaning at a far arms a she side
	11a b	Miscellaneous Reven	ue Busin	ness Code	30,741.	a la	· · · · · · · · · · · · · · · · · · ·	30,741.
	c d	All other revenue			30,741.		S. A. S. S.	<u> </u>
	12	Total Revenue. Add lines 1h. 9c, 10c, and 11e	, 2g, 3, 4, 5, 6d, 7d, 8c,		730,162.			305,155.

Part IX Statement of Functional Expenses

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

	All other organizations must comple		e not required to complete), and (D).
	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	93,000.	93,000.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3	Grants and other assistance to governments, organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE		<u> </u>	
5	Compensation of current officers, directors, trustees, and key employees	NONE	NONE	NONE	NONE
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	NONE			
8	Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	NONE			
9	Other employee benefits				
10	Payroll taxes	NONE			
11	Fees for services (non-employees):				
	Management				
	Legal	NONE	0 200	1 700	
	Accounting	10,000.	8,300.	1,700.	
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17			<u> </u>	
	Investment management fees	NONE 8,523.	7,096.	1,427.	
	Other	NONE	1,090.	1,721.	
12	Advertising and promotion	1,470.	1,220.	103.	147.
13	Office expenses	NONE	1,220.	<u> </u>	
14	Royalties	NONE			
15 16	Occupancy	63,000.	52,290.	4,410.	6,300.
17	Travel	65,265.	65,265.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	28,749.	28,749.		
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	NONE		45 to 100 to	
23	Insurance	NONE	<u> </u>		
24	Other expenses. Itemize expenses not		"·.		
	covered above. (Expenses grouped together			W. N. j	
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	SALARIES=ALLOCATED_FROM_NYU_	422,432.	350,619.	29,570.	42,243.
b	BENEFITS=ALLOCATED_FROM_NYU_	114,620.	95,135.	8,023.	11,462.
	LIBRARY_SERVICES	13,360.	13,360.		
d	BOOKS_AND_PERIODICALS	33,269.	33,269.		
	MEMBERSHIP	3,215.	3,215.		
	All other expenses	35,786.	30,885.	2,018.	2,883.
	Total functional expenses. Add lines 1 through 24f	892,689.	782,403.	47,251.	63,035.
26	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				
JSA	The state of the s				Form 990 (2008)

JSA 8E1052 1.000

Pa	rt X	Balance Sheet					
			(A) Beginning of year		Enc	(B) d of yea	ır
	1	Cash - non-interest-bearing	117,014.	1			NONE
	2	Savings and temporary cash investments	4,135.	2		4,	184.
	3	Pledges and grants receivable, net	485,532.	3		325,	400.
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section		,	1 4 4		
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II			1.7	•• ••	
		of Schedule L		6			
ts	7	Notes and loans receivable, net		7	<u> </u>		
Assets	8	Inventories for sales or use		8			
Ä	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment: cost basis 10a					
	b	Less: accumulated depreciation. Complete			iās	,, +:	77
		Part VI of Schedule D		10c	-		
	11	Investments - publicly traded securities	5,755,323.	11	5	<u>,500,</u>	<u>568.</u>
	12	Investments - other securities. See Part IV, line 11		12	ļ		
	13	Investments - program-related. See Part IV, line 11		13	ļ		
	14	Intangible assets		14	ļ		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,362,004.	16	5	,830,	
	17	Accounts payable and accrued expenses	25,200.	17		94,	500.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities	- · · · · · · · · · · · · · · · · · · ·	20			
S	21	Escrow account liability. Complete Part IV of Schedule D		21	ļ		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,	一 : 次月: 100	12.3	first a second		
abi		highest compensated employees, and disqualified persons. Complete Part II		`	Paris i	34.3	11
		of Schedule L		22	<u> </u>		
	23	Secured mortgages and notes payable to unrelated third parties		23	<u> </u>		
	24	Unsecured notes and loans payable		24	<u></u>		
	25	Other liabilities. Complete Part X of Schedule D		25	<u> </u>		<u>495.</u>
_	26	Total liabilities. Add lines 17 through 25	25,200.	26		<u>184,</u>	<u>995.</u>
ses		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.					li Nilaa
an	27	Unrestricted net assets	3,400,292.		2	,834,	
Ba	28	Temporarily restricted net assets	651,112.	28	<u> </u>		902.
pu	29	Permanently restricted net assets	2,285,400.	29	2	,285,	400
or Fund Balance	ļ	Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.					1.
ets	30	Capital stock or trust principal, or current funds		30			
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u> </u>		
ţ	32	Retained earnings, endowment, accumulated income, or other funds		32			
Net	33	Total net assets or fund balances	<u>6,336,804.</u>	33		,645,	
	34	Total liabilities and net assets/fund balances	6,362,004.	34	5	<u>,830,</u>	<u>152.</u>
Pa	rt XI	Financial Statements and Reporting				1,,	
1		ounting method used to prepare the Form 990: Cash X Accrual Other				Yes	No_
2a	Were	e the organization's financial statements compiled or reviewed by an independent accoun	tant?		<u>2a</u>	_	X
b	Were	e the organization's financial statements audited by an independent accountant?			<u>2b</u>	X	<u> </u>
С	If "Ye	es" to lines 2a or 2b, does the organization have a committee that assumes responsibility	for oversight of the				
	audit	t, review, or compilation of its financial statements and selection of an independent accou	ntant?		· · · 2c	X	<u></u>
3a	As a	result of a federal award, was the organization required to undergo an audit or audits as	set forth in				
		Single Audit Act and OMB Circular A-133?				_	X
b	If "Ye	es," did the organization undergo the required audit or audits?			3b		<u></u>

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL CENTER ON PHILANTHROPY AND

Employer identification number

13-3954405

Reason for Public Charity Status (All organizations must complete this part.) (see instructions) Part I The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross q receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c | Type III - Functionally Integrated Type III - Other Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes Nο 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports. (vii) Amount of (iv) is the organization (v) Did you notify (vi) Is the (i) Name of supported (iii) Type of organization (ii) EIN organization in col. in col. (i) listed in your the organization in support organization (described on lines 1-9 governing document? above or IRC section col. (i) of your (i) organized in the (see instructions)) support? U.S.? Yes No SEE STATEMENT

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

Schedule A (Form 990 or 990-EZ) 2008

47,000.

Par	Support Schedule for Or	ganizations D	escribed in S	ections 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you che	cked the box o	n line 5, 7, or	3 of Part I.)			
Sect	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-3	10 St. 10 + 10 + 10 T	3 36	56.5116.5658.23	ekálitánus nem id	au darets Heus (1500 thisse	
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)			アはなる。 386日本3年の 1798年、第二月768		26 1311 (28 38 \$1 \$1) \$24 [8 13 25 25 138 5, 5, 48]	
6	Public support. Subtract line 5 from line 4.			9 39/20 18 5 1 5 303	NEC 10 000080018	CONTRACTOR OF	
	ion B. Total Support	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(6) 2000	(u) 2007	(0) 2000	(i) rotai
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	-				16.112	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		શ્રા પ્રોકાર્યકાર છે. જ				
12	Gross receipts from related activities, etc. (See instructions.)		<i></i>		12	
13	First five years. If the Form 990 is for the						. —
	organization, check this box and stop here			<u> </u>		<u> </u>	▶
<u>Sect</u>	tion C. Computation of Public Sup					T T	
14	Public support percentage for 2008 (i	ine 6, column (f) divided by line	11, column (f))		14	<u>%</u> %
15	Public support percentage from 2007	Schedule A, Pa	art IV-A, line 26f			[15]	
16a	33 1/3% support test - 2008. If the c	rganization did	not check the b	ox on line 13, a	nd line 14 is 33	1/3% or more, o	heck this box
	and stop here. The organization quali	fies as a publicl	y supported org	anization			
b	33 1/3% support test - 2007. If the c	rganization did	not check a box	con line 13 or 1	6a, and line 15	is 33 1/3% or m	ore, check this
	box and stop here. The organization of	qualifies as a pu	blicly supported	l organization .			🟲 📖
17a	10%-facts-and-circumstances test -	2008. If the orga	anization did not	check a box of	n line 13, 16a oi	r 16b, and line 14	4
	is 10% or more, and if the organization	n meets the "fa	ct-and-circumsta	ances" test, ched	ck this box and s	top here. Explair)
	in Part IV how the organization meets	the "facts and	circumstances"	test. The organ	ization qualifies	as a publicly supp	orted
	organization						, 🏲 📖
b	10%-facts-and-circumstances test -	2007. If the orga	anization did not	t check a box or	n line 13, 16a, 1	6b, or 17a, and	iine
	15 is 10% or more, and if the organization	ation meets the	"facts and circu	ımstances" test,	check this box a	na stop here.	
	Explain in Part IV how the organzation						
	supported organization			40- 401 45	475	464 60000	🟲 📖
18	Private foundation. If the organization						▶ □
	instructions			<u></u>	<u> </u>	<u></u>	· · · · <u> </u>

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.)

Sec	tion A. Public Support						
C	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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	7					
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1-5						
	Amounts included on lines 1, 2, and 3						
, -	received from disqualified persons						
b	Amounts included on lines 2 and 3		100			-	
	received from other than disqualified persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
·	line 6.)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	A 4 4 .		1	and the start of	
Sec	tion B. Total Support						
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)				ļ		
13	Total support. (Add lines 9, 10c, 11,				1		
	and 12.)			· ·	* .		
14	First five years. If the Form 990 is for						
	organization, check this box and stop here.				. <u></u>		▶
Sec	tion C. Computation of Public Sup					T	
15	Public support percentage for 2008 (line 8,					15	%
16	Public support percentage from 2007 Scheo				· · · · · · · · · · · ·	16	%_
Sec	tion D. Computation of Investmen					T 1	
17	Investment income percentage for 2008 (lin						<u>%</u>
18	Investment income percentage from 2007 S	schedule A, Part	IV-A, line 27h			18	<u>%</u>
19a	33 1/3% support tests - 2008. If the orga						iine
	17 is not more than 33 1/3 %, check this box						▶ 📖
b	33 1/3% support tests - 2007. If the organ						
	line 18 is not more than 33 1/3 %, check this						
20	Private foundation. If the organization did n	ot check a box	on line 14, 19a, c	or 19b, check this	box and see instru	ctions	<u></u>

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2008

Name of the organization		Employer identification number
NATIONAL CENTER ON P.	HILANTHROPY AND	13-3954405
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	x 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private for	undation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundate	tion
	501(c)(3) taxable private foundation	
Check if your organization is coorganization can check boxes	overed by the General Rule or a Special Rule . (Note . Only a section 501(c) for both the General Rule and a Special Rule. See instructions.)	(7), (8), or (10)
X For organizations fili	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or ne contributor. Complete Parts I and II.	more (in money or
Special Rules		
under sections 509(a	(3) organization filing Form 990, or Form 990-EZ, that met the 331/3% supa)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount II.	ear, a contribution of the
during the year, agg	(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received regate contributions or bequests of more than \$1,000 for use exclusively for educational purposes, or the prevention of cruelty to children or animals.	r religious, charitable,
during the year, som not aggregate to mo the year for an exclusion applies to this organ	(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that receive e contributions for use exclusively for religious, charitable, etc., purposes, re than \$1,000. (If this box is checked, enter here the total contributions to sively religious, charitable, etc., purpose. Do not complete any of the parts ization because it received nonexclusively religious, charitable, etc., contributions to the parts is a size of the parts i	but these contributions did hat were received during unless the General Rule ibutions of \$5,000 or more
990-EZ, or 990-PF), but they m	e not covered by the General Rule and/or the Special Rules do not file Sch nust answer "No" on Part IV, line 2 of their Form 990, or check the box in their Form 990-PF, to certify that they do not meet the filing requirements of	the heading of their
		T (T

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Page	of	of Part I

NATIONAL CENTER ON PHILANTHROPY AND Name of organization THE LAW, INC.

Employer identification number

13-3954405

Dorf I	Contributors	(000	instructions
Part I	Continuators	500	IIISII UUUUIIS

rait i	Continuitors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	ANONYMOUS C/O NCPL 139 MACDOUGAL STREET 1ST FLOOR NEW YORK, NY 10012	\$25,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	ATLANTIC PHILANTHROPIES C/O NCPL 139 MACDOUGAL STREET 1ST FLOOR NEW YORK, NY 10012	\$50,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3_	THE WILLIAM HEWLETT FOUNDATION C/O NCPL 139 MACDOUGAL STREET 1ST FLOOR NEW YORK, NY 10012	\$100,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	NEW YORK UNIVERSITY C/O NCPL 139 MACDOUGAL STREET 1ST FLOOR NEW YORK, NY 10012	\$239,889.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	DONATIONS <\$5,000 OF PART VIII LINE 1H C/O NCPL 139 MACDOUGAL STREET 1ST FLOOR NEW YORK, NY 10012	\$10,118.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT
NEW YORK UNIVERSITY	13-5562308	02	Х	Х	X	47,000.
TOTAL AMOUNT OF SUPPORT						47,000.

Form CHAR500

This form used for Afficie 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 www.oag.state.ny.us/charities/charities.html 2008

Open to Public Inspection

1. General Information			建步用的 中華 自身的 美国国际中华 医门里斯坦氏 十二
a. For the fiscal year beginning (m	nm/dd/yyyy) <u>09/01</u> /2008 and ending (mm/dd/yyyy) 08/31/200	9
b. Check if applicable for NYS:	c. Name of organization		d. Fed. employer ID no. (EIN) (## ########
X Address change	NATIONAL CENTER ON PHI	LANTHROPY AND	13-3954405
Name change	THE LAW, INC.		e. NY State registration no. (## ## ##)
Initial filing			06-46-84
Final filing	Number and street (or P.O. box if mail not o	delivered to street address) Ro	pom/suite f. Telephone number
Amended filing	139 MACDOUGAL STREET,	1ST FLOOR	(212) 998-6168
NY registration pending	City or town, state or country and zip + 4		g. Email
117 regionation political	NEW YORK, NY, 10012		NCPL.INFO@NYU.EDU
2. Certification - Two Signatu	ires Required 스스파스와 투양하다 (jet)		· · · · · · · · · · · · · · · · · · ·
	ice with the laws of the State of New York		ALE DIESCOR 7/12/10
b. Chief Financial Officer or Treas	WILL II Onm	· III S. Mar	ny Exer Director 7/13/10
D.Chiel, Financia, Oncerot reasi	Signature	Printed Name	Title /Date/
3. Annual Report Exemption I	nformation in the Asia Asia and Asia and	ia i kindi antinga mkatata a milita	ing indicate. Alter to we have alter a the combination of the continue of the
	nption (Article 7-A registrants and dual regis	11 (10.00. 14.00 (4.00.00. 14.0. 1 + 0.0. 1 + 0.0. 1 1 1 - 1	erest a degenerata a transmise i pedanti di manericani. Oznavia i militari baso i m
contributions NOTE: An org organization r all other sour	the organization did not use the services of during this fiscal year. ganization may also check the box to claim a received an allocation from a federated function of the first submitted an annual financial report.	this exemption if no PFR or F nd, United Way or incorporate d all or substantially all of it	RC was used <u>and</u> either: 1) the ed community appeal <u>and</u> contributions from s contributions from a single government
Check ▶ if total gross i	(EPTL registrants and dual registrants) receipts for this fiscal year did not exceed \$ ny time during this fiscal year.	25,000 <u>and</u> the assets (mar	ket value) of the organization did not exceed
exemptions under both laws, sir	niming the annual report exemption under the one mply complete part 1 (General Information), part mit a fee, do not complete the following schedules	2 (Certification) and part 3 (Annua	 A. J. Marin, A. S. Gordon, Phys. Lett. B 1987, 177 (1997).
1. Article 7-A Schedules	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	·····································	
	nual report exemption above, complete the follow		
	sional fund raiser, fund raising counsel or commerc	•	tivity in NY State? Yes* X No
* If "Yes", complete Schedule			
· ·			Yes* X No
* If "Yes", complete Schedule			, , , , , , , , , , , , , , , , , , , ,
• • • • • • • • • • • • • • • • • • • •			
. Fee Submitted: See last page f	or summary of fee requirements.		
Indicate the filing fee(s) you are s			
		\$ 25 - Submit or	nly one check or money order for the
amproper and a			payable to "NYS Department of Law"
c. Total fee		\$ <u>275.</u> total ree,	payable to 1410 Department of Law
J		7 5 / 3 - 9	<u> </u>

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

Form **8868**

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal Revenue 5			► File a	separate applic	ation for each retu	ırn.		}	
		itomatic 3-Mo	nth Extension,	complete only	Part I and ched	k this box			▶ X
If you are to Do not complete	filing for an Ac ete Part II unles	lditional (Not a s you have all	Automatic) 3-M ready been grai	ionth Extensionted an automa	n, complete on atic 3-month ext	ly Part II (on ension on a	page 2 of th previously fil	is form). ed Form 8	
Parti Auto	matic 3-Mo	nth Extensio	n of Time. On	ly submit orig	inal (no copies	needed).			
					6-month extensi		his box and c	omplete	<u>,</u>
Part I only						• • • • • •			▶ ∟_
time to file inco	ome tax return	S.			and trusts mu				
one of the ret electronically in returns, or a co	turns noted b f (1) you war omposite or c	elow (6 mon at the addition onsolidated Fr	ths for a corpo al (not automa rom 990-T. Inste	oration require tic) 3-month e ead, you must	58 if you want to file Form xtension or (2) submit the fully yov/efile and clic	990-T). How you file For completed	wever, you o ms 990-BL, and signed p	cannot file 6069, or page 2 (Pa	Form 8866 8870, group art II) of Form
Type or	Name of Exer	npt Organization					Employe	r identifica	tion number
print	NATION	AL CENTER	ON PHILAN	THROPY AND	THE LAW		13-3	3954405	
File by the	Number, stree	et, and room or s	suite no. If a P.O. I	oox, see instructio	ns.				
due date for filing your			STREET, SE			<u> </u>			
return. See	City, town or p	oost office, state	e, and ZIP code. F	or a foreign addre	ss, see instructions	3.			
instructions.		RK, NY 10							, <u>.</u>
	return to be	filed (file a ser	parate application		rn):				
X Form 990		<u> </u>	Form 990-T (co	•			Form 4720		
Form 990-	BL		•	c. 401(a) or 408(a		 	Form 5227		
Form 990-1		 	•	ist other than abo	ve)		Form 6069	•	
Form 990-I	PF	<u> </u>	Form 1041-A			السا	Form 8870		
 If the organi If this is for a for the whole granes and EIN 	a Group Retur oup, check th s of all memb	ot have an officent, enter the organisms box . ►	ganization's fou If it is for pa ion will cover.	usiness in the r digit Group E rt of the group	No. ► 212 United States, chemption Number check this boxeation required	neck this box er (GEN)	and attach a	If a list with	
until		15,2010			on return for th				
	calendar year ax year begin	ning	09.	<u>/01,2008</u> ,	and ending		08/31	, <u>2009 '</u>	
2 If this tax y	ear is for less	than 12 mont	hs, check reaso	n: initial	return Fi	inal return	Change	in accoun	nting period
		Form 990-BL ee instructions		T, 4720, or 6	069, enter the	tentative ta	x, less any	3a \$	
				any refundabl	e credits and e	stimated tax	payments		
made. Incli	ude any prior	year overpaym	ent allowed as	a credit.				3 b \$	
					with this form,	•			
with FTD	coupon or,	if required, b	by using EFTP	S (Electronic	Federal Tax P	ayment Sys	tem). See		
instruction								3c \$	
Caution. If you a		ake an electro	onic fund withdr	awal with this F	orm 8868, see	Form 8453-	EO and Form	1 8879-EO	
<u>for payment inst</u>									
For Privacy Act	and Paperw	ork Reduction	Act Notice, see	Instructions.				Form 8868	(Rev. 4-2009)

Form 8868 (Re	av 4-2009)		Page 2
• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete on	y Part II and check this box	x x
Note. Only	y complete Part II if you have already been granted an automatic 3-month ex	ctension on a previously filed	d Form 8868.
• If you a	re filing for an Automatic 3-Month Extension, complete only Part I (on page	1).	
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original (no co	oies needed).
	Name of Exempt Organization	Employer identif	ication number
Type or print	NATIONAL CENTER ON PHILANTHROPY AND THE LAW	13-395440	5
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only	
extended	110 WEST THIRD STREET, SECOND FLOOR		
due date for filing the	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
return, See instructions.	NEW YORK, NY 10012		
	e of return to be filed (File a separate application for each return):		,
	m 990 Form 990-PF	Form 1041-A	Form 6069
	m 990-BL Form 990-T (sec. 401(a) or 408(a) trust)	Form 4720	Form 8870
For	Form 990-T (trust other than above)	Form 5227	
STOP! Do	not complete Part II if you were not already granted an automatic 3-mo	nth extension on a previo	usly filed Form 8868.
	oks are in the care of KERRI TRICARICO		
Telenho	ne No. ► 212 998-2913 FAX No. ► 212	2 995-4113	
• If the or	ganization does not have an office or place of business in the United States, o	check this box	▶ 🔲
• If this is	for a Group Return, enter the orga <u>niza</u> tion's four digit Group Exemption Numb	er (GEN) If t	his is
for the wh	ole group, check this box ▶	s box ▶ 💹 and attac	ch a
list with the	e names and EINs of all members the extension is for.		
	uest an additional 3-month extension of time until 07/15/2010		
	calendar year, or other tax year beginning09/01/2008	and ending08/31/2	009
6 If this	s tax year is for less than 12 months, check reason: Initial return	Final return Chang	e in accounting period
7 State	in detail why you need the extension <u>INFORMATION NECESSARY TO</u>	FILE A COMPLETE A	AND
	RATE RETURN IS NOT YET AVAILABLE.		
11000			
8a If this	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	tentative tax, less any	
nonre	efundable credits. See instructions.		8a \$
b If this	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable	e credits and estimated	
tax p	payments made. Include any prior year overpayment allowed as a credit	and any amount paid	
previ	ously with Form 8868.		8b '\$
c Balaı	nce Due. Subtract line 8b from line 8a. Include your payment with this form	, or, if required, deposit	
with	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S	System). See instructions.	8c \$
	Signature and Verification	n	
Under penalt	ies of perjury, I declare that I have examined this form, including accompanying schedules at	nd statements, and to the best o	f my knowledge and belief,
it is true, corre	ect, and complete, and that I am authorized to prepare this form.		
Signature >	Title ► Cp I	Date	<u> </u>
	FIGNER T.T.P		Form 8868 (Rev. 4-2009)

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

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 filing fee using the table in part a below. The EPTL filing fee is \$0.
•	• EPTL	Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.
•	D ual	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 EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) 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 filling 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 payable to "NYS Department of Law"		
Copies of Internal Revenue Service Forms	,	
X IRS Form 990 X Schedule A to IRS Form 990 X Schedule B to IRS Form 990 IRS Form 990-T	IRS Form 990-EZ Schedule A to IRS Form 990-EZ Schedule B to IRS Form 990-EZ IRS Form 990-T	IRS Form 990-PF Schedule B to IRS Form 990-PF IRS Form 990-T
Additional Article 7-A Document Attachment Requirement		
Independent Accountant's Report		
Audit Report (total support & revenue more than \$250,000) Review Report (total support & revenue \$100,001 to \$250,000) No Accountant's Report Required (total support & revenue not more than \$100,000)		

Form CHAR500 (2008)