Form 990

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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| A F | or the | 2001 calendar year, or tax year beginning 09/01 | , 2001, and ending | 08/31/2002 |
|------------|---------------------|--|----------------------------|---|
| B cr | eck if applic | Blease C Name of organization | | D Employer identification number |
| <u> </u> | Address change | use IRS NATIONAL CENTER ON PHILANTHROPY AND THE LA | AW | 13-3954405 |
| | Name ch | label of | | E Telephone number |
| L | Initial ret | | | • |
| | Final retu | Specific 110 W. 3RD STREET - D'AGOSTINO HALL | T-0 000 | (212) 998-6272 |
| | Amended return | Instruc- City or town, state or country, and ZIP + 4 | | F Accounting method: Cash X Accrual |
| | Application pending | | 11 0 001 1 | Other (specify) |
| | | Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable | H and I are not app | olicable to section 527 organizations. |
| | | trusts must attach a completed Schedule A (Form 990 or 990-EZ). | | return for affiliates? Yes X No |
| G ' | Web site | ►WWW.LAW.NYU.EDU/NCPL/ | 1 '' | r number of affiliates |
| | | | 527 H(c) Are all affiliate | _ |
| | Check he | | The (If "No," attaci | h a list. See instructions.) |
| | organizat | on need not file a return with the IRS; but if the organization received a Form 990 Pack | ri(u) is this a separat | e return filed by an vered by a group ruling? Yes X No |
| | | il, it should file a return without financial data. Some states require a complete return. | I Enter 4-digit G | |
| | | | M Check | if the organization is not required |
| L | Gross re | eipts: Add lines 6b, 8b, 9b, and 10b to line 12 2,286,522 | , , | . B (Form 990, 990-EZ, or 990-PF). |
| Pa | | tevenue, Expenses, and Changes in Net Assets or Fund Balances (See S | | |
| | 1 | Contributions, gifts, grants, and similar amounts received: | Specific Mediacions | list list |
| | a | Direct public support | 2,247,681. | |
| | Ь | Indirect public support 1b | 2,247,001. | 1 |
| | c | Government contributions (grants) | | - |
| | d | , | | 44 |
| | 2 | Total (add lines 1a through 1c) (cash \$ 2,247,681. noncash \$ | | 1d 2,247,681. |
| | į. | Program service revenue including government fees and contracts (from Part VII, li | ne 93) | 2 |
| | 3 | Membership dues and assessments | • • • • • • • • • • | 3 |
| | 4 | Interest on savings and temporary cash investments | | 4 |
| | 5 | Dividends and interest from securities | | 5 38,841. |
| | 6 a | Gross rents | | |
| | b | Less: rental expenses | | |
| 4. | C | Net rental income or (loss) (subtract line 6b from line 6a) | | 6c |
| Revenue | 7 | Other investment income (describe |) | 7 |
| e ve | 8 a | Gross amount from sales of assets other (A) Securities | (B) Other | |
| ř | | than inventory | • | |
| | b | Less: cost or other basis and sales expenses 8 b | | |
| | c | Gain or (loss) (attach schedule) 8c | |] |
| | | Net gain or (loss) (combine line 8c, columns (A) and (B)) | | 8 d |
| | 9 | Special events and activities (attach schedule) | | |
| | a | Gross revenue (not including \$ of | | |
| | | contributions reported on line 1a) | | ** |
| | ь | Less: direct expenses other than fundraising expenses 9b | | |
| | | · · · · · · · · · · · · · · · · · · · | | 96 |
| | | Gross sales of inventory, less returns and allowances | | |
| | ь | Less: cost of goods sold 10b | | |
| | | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from | om line 10a) | 100 |
| | 11 | Other revenue (from Part VII, line 103) | | 11 |
| | 12 | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | | |
| | 13 | | | |
| S | 14 | Program services (from line 44, column (B)) | | |
| Expenses | 15 | Management and general (from line 44, column (C)) | | 14 43,800. |
| × | 1 | Fundraising (from line 44, column (D)) | | 15 45,677. |
| Ш | 16 | Payments to affiliates (attach schedule) | | 16 |
| | 17 | Total expenses (add lines 16 and 44, column (A)) | | |
| Net Assets | 18 | Excess or (deficit) for the year (subtract line 17 from line 12) | | 1,572,601. |
| Ass | 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | | |
| et / | 20 | Other changes in net assets or fund balances (attach explanation) | | |
| Z | 21 | Net assets or fund balances at end of year (combine lines 18, 19, and 20) · · · · | | 21 4,246,696. |
| For ! | Paperv | ork Reduction Act Notice, see the separate instructions. | - | Form 990 (2001) |

Fart II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

| - | | | | | | |
|----------|--|----------|--------------------------|------------------------------|---------------------------------------|--|
| | Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
| 22 | Grants and allocations (attach schedule) | ******** | | | | |
| | (cash \$ 42,000. noncash \$ | 22 | 42,000. | 42,000. | STMT 2 | |
| 23 | | 23 | | | | |
| 24 | Benefits paid to or for members (attach schedule) | 24 | | | | |
| 25 | Compensation of officers, directors, etc. | 25 | 255,500. | 225,150. | 4,800. | 25,550. |
| 26 | Other salaries and wages | 26 | 106,280. | 78,355. | 23,726. | 4,199 |
| 27 | • • • • • • • | 27 | 34,430. | 28,884. | 2,715. | 2,831. |
| 28 | Other employee benefits | 28 | 28,802. | 24,163. | 2,271. | 2,368. |
| 29 | , | 29 | 23,594. | 19,794. | 1,860. | 1,940. |
| 30 | • | 30 | | | | |
| | Accounting fees | 31 | 10,487. | 10,487. | | |
| 32 | | 32 | | | | |
| 33 | | 33 | 2,349. | 1,971. | 185. | 193. |
| 34 | | 34 | 4,401. | 3,692. | 347. | 362. |
| 35 | | 35 | 7,904. | 6,631. | 623. | 650. |
| 36 | | 36 | 58,799. | 49,328. | 4,636. | 4,835. |
| 37 | | 37 | 7 500 | | | |
| | Printing and publications | 38 | 7,532. | 7,532. | | |
| 39 40 | | 39 | 27,026. | 27,026. | | |
| 41 | Conferences, conventions, and meetings Interest | 40 41 | 17,068. | 17,068. | | |
| 42 | | 42 | | | | |
| | _ · · · · · · · · · · · · · · · · · · · | 43a | 87,749. | 82,363. | 2,637. | 2,749. |
| | | 43b | 07,745. | 02,303. | 2,037. | <u> </u> |
| | | 43c | - | | | |
| (| | 43d | | | | |
| • | | 43e | | | | |
| 44 | Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15 | 44 | 713,921. | 624,444. | 43,800. | 45,677. |
| Joi | nt Costs. Check ▶ if you are follow | | | 024,444. | 43,800. | 45,611. |
| | any joint costs from a combined educational of | _ | | citation reported in (B) Pro | gram services? | Yes X No |
| | es," enter (i) the aggregate amount of these joi | | | | | |
| | the amount allocated to Management and gene | | | | located to Fundraising \$ | |
| Pá | art III Statement of Program Serv | vice | Accomplishment | s (See Specific In | structions on page | € 24.) |
| | at is the organization's primary exempt purpose | | | | | Program Service |
| All | organizations must describe their exempt pu | ırpos | e achievements in a cle | ear and concise manner | . State the number | Expenses (Required for 501(c)(3) and |
| of | clients served, publications issued, etc. Disci | uss a | achievements that are r | not measurable. (Section | 501(c)(3) and (4) | (4) orgs., and 4947(a)(1) trusts; but optional for |
| org | anizations and 4947(a)(1) nonexempt charitat | ole tri | usts must also enter the | amount of grants and a | locations to others.) | others.) |
| a | SUPPORT OF THE NATIONAL CENT | CER | OF PHILANTHROP | Y AND THE LAW | | |
| | | | | | | |
| | | | | | | |
| | | | | | 3,000 | 624,444. |
| D | | | | · | | |
| | | | | | | |
| | | | | | | |
| _ | | | (Grants a | nd allocations \$ | | |
| G | | | | | | |
| | | | | | | |
| | | | (Grante a | nd allocations \$ | | |
| d | | | (Grants a | ild anocatoris w | | |
| - | | | | | | |
| | | | | | | |
| | | | (Grante a | nd allocations \$ | · · · · · · · · · · · · · · · · · · · | |
| е | Other program services (attach schedule) | | | nd allocations \$ | 1 | |
| f · | Total of Program Service Expenses (sho | uld e | | | | 624,444. |
| | | | | | | |

Part IV Balance Sheets (See Specific Instructions on page 24.)

| 1 | Vote: | Where required, attached schedules and amounts within the description | (A) | T | (B) |
|----------|------------|--|---------------------------------------|-----|-------------|
| | | column should be for end-of-year amounts only. | Beginning of year | | End of year |
| | 45 | Cash - non-interest-bearing | 1,167,851. | 45 | 1,153,943 |
| | 46 | Savings and temporary cash investments | | 46 | =1133,343 |
| | | | | | |
| | 47a | Accounts receivable | | | |
| | b | Less: allowance for doubtful accounts | | 47c | |
| | | | | | |
| | 48a | Pledges receivable | | | |
| | b | Less: allowance for doubtful accounts | 1,194,109. | 48c | 541,049 |
| | 49 | Grants receivable | | 49 | 041,043 |
| | 50 | Receivables from officers, directors, trustees, and key employees | | | |
| | • | (attach schedule) | | 50 | |
| | 51a | Other notes and loans receivable (attach | | | |
| | | schedule) | | | |
| ets | b | Less: allowance for doubtful accounts 51b | | 51c | |
| 188 | 52 | Inventories for sale or use | | 52 | |
| 4 | 53 | Prepaid expenses and deferred charges | | 53 | |
| | 54 | Investments - securities (attach schedule) STMT 5 ▶ Cost X FMV | 693,297. | | 0 570 450 |
| | 55a | Investments - land, buildings, and | 693,291. | 34 | 2,579,472. |
| | | equipment: basis | | | |
| | b | Less: accumulated depreciation (attach | | | |
| | _ | schedule) | | | |
| | 56 | Investments other (attach askadala) | · · · · · · · · · · · · · · · · · · · | 55c | |
| | | | | 56 | |
| | | Land, buildings, and equipment: basis | | | |
| | , u | Less: accumulated depreciation (attach | | | |
| | <i>-</i> 0 | schedule) | | 57c | |
| | 58 | Other assets (describe ▶) | | 58 | |
| | 59 | Total coasts (add lines 45 thereads 50) (| | | |
| \dashv | 60 | Total assets (add lines 45 through 58) (must equal line 74) | 3,055,257. | | 4,274,464. |
| | 61 | Accounts payable and accrued expenses | 500. | | 27,768. |
| ı | | Grants payable | | 61 | |
| | 62 | Deferred revenue | | 62 | |
| ties | 63 | Loans from officers, directors, trustees, and key employees (attach | | | |
| 藚│ | | schedule) | | 63 | |
| 2 | 64a | Tax-exempt bond liabilities (attach schedule) | | 64a | |
| | b | Mortgages and other notes payable (attach schedule) | | 64b | |
| ı | 65 | Other liabilities (describe ▶) | | 65 | |
| | | | | | |
| - | 66 | Total liabilities (add lines 60 through 65) | 500. | 66 | 27,768. |
| | Orga | nizations that follow SFAS 117, check here x and complete lines | | | |
| | | 67 through 69 and lines 73 and 74. | | | |
| וַיָּט | | Unrestricted | 840,834. | 67 | 809,437. |
| Ĕ | 68 | Temporarily restricted | 1,928,523. | 68 | 1,151,859. |
| <u>a</u> | | Permanently restricted | 285,400. | 69 | 2,285,400. |
| 9 | Orga | nizations that do not follow SFAS 117, check here ▶ and | | | |
| | | complete lines 70 through 74. | | | |
| 5 | 70 | Capital stock, trust principal, or current funds | | 70 | |
| 2 | 71 | Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| 3 | 72 | Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| | 73 | Total net assets or fund balances (add lines 67 through 69 OR lines | | | |
| ě | | 70 through 72; | | | |
| - | | column (A) must equal line 19; and column (B) must equal line 21) | 3,054,757. | 73 | 4,246,696. |
| | 74 | Total liabilities and net assets / fund balances (add lines 66 and 73) | 3,055,257. | | 4,274,464. |
| _ | | | -,,, | | <u> </u> |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

| 0111 990 | | | 13-3954 | | | Page 4 |
|-------------|---|----------------------------------|---------------------------|---------------------------------------|--------------|-------------------------|
| Part I | | Part I | V-B Reconciliation | on of Expense | s per Audi | ited |
| | Financial Statements with Revenue per | s Se | Financial St | atements with | Expenses | s per |
| | Return (See Specific Instructions, page 26.) | | Return | | | , hei |
| a Tota | al revenue, gains, and other support | a Tot | tal expenses and | losses per | | |
| | audited financial statements > a 2,286,522 | | dited financial statem | | 9 3 | 004 500 |
| | ounts included on line a but not on | ossi . | ounts included on lir | | | <u>,094,583</u> |
| line | 12, Form 990: | 888 | line 17, Form 990: | | | |
| (1) Net u | unrealized gains | 33 S | nated services | | | |
| on in | nvestments\$ | 888 | use of facilities \$ | | | |
| | ated services | 900 | or year adjustments | | | |
| and L | use of facilities \$ | 888 | orted on line 20, | i | | |
| | overies of prior | 1000 | m 990 \$ | | | |
| | grants \$ | 933 | ses reported on | | | |
| | er (specify): | | 20, Form 990 \$ | 380,662. | | |
| , , | | (88) | er (specify): | 380,882. | | |
| | s | (4) Oiii | er (specify). | | | |
| Add | amounts on lines (1) through (4) ▶ b | | • | | | |
| | | - Add | amounts on lines (1) the | rough (4) | L | |
| c Line | e a minus line b ▶ c 2,286,522 | | e a minus line b | | | 380,662. |
| | punts included on line 12, | | ounts included on lir | | C | <u>713,921.</u> |
| | m 990 but not on line a: | 966 | m 990 but not on lin | · · · · · · · · · · · · · · · · · · · | | |
| | stment expenses | 300 | | e a. | | |
| • • | ncluded on line | SSI 1 1 | estment expenses | | | |
| | Form 990 , \$ | 888 8 | included on line | | | |
| | er (specify): | 899 | Form 990 \$ | | | |
| (Z) Other | a (specify). | (2) Oth | er (specify): | | | |
| | | — | | | | |
| · ^ dd | amounts on lines (1) and (2) d | · - | <u> </u> | | | |
| | | | d amounts on lines (1 | | <u>d</u> | |
| | al revenue per line 12, Form 990 | | al expenses per line | | | |
| Dart V | c plus line d) e 2,286,522 | . (iine | e c plus line d) · · · | • • • • • • • | <u>e </u> | 713,921. |
| raitv | List of Officers, Directors, Trustees, and Key Em | pioyees (| List each one even if | not compensate | ed; see Spe | cific |
| | Instructions on page 26.) | Title and ave | | (D) Contribution | | |
| | (A) Name and address |) Title and ave hours per wee | ek (If not paid, enter | employee benefit pi | lans & accou | Expense nt and other |
| | d | evoted to posit | tion -0) | deferred compens | ation all | owances |
| CDB CM | 'ATEMENT 7 | | | | | |
| SEE SI | ATEMENT / | | 255,500 |) <u> </u> | ONE | NONE |
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| | | | | L. | | |
| | ny officer, director, trustee, or key employee receive aggregate of | | | | | |
| organi | nization and all related organizations, of which more than \$10,00 | 00 was provid | ded by the related organi | zations? ▶ | Yes | X No |
| If "Yes | es," attach schedule - see Specific Instructions on page 27. | | | | | |
| W | | | | | | |
| | , | | | ·- · | Form | 990 (2001) |
| | | | | | | |

| 7.000 | 14 | (2001) 13-3 | 954405 | | | F | age 5 |
|---------------|---------|--|---------------------|---|--------------|---|------------|
| Pai | t VI | Other Information (See Specific Instructions on page 27.) | | | | Yes | No |
| 76 | Did th | ne organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed | description of each | activity | 76 | 1 | x |
| | | any changes made in the organizing or governing documents but not reported to the IRS? | | | 77 | | |
| | | s," attach a conformed copy of the changes. | | | | | X |
| | | ne organization have unrelated business gross income of \$1,000 or more during the year covered by | this return? | | 78a | 100000000000000000000000000000000000000 | - T |
| b | lf "Ye | s," has it filed a tax return on Form 990-T for this year? | | | 78b | N/ | X |
| 79 | Was 1 | there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attac | h a statement | • • • • • • • | 79 | N/ | |
| | | organization related (other than by association with a statewide or nationwide organization) through | | | | | X |
| | | pership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | | | 80a | | |
| | | s," enter the name of the organization | | | ova | | X |
| | | and check whether it is exempt OR nonexempt | | | | | |
| 81a | Enter | direct or indirect political expenditure. See line 81 instructions | 1 1 | MONTE | | | |
| | | ne organization file Form 1120-POL for this year? | | NONE | | | |
| 823 | Did th | ne organization receive donated services or the use of materials, equipment, or facilities at no charge | | • • • • • • | 81b | | X |
| | | | | | | | |
| | | substantially less than fair rental value? s," you may indicate the value of these items here. Do not include this amount | • • • • • • • • • | | 82a | | X |
| | | | 001 | | | | |
| | | venue in Part I or as an expense in Part II. (See instructions in Part III.) | | N/A | | | |
| | | ne organization comply with the public inspection requirements for returns and exemption application | | | 83a | _ X | |
| | | ne organization comply with the disclosure requirements relating to quid pro quo contributions? | | | 83b | X | |
| | | e organization solicit any contributions or gifts that were not tax deductible? | • • • • • • • • | | 84a | 555555555 | X |
| | | s," did the organization include with every solicitation an express statement that such contributions | | | | | |
| | or gift | s were not tax deductible? | | | 84b | N/ | <u> </u> |
| | | (4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | | | 85a | N/ | A |
| | | e organization make only in-house lobbying expenditures of \$2,000 or less? | | | 85b | N/ | A |
| | lf "Ye | s" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organizat | ion | | | | |
| | | red a waiver for proxy tax owed for the prior year. | | | | | |
| | | assessments, and similar amounts from members | 85c | N/A | | | |
| | | on 162(e) lobbying and political expenditures | 85d | N/A | | | |
| e. | Aggre | gate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | N/A | | | |
| f | Taxab | le amount of lobbying and political expenditures (line 85d less 85e) | 85f | N/A | | | |
| g | Does | the organization elect to pay the section 6033(e) tax on the amount in 85f? | | | 85g | N/ | A |
| h | f sec | tion 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to it | ts reasonable | | | | |
| | estima | ate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | | | 85h | N/ | A |
| 86 | 501(c) | (7) orgs. Enter: a Initiation fees and capital contributions included on line 12 | 86a | N/A | | | |
| b | Gross | receipts, included on line 12, for public use of club facilities | 86b | N/A | | | |
| 87 . | 501(c, |)(12) orgs. Enter: a Gross income from members or shareholders | 87a | N/A | | | |
| | | income from other sources. (Do not net amounts due or paid to other | | | | | |
| : | source | es against amounts due or received from them.) | 87b | N/A | | | |
| | | time during the year, did the organization own a 50% or greater interest in a taxable corporation or | \ <u></u> | | | | |
| | | ership, or an entity disregarded as separate from the organization under Regulations sections | | | | i | |
| | | 701-2 and 301.7701-3? If "Yes," complete Part IX | | | 88 | | x |
| 89a - | 501(c) | (3) organizations. Enter: Amount of tax imposed on the organization during the year under: | • • • • • • • • • | | | | |
| | | n 4911 ► <u>NONE</u> ; section 4912 ► <u>NONE</u> ; section 4955) | • | NONE | | | |
| | | (3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction | | ,,,,,, | | | 900000000 |
| | | the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach | | | | | |
| | | ement explaining each transaction | | | 89Ь | | x |
| c l | -nter | Amount of tax imposed on the organization managers or disqualified persons during the year under | | | 0301 | | |
| | | | | . | | | NTO NTE |
| 4 I | - nter | ns 4912, 4955, and 4958 | | • | | | NONE |
| ا ب ا م 10 | jet th | the states with which a copy of this return is filed NEW YORK | • • • • • • • • • | ▶ | | N/A | |
| | | | | | 00: 1 | <u> </u> | |
| | | er of employees employed in the pay period that includes March 12, 2001 (See instructions) | | | 90b | | |
| | | ooks are in care of KERRY CARPENTER | Telephone no. | | y 8−2 | 913 | |
| | | ed at > 726 BROADWAY, RM. 268D, NEW YORK, NY | ZIP+4 ▶ | | | | |
| | | on 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here | | | | | • <u> </u> |
| | and et | nter the amount of tax-exempt interest received or accrued during the tax year | <u> </u> | 92 | | N | ONE |

| | gross amounts unless otherwise | | ted business incor | | ection 512, 513, or 514 | (E) Related or |
|--|--|--|--|--|--|---|
| dicated. | | (A) Business | (B) Amount | (C) Exclusion | (D) Amount | exempt function |
| 33 Progra | m service revenue: | code | | code | , and an | income |
| | | | | | | |
| | | | | | | |
| | 44-44-44 | | | | | |
| d | | ļ | | | | · · · · · · · · · · · · · · · · · · · |
| e | | | | | | |
| f Medicar | re/Medicaid payments | | | | | |
| _ | nd contracts from government agencies | | | | | |
| 4 Membe | ership dues and assessments | <u> </u> | | | · | |
| 5 Interest | on savings and temporary cash investments • | | | | · | |
| 6 Divider | nds and interest from securities | | | 14 | 38,841. | • |
| | ntal income or (loss) from real estate | | | | | |
| a debt-fir | nanced property | | | | | |
| b not det | bt-financed property | | | | | |
| 8 Net renta | al income or (loss) from personal property | | | | | |
| 9 Other i | investment income | | | | | |
| O Gain or (| (loss) from sales of assets other than inventory | | | | | |
| 1 Net inc | come or (loss) from special events . | | | | | |
| 2 Gross p | profit or (loss) from sales of inventory | | | | | |
| 3 Other r | revenue: a | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| e | | | | | | |
| | | | | The second secon | | |
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JSA 1E1050 2.000

8

(December 2000)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

| Department of the | | | ► File a se | eparate applicat | on for each return. | | | OMB No. 1545-1709 |
|--|---------------------------------------|--|---|-------------------|--|----------------|--------------------|--------------------------------|
| | | Automatic 3-Me | onth Extension, co | | | is hov | | . 19 1 |
| If you are: | filing for a | Additional (not | automatic) 3-Mon | th Extension | . complete only Pa | et II (on nac | | form) X |
| Note: Do not c | omplete P | art II unless you h | ave already been g | ranted an aut | matic 3-month ext | ension on a | n <i>m</i> ovioush | filed |
| Form 8868. | | - | , | | | | previousiy | med |
| Part Auto | matic 3- | Month Extensi | on of Time - Only | y submit orig | inal (no copies no | eeded) | | |
| | | | g an automatic 6-n | | | | Part I onl | v |
| All other corpo | orations (i | ncluding Form 9 | 90-C filers) must us | se Form 7004 | to request an exten | sion of time | to file inco | me tax |
| returns. Partn | erships, F | EMICs and trust | 's must use Form 8 | 3736 to reque | st an extension of ti | me to file Fo | rm 1065, 1 | 066, or 1041 |
| Type or | Name of | Exempt Organization | on | | | ···· | | r identification number |
| print | NATIO | NAL CENTER (| ON PHILANTHRO | PY AND TH | E LAW, INC. | | 13-395 | |
| File by the due | | | r suite no. If a P.O. bo | | ns. | | <u> </u> | |
| date for filing your return. See | C/O HE | CHT AND CO | PC 111 W. 40 | TH STREET | | | | |
| instructions. | | | ate, and ZIP code. For | a foreign addre | ss, see instructions. | | | |
| | | RK, NY 1001 | | | | | | |
| Check type o | | be filed (file a s | eparate application | n for each retu | rn): | | | |
| X Form 990 | | <u></u> | Form 990-T (corp | oration) | | Fo | rm 4720 | |
| Form 990 | | | Form 990-T(sec. | - | • | Fo | rm 5227 | |
| Form 990 | | · | Form 990-T (trus | it other than abo | ve) | Fo | rm 6069 | |
| Form 990 |)-PF | _ | _ Form 1041-A | | | Fo | rm 8870 | |
| for the whole gnames and Ell 1 I request | group, che Ns of all m an autom | eck this box \[\begin{aligned} \blue \left[\left] \\ \text{embers the exte} \\ \text{atic 3-month (6-r)} \end{aligned} | month, for 990-T co | art of the grou | p, check this box tension of time unt | iAPRIL 1 | .5 | . If this is n a list with the |
| | calendar | | n for the organizati | on named ab | ove. The extension | is for the o | organization | i's return for: |
| X | | peginning SEPT | EMBER 1 | , 2001 | and ending AUGU | ST 31 | | , 2002 . |
| 2 If this tax | year is fo | r less than 12 mo | onths, check reason | : Initial | return Fina | Il return | Change | in accounting period |
| 3a If this ap | plication | s for Form 990- | BL, 990-PF, 990-T | , 4720, or 6 | 069, enter the te | ntative tax, | less any | |
| nonrefund | dable crec | lits. See instructio | ons | | | | _ | \$ NONE |
| b If this ap | plication is | s for Form 990-P | F or 990-T, enter | any refundab | le credits and esti | nated tax p | ayments | |
| made. In | clude any | prior year overpa | lyment allowed as a | a credit | | | | \$ NONE |
| c Balance | Due. Subt | ract line 3b from | line 3a. Include y | our payment | with this form, or, | if required, | , deposit | , dis |
| with FIL |) coupon | or, if required, | by using EFTPS | ; (Electronic | Federal Tax Pay | ment Syste | m). See | |
| instructio | ns | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · | | | | \$ NONE |
| | | | Signa | ture and ver | incation | | | |
| Under penalties of it is true, correct, a | r perjury, I c and complete | eclare that I have e: , and that I am authorize | xamined this form, included to prepare this form. | uding accompan | ying schedules and sta | tements, and t | o the best o | f my knowledge and belief |
| Signature > | El | R | | Title ▶ | ATTI | | Date ► | 1/2/03 |
| For Paperworl | k Reduction | on Act Notice, se | e Instruction | | | | | Form 8868 (12-2000) |

| | | Day 9 |
|------------------------|--|--|
| Form 8868 (12 | e filing for an Additional (not automatic) 3-Month Extension, complete only | Page 2 Part II and check this box |
| Note: Only | y complete Part II if you have already been granted an automatic 3-month extens | sion on a previously filed Form 8868. |
| | e filing for an Automatic 3-Month Extension, complete only Part I (on page 1 | |
| Part II | Additional (not automatic) 3-Month Extension of Time - Must | File Original and One Copy. |
| | Name of Exempt Organization | Employer identification number |
| Type or print | NATIONAL CENTER ON PHILANTHROPY AND THE LAW, INC | 13-3954405 |
| File by the | Number, street, and room or suite no. If a P.O. box, see instructions. | For IRS use only |
| extended due date for | C/O HECHT AND COMPANY, P.C 111 WEST 40TH STRE | |
| filing the return. See | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| instructions. | NEW YORK, NY 10018 | |
| | pe of return to be filed (File a separate application for each return): | F 4044 A F 5207 F |
| X Form | n 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) n 990-BL Form 990-PF Form 990-T (trust other than above) | Form 1041-A Form 5227 Form 8870 Form 4720 Form 6069 |
| STOP: D | o not complete Part II if you were not already granted an automatic 3-mor | nth extension on a previously filed Form 8868. |
| | ganization does not have an office or place of business in the United States, c | |
| | for a Group Return, enter the organization's four digit Group Exemption Numb | |
| | ole group, check this box 🕨 🔛 . If it is for part of the group, check this box | and attach a list with the |
| | d EINs of all members the extension is for. | |
| | uest an additional 3-month extension of time until JULY 15, 2003 | and ending AUGUST 21 2002 |
| | calendar year, or other tax year beginning <u>SEPTEMBER 1, 2001</u> s tax year is for less than 12 months, check reason: Initial return | Final return Change in accounting period |
| | e in detail why you need the extension ALL INFORMATION NECESSARY | |
| | FURN IS NOT YET AVAILABLE. | 10 111 111 1111 |
| | TORKY IS NOT THE AVAILABLE. | |
| 8a If this | s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the | tentative tax, less any |
| | efundable credits. See instructions | • |
| b If this | s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundabl | e credits and estimated |
| tax p | payments made. Include any prior year overpayment allowed as a credit | |
| | iously with Form 8868 | \$ NONE |
| c Balar | nce Due. Subtract line 8b from line 8a. Include your payment with this form | , or, it required, deposit |
| | FTD coupon or, if required, by using EFTPS (Electronic Federal Tax I | |
| ınsut | uctions | |
| | ies of perjury, I declare that I have examined this form, including accompanying schedules ar | |
| | rect, and complete, and that I am authorized to prepare this form. | Control of the contro |
| | Ω on . | And who a |
| Signature > | Apr Blomoric Title > | Date ► 4/15/03 |
| | Notice to Applicant - To Be Complete | d by the IRS |
| We | have approved this application. Please attach this form to the organization's return. | and from the later of the date chown helew or the due |
| We | have not approved this application. However, we have granted a 10-day grace peri | og from the later of the date shown below of the due |
| | e of the organization's return (including any prior extensions). This grace period is c | |
| otne | erwise required to be made on a timely return. Please attach this form to the organization have not approved this application. After considering the reasons stated in item 7, | we cannot grant your request for an extension of time |
| | ile. We are not granting a 10-day grace period. | , |
| ☐ We | cannot consider this application because it was filed after the due date of the return | for which an extension was requested. |
| Oth | · Seath | |
| | | |
| | By: | |
| Director | | Date |
| Alternate | Mailing Address - Enter the address if you want the copy of this application | for an additional 3-month extension |
| | to an address different than the one entered above. | |
| | Name | |
| T | | |
| Type or print | Number and street (include suite, room, or apt. no.) Or a P.O. box number | |
| | City or town, province or state, and country (including postal or ZIP code) | |

Form 8868 (12-2000)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Employer identification number

| | NATIONAL CENTER ON | | | | 13-3954405 |
|---------------|---|--|--|---|--|
| Part I | Compensation of the Five Highe (See page 1 of the instructions. List e | st Paid Employ each one. If there | ees Other Than are none, enter " | Officers, Directo None.") | ors, and Trustees |
| (a) N | Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
| NONE | | | | | |
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| | per of other employees paid over | NONE | | 1 | |
| Part II | Compensation of the Five Higher (See page 2 of the instructions. List e | st Paid Indeper | ndent Contracto er individuals or fir | ers for Profession ms). If there are no | nal Services |
| (a) Na | rme and address of each independent contractor paid | | | of service | (c) Compensation |
| IONE | | | | | |
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| otal numb | per of others receiving over \$50,000 for I services | NONE | | | |
| or Paperw | vork Reduction Act Notice, see the Instruction | | Form 990-EZ. | Schedule | A (Form 990 or 990-EZ) 2001 |

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

13

NEW YORK UNIVERSITY

| Pa | rt IV-A Support Schedule (Complete only if y e: You may use the worksheet in the instructions for co | ou checked a box or | n line 10, 11, or 12.) | Use cash method of a | ccounting. NOT | APPLICABLE |
|----------------|---|---|--|---|--|---|
| | ndar year (or fiscal year beginning in) · · · · · • | | (b) 1999 | (c) 1998 | (d) 1007 | 7 |
| 15 | Gifts, grants, and contributions received. (Do | (a) 2000 | (B) 1333 | (6) 1990 | (d) 1997 | (e) Total |
| , - | not include unusual grants. See line 28.) | | | | | |
| 16 | Membership fees received · · · · · · · · · · · · · · · · · · · | | | | | |
| 17 | Gross receipts from admissions, merchandise | | | | | |
| | sold or services performed, or furnishing of | ı | | | | |
| | facilities in any activity that is related to the | | | | | |
| | organization's charitable, etc., purpose | | | | | |
| 18 | Gross income from interest, dividends, | | | | | |
| | amounts received from payments on securities | | | | | |
| | loans (section 512(a)(5)), rents, royalties, and | | | | | |
| | unrelated business taxable income (less | | | | | |
| | section 511 taxes) from businesses acquired | | | | | |
| | by the organization after June 30, 1975 | | | | | |
| 19 | Net income from unrelated business | | | | | |
| - | activities not included in line 18 | | | | | |
| 20 | Tax revenues levied for the organization's | | | | | |
| | benefit and either paid to it or expended on | | | | | |
| | its behalf | | | · · · · · · · · · · · · · · · · · · · | | |
| 21 | The value of services or facilities furnished to | | | | | |
| | the organization by a governmental unit | | | | | |
| | without charge. Do not include the value of | | | | | |
| | services or facilities generally furnished to the | ſ | | | | |
| 22 | public without charge | | | | | |
| 22 | include gain or (loss) from sale of capital assets | | | | | |
| | | | | | | |
| 23 24 | Total of lines 15 through 22 | | | | | |
| 25 | Line 23 minus line 17 | | | | | |
| 26 | | | in actions (a) line 2 | 4 3705 3 3 3 7 7 7 7 | | |
| | Prepare a list for your records to show the nar | | | 4 NOT APPLICA | | |
| _ | governmental unit or publicly supported organiza | | | | | |
| | amount shown in line 26a. Do not file this list | | | | | |
| С | Total support for section 509(a)(1) test: Enter line 24, | | enter the total o | Tan tricoc exocos a | 26c ≥ 26c | |
| | Add: Amounts from column (e) for lines: 18 | 19 | | | | |
| | | 26 | | | ▶ 26d | |
| e | Dublic connect (line 20- minus line 20-11-1-15 | | | | | |
| f | Public support percentage (line 26e (numerator) di | | | | | |
| 27 | Organizations described on line 12: a For amour person," prepare a list for your records to show the no Do not file this list with your return. Enter the sum of | nts included in line ame of, and total an If such amounts for e | s 15, 16, and 17 nounts received in each year: | that were received each year from, each ' | from a "disqualified disqualified person." | , c |
| h | (2000) (1999) (1999) (1999) | | | | | |
| b | For any amount included in line 17 that was reshow the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year: (2000)(1999) | year, that was mo s 5 through 11, as t the larger amour | re than the larger well as individual nt described in (1 | of (1) the amount (s.) Do not file this (s) or (2), enter the | on line 25 for the list with your return sum of these differ | year or (2) \$5,000 rn. After computing erences (the excess |
| | | | | | | |
| c | Add: Amounts from column (e) for lines: 15 | 16 | | | , | |
| _ | 1720 | 21 | | | ▶ 27c | · |
| ď | Add: Line 27a total a | nd line 27b total | | | ▶ 27d | |
| e | Public support (line 27c total minus line 27d total) • | | | | | |
| f | Total support for section 509(a)(2) test: Enter amount | | | | | |
| g | Public support percentage (line 27e (numerator) div | | | | | |
| <u>h</u> 28 | Investment income percentage (line 18, column (e) Unusual Grants: For an organization described in li | (numerator) divided | d by line 27f (denon | ninator)) | 1997 through 2000 | 9, |
| | prepare a list for your records to show, for each ye description of the nature of the grant. Do not file this | ar, the name of the | contributor, the | iate and amount of t | he grant, and a brie | ef |
| 154 | | | | | Schedule A (For | m 990 or 990-EZ) 2001 |

Part V Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

| 30 Does the organization include a statement of its recially nondiscriminatory policy toward students in all is brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 11 Has the organization publicized its recially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 15 "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) 22 Does the organization maintain the following: 23 Records indicating the racial composition of the student body, faculty, and administrative staff? 23 Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 23 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 24 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 25 Copies of all material used by the organization or on its behalf to solicit contributions? 26 Copies of all material used by the organization or on its behalf to solicit contributions? 27 Does the organization discriminate by race in any way with respect to: 28 Students' rights or privileges? 29 Admissions policies? 29 Admissions policies? 29 Admissions policies? 30 Does the organization of faculty or administrative staff? 31 Does the organization of faculty or administrative staff? 32 Does the organization of faculty or administrative staff? 33 Does the organization of the above, please explain. (If you need more space, attach a separate statement.) 34 Does the organization receive any financial aid or assistance from a governmental agency? 34 Does | 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, | | Yes | No |
|--|-----|--|------|-----|----------|
| brochures, catalogues, and other written communications with the public dealing with student admissions. programs, and scholarships? 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation program, in a way that makes the policy known to all parts of the general community it server? 32 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? B Records documenting that acholarships and other financial assistance are awarded on a racially nondiscriminatory basis? C Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32 d Copies of all material used by the organization or on its behalf to solicit contributions? 33 d Copies of all material used by the organization or on its behalf to solicit contributions? 34 Students' rights or privileges? 35 Does the organization discriminate by race in any way with respect to: 36 Students' rights or privileges? 37 Does the organization of faculty or administrative staff? 38 Students' rights or privileges? 39 Admissions policies? 30 Does the organization receive any financial aid or assistance from a governmental agency? 31 Does the organization's right to such aid over been revoked or suspended? 32 If you answered "Yes" to either 34a or b, please explain using an attached statement. 31 Does the organization's right to such aid over been revoked or suspended? 32 If you answered "Yes" to either 34a or b, please explain using an attached statement. | | other governing instrument, or in a resolution of its governing body? | 29 | | |
| programs, and scholarships? 1 Has the organization publicated its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 1f "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) 22 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? 32a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4 Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4 Copies of all material used by the organization or on its behalf to solici contributions? 5 Joes the organization discriminate by race in any way with respect to: a Students' rights or privileges? 5 Employment of faculty or administrative staff? 4 Scholarships or other financial assistance? 5 Employment of faculty or administrative staff? 5 Scholarships or other financial assistance? 6 Educational policies? 7 Use of facilities? 7 Athletic programs? 7 Other extracuricular activities? 8 Athletic programs? 8 Athletic programs? 8 Athletic programs? 8 Athletic programis? 9 Athletic programis? 10 Other extracuricular activities? 11 Fyou answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 14 Does the organization receive any financial aid or assistance from a governmental agency? 15 Just organization receive any financial aid or assistance from a governmental agency? 16 Fyou answered "Yes" to either 34a or b, please explain using an attached statement. | 30 | | | | |
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| 33 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? 334 If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | | | | | |
| a Students' rights or privileges? 33a b Admissions policies? 5 Employment of faculty or administrative staff? 6 Scholarships or other financial assistance? 7 Scholarships or other financial assistance? 8 Students' rights or privileges? 8 Students' rights | | | | | |
| a Students' rights or privileges? 33a b Admissions policies? 5 Employment of faculty or administrative staff? 6 Scholarships or other financial assistance? 7 Scholarships or other financial assistance? 8 Students' rights or privileges? 8 Students' rights | 33 | Does the organization discriminate by race in any way with respect to: | | | |
| b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | | | | | |
| b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | á | Students' rights or privileges? | 33a | | |
| c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? g Athletic programs? h Other extracurricular activities? g Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | | | | | |
| c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? g Athletic programs? h Other extracurricular activities? g Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | j | Admissions policies? | 33b | | |
| d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | | | | | |
| e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 33a 13f 33g 14 15 Does the organization receive any financial aid or assistance from a governmental agency? 34a 34b 15 Journal of the above o | (| Employment of faculty or administrative staff? | 33c | | |
| e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 33a 13f 33g 14 15 Does the organization receive any financial aid or assistance from a governmental agency? 34a 34b 15 Journal of the above o | | | | | |
| the Educational policies? ghathletic programs? hhother extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | C | Scholarships or other financial assistance? | 33d | | - |
| g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | | | | | |
| g Athletic programs? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 33h 33h 34a Does the organization receive any financial aid or assistance from a governmental agency? 43h b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 | • | Educational policies? | 33e | | |
| g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | | | | | |
| Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | f | Use of facilities? | 33f- | | <u> </u> |
| h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency? 4 b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 | | · 20··· | | | |
| h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency? 45 Has the organization's right to such aid ever been revoked or suspended? 15 If you answered "Yes" to either 34a or b, please explain using an attached statement. | ç | Athletic programs? | 33g | | |
| If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency? 45 Has the organization's right to such aid ever been revoked or suspended? 46 If you answered "Yes" to either 34a or b, please explain using an attached statement. 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 | | | | | |
| If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | ŕ | Other extracurricular activities? | 33h | | |
| Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 | | , | | | |
| Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 | | If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | | | |
| Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 | | | | | |
| Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. 34b 34b 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 | | | | | |
| b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 | | | | | |
| b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 | | | | | |
| b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 | 34a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | | |
| If you answered "Yes" to either 34a or b, please explain using an attached statement. 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 | | | | | |
| If you answered "Yes" to either 34a or b, please explain using an attached statement. 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 | t | Has the organization's right to such aid ever been revoked or suspended? | 34b | | |
| 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 | | If you answered "Yes" to either 34a or b, please explain using an attached statement. | | | |
| Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation 35 | | | | | |
| of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation 35 | 35 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 | | | |
| | | of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | | |

Schedule A (Form 990 or 990-EZ) 2001

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
i Total lobbying expenditures (add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

| Sch | edule A (Fo | rm 990 cr 990-EZ) 2001 | | 13-3954405 | Page 6 |
|-------------|-------------|------------------------------|---|---|-------------------|
| Pa | rt VII | | g Transfers To and Transactions an (See page 12 of the instructions.) | d Relationships With Noncharitable | 9 |
| 51 | | eporting organization direc | tly or indirectly engage in any of the foll | | |
| | | | tion 501(c)(3) organizations) or in sectio | | , |
| а | | | zation to a noncharitable exempt organi | | Yes No |
| | (ii) Casi | n eraccetc | | | 51a(i) x |
| ь | Other tran | nsactions: | | • | a(ii) X |
| - | | | with a noncharitable exempt organization | 1 | b(i) x |
| | (ii) Puro | chases of assets from a n | oncharitable exempt organization | | b(ii) X |
| | (iii) Ren | tal of facilities, equipment | , or other assets | | b(iii) x |
| | (iv) Reir | nbursement arrangements | | | b(iv) x |
| | (v) Loai | ns or Ioan guarantees | | | b(v) x |
| | (vi) Pert | formance of services or m | embership or fundraising solicitations | <u>.</u> _ | b(vi) X |
| | | | iling lists, other assets, or paid employee | | c X |
| a | | · | s," complete the following schedule. Column by the reporting organization. If the organization | • • | of the |
| | | | ow in column (d) the value of the goods, other | = | |
| | (a) | (b) | (c) | (d) | |
| | Line no. | Amount involved | Name of noncharitable exempt organization | Description of transfers, transactions, and sha | ring arrangements |
| | | | | | |
| 1 | N/A | | | | |
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| | describe | | ectly affiliated with, or related to, one or Code (other than section 501(c)(3)) or in nedule: (b) | | Yes X No |
| | Nai | me of organization | Type of organization | Description of relationship |) |
| | 1/A | 3 | | | |
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| | | | | Schedule A (Form 95 | 0 or 990-FZ) 2001 |

Schedule B

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

Supplementary Information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2001

Name of organization Employer identification number NATIONAL CENTER ON PHILANTHROPY AND THE LAW 13-3954405 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ■ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General rule or a Special rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule - see instructions.) General Rule x For organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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: Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)) -

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received **any** charitable contributions and listed **any** charitable contributors on Part I must also complete Part III.

If a section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note: You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I. In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc.

Number consecutively. Show the contributor's name, address, aggregate contributions for the year; and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

NATIONAL CENTER ON PHILANTHROPY AND THE LAW

13-3954405

| Part I Contributors (See Specific Instructions | Part I | Contributors | (See Specific | Instructions. |
|--|--------|--------------|---------------|---------------|
|--|--------|--------------|---------------|---------------|

| (a) No. | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--|--------------------------------|---|
| 1_ | SURDNA FOUNDATION 330 MADISON AVE NEW YORK, NY 10017 | 90,000. | 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 |
| _ 2_ | ANONYMOUS DONORS | 2,145,652. | 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 |
| 3_ | ROCKEFELLER BROTHERS FUND 437 MADISON AVE. NEW YORK, NY 10022 | | 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.) |
| (a) No. | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | · 3 | | 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 |
| | | | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |

| FORM | 990, | PART | I | - | OTHER | DECREASES | IN | FUND | BALANCES |
|------|------|------|---|---|-------|-----------|----|------|----------|
| | | | | | | | | | |

DESCRIPTION AMOUNT

UNREALIZED LOSSES ON INVESTMENTS

380,662.

TOTAL

380,662.

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR | | |
|----------------------------|---|----------------------------------|---|
| | AND | | |
| RECIPIENT NAME AND ADDRESS | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| | | | 1 1 1 |
| GRANTS PAID | | | |
| | | | |
| VERA INSTITUTE OF JUSTICE | NONE | FELLOWSHIP FUND STIPENDS | 42,000. |
| 233 BROADWAY | PUBLIC CHARITY | | |
| NEW YORK, NY 10279 | | | |
| | | | 111111111111111111111111111111111111111 |
| | | TOTAL CONTRIBUTIONS PAID | 42,000. |

45055-000

STATEMENT 2

| EXPENSES |
|----------|
| OTHER |
| ı |
| H |
| PART |
| ~ |
| 066 |
| FORM |

| DESCRIPTION | TOTAL | PROGRAM SERVICES | MANAGEMENT AND GENERAL | FUNDRAISING |
|-----------------------|---------|---------------------|---------------------------|-------------|
| HONORARIUM | 6,000. | 6,000. | | |
| DATA PROCESSING | 5,970. | 5,008. | 471. | 491. |
| AWARDS | 482. | 404. | 38. | 40. |
| BOOKS AND PERIODICALS | 34,969. | 34,969. | | |
| LIBRARY SERVICES | 13,360. | 13,360. | | |
| OVERHEAD | 10,256. | 8,604. | 808 | 843. |
| EQUIPMENT | | | 1,319. | 1,375. |
| TOTALS | 87,749. | 82,363. | 2,637. | 2,749 |

STATEMENT

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE CENTER OPERATES FOR 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 FUNCTIONS OF, OR CARRIES OUT THE PURPOSES OF NEW YORK UNIVERSITY.

FORM 990, PART IV - INVESTMENTS - SECURITIES

| DESCRIPTION | ENDING BOOK VALUE |
|--|----------------------------------|
| | |
| VANGUARD INDEX 500 VANGUARD TOTAL INTERNATIONAL VANGUARD INDEX SMALL CAP | 860,467. 738,650. 980,355. |
| TOTALS | 2,579,472. |

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

| NAME AND ADDRESS | TITLE AND TIME DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|---|---------------------------------------|--------------|---|-----------------------------------|
| PROF. HARVEY P. DALE C/O NYU SCHOOL OF LAW 110 W. 3RD ST, D'AGOSTINO HALL NEW YORK, NY 10012 | DIRECTOR/PRESIDENT AS REQ'D | 159,500. | NONE | |
| S. ANDREW SCHAFFER, ESQ. C/O NYU OFFICE OF LEGAL COUNSEL 70 WASHINGTON SQUARE SOUTH NEW YORK, NY 10012 | DIRECTOR AS REQ'D | NONE | NONE | NONE |
| MARTIN LIPTON, ESQ. C/O WACHTELL, LIPTON, ROSEN & KATZ 51 W. 52ND STREET NEW YORK, NY 10019 | DIRECTOR AS REQ'D | NONE | NONE | NONE |
| PROF. JOHN G. SIMON C/O YALE LAW SCHOOL 127 WALL STREET NEW HAVEN, CT 06511 | DIRECTOR AS REQ'D | NONE | NONE | NONE |
| PROF. HARVEY J. GOLDSCHMID C/O COLUMBIA UNIV. SCHOOL OF LAW 435 W. 116TH STREET NEW YORK, NY 10027 | DIRECTOR AS REQ'D | NONE | NONE | NONE |
| JOHN E. CRAIG, JR. THE COMMONWEALTH FUND 1 EAST 75TH STREET NEW YORK, NY 10021 | DIRECTOR AS REQ'D | NONE | NONE | NONE |
| PROF. JILL S. MANNY | SECRETARY/TREASURER AS REQ'D | .000,96 | NONE | NONE |

45055-000

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

| NAME AND ADDRESS | TITLE AND TIME | NOTHERD ROMOD | CONTRIBUTIONS TO EMPLOYEE | EXPENSE ACCT AND OTHER |
|-----------------------|----------------|---------------|------------------------------|------------------------|
| | | | DENET I FIGURE | ALLOWANCES |
| C/O NYU SCHOOL OF LAW | | | | |
| NEW YORK, NY 10012 | | | | |

| NONE | |
|--------------|--|
| NONE | |
| 255,500. | |
| GRAND TOTALS | |

45055-000

STATEMENT

SCHEDULE A, PART III - EXPLANATION FOR LINE 4

DISBURSEMENTS IN FURTHERANCE OF THE CENTER'S PROGRAMS ARE MADE DIRECTLY FOR SALARY AND OTHER EXPENSES INCURRED IN THE ACTIVITIES FOR WHICH THE CENTER IS ORGANIZED AND OPERATED. STUDENTS RECEIVING STIPENDS ARE JUDGED WORTHY BY THE CENTER'S ASSESSMENT ON THE BASIS OF ACADEMIC ACHIEVEMENT, FINANCIAL NEED AND OTHER SIMILAR STANDARDS.