Eisner

Eisner LLP Accountants and Advisors

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NATIONAL CENTER ON PHILANTHROPY AND THE LAW 110 WEST 3RD STREET NEW YORK, NY 10012

DEAR CLIENT,

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF YOUR INCOME TAX RETURNS FOR THE PERIOD ENDED AUGUST 31, 2007 FOR:

NATIONAL CENTER ON PHILANTHROPY AND THE LAW AS FOLLOWS...

2006 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

2006 SCHEDULE A - ORGANIZATION EXEMPT UNDER 501(C)(3)

2006 SCHEDULE B - SCHEDULE OF CONTRIBUTORS

2006 8453 - U.S. INDIVIDUAL INCOME TAX DECLARATION FOR E-FILING

2006 NEW YORK FORM 500 - ANNUAL FINANCIAL REPORT

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

EISNER LLP

Eisner

Eisner LLP Accountants and Advisors

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INSTRUCTIONS FOR FILING
NATIONAL CENTER ON PHILANTHROPY AND THE LAW
FORM 8453 EO - EXEMPT ORG. DECLARATION & SIGNATURE FOR E-FILING
FOR THE PERIOD ENDED AUGUST 31, 2007

SIGNATURE...

THE ORIGINAL FORM 8453-EO SHOULD BE SIGNED (USE FULL NAME) AND DATED BY THE TAXPAYER.

FILING...

RETURN YOUR SIGNED FORM 8453-EO DECLARATION TO:

PAYMENT OF TAX...
NO PAYMENT OF TAX IS REQUIRED.

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN WHICH IS DUE ON JULY 15, 2008. WE WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

Form 8453-EO

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2006, or tax year beginning $\underline{09/01}$, 2006, and ending $\underline{08/31}$, 20 $\underline{07}$ For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Department of the Treasury Internal Revenue Service

► See instructions on back.

2006

OMB No. 1545-1879

Name of exempt or	rganization	E	mployer (dentification number
NAT'L CE	NTER ON PHILANTHROPY AND THE LAW		13-3954405
Part I Typ	e of Return and Return Information (Whole Dollars Only)		
you check the was blank, the on the return, the Form 990-2a Form 112:4a Form 990-	for the return for which you are using this Form 8453-EO and enter the appropriate box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the en leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, other enter -0- on the applicable line below. Do not complete more than 1 line in fine check here X	return for do not ent Part I.	which you are filing this form fer -0-). But, if you entered -0- 1b
Part Dec	claration of Officer		
to the on thi Financinstitu inquiri If a co	orize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronical institution account indicated in the tax preparation software for payment is return, and the financial institution to debit the entry to this account. To revoke a challed Agent at 1-888-353-4537 no later than 2 business days prior to the payment (so tions involved in the processing of the electronic payment of taxes to receive ones and resolve issues related to the payment. Topy of this return is being filed with a state agency(ies) regulating charities as part cuted the electronic disclosure consent contained within this return allowing 90-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).	nt of the of payment, ettlement) donfidential of the IRS	organization's federal taxes owed I must contact the U.S. Treasury late. I also authorize the financial information necessary to answer Fed/State program, I certify that
organization's 2 true, correct, a electronic return organization's re (b) an indication	of perjury, I declare that I am an officer of the above named organization a 006 electronic return and accompanying schedules and statements and to the bind complete. I further declare that the emount in Part I above is the amount in I consent to allow my intermediate service provider, transmitter, or electrocum to the IRS and to receive from the IRS (a) an acknowledgement of receipt of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) to the intermediate in the IRS (a) the reason for any delay in processing the return or refund, and (d) to the intermediate in the IRS (a) the reason for any delay in processing the return or refund, and (d) to the intermediate in the IRS (a) the reason for any delay in processing the return or refund, and (d) the intermediate is an acknowledgement of receipt of any refund offset, (c) the reason for any delay in processing the return or refund.	est of my shown on onic return or reason	knowledge and belief, they are the copy of the organization's originator (ERO) to send the for rejection of the transmission,
Sign Here \overline{Sig}	gnature of officer Date EXTILLE	ECUTIV	E DIRECTOR
Part III Dec	claration of Electronic Return Originator (ERO) and Paid Preparer (see in	nstruction	s)
of my knowledge the data on the forms and information IRS e-file Provide the above organical	have reviewed the above organization's return and that the entries on Form 8453 ge. If I am only a collector, I am not responsible for reviawing the return and on e return. The organization officer will have signed this form before I submit the remation to be filed with the IRS, and have followed all other requirements in Poters of Exempt Organization Filings. If I am also the Paid Preparer, under penalties inization's return and accompanying schedules and statements, and to the best of applete. This Paid Preparer declaration is based on all information of which I have any knowledge.	ly declare in return. I win ublication 4 of perjury f my know	that this form accurately reflects il give the officer a copy of all 1206, Information for Authorized I declare that I have examined
EROY	Date Check if also paid	Check If self-	ERO'S SSN or PTIN
ERU'S signa	· • • • • • • • • • • • • • • • • • • •	employed	P00736879
Use Firm	s name (or <u>EISNER LLP</u>		EIN 13-1639826
	s if self-employed), 750 THIRD AVENUE		
	NEW YORK NY 1001		Phone no. 212-949-8700
	of parjury, I declare that I have examined the above return and accompanying schedules and true, correct, and complete. Declaration of preparer is based on all information of which the preparer hat		
Paid	Preparer's signature	Check if self- employed	Preparer's SSN or PTIN
Preparer's	Firm's name (or		EIN
Use Only	yours if self-employed), address, end ZIP code	_	Phone no
			Phone no.

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)

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

AF	or the 2	2006 catendar year, or tax year beginning 09/01, 2006, and	enaing	08	/31/2007
<u>B</u> cr	eck if applica Address	Please C Name of organization		DE	mployer identification number
⊢	change	label or NATIONAL CENTER ON PHILANTHROPY AND THE LAW		13	-3954405
L	Name cha	Print or type. Number and street (or P.O. box if mail is not delivered to street addres	s) Room/sulte	EΤ	elephone number
\vdash	initiai ratu	See 110 WEST 3RD STREET			12) 998-6168
L	Final retu	Instruction City or town, state or country, and ZIP + 4		l' 🖺	counting Cash X Accrual
L	Amended return	tons. NEW YORK, NY 10012	_	Ш.	Other (specify)
L	Application pending	• Section 501(c)(3) organizations and 494/(a)(1) nonexempt charitable			e to section 527 organizations.
		trusts must attach a completed Schedule A (Form 990 or 990-EZ).	H(a) Is this a grou	•	
		▶ WWW.LAW.NYU.EDU/NCPL	H(b) If "Yes," ente		
3	Organiza	ion type (check only one) ▶ X 501(c) (3) ◀ (Insert no.) 4947(a)(1) or 527			ided? Yes No.
K	Check he	e Fig. if the organization is not a 509(a)(3) supporting organization and its gross	H(d) is this a separa		filed by an
-	receipts a	re normally not more than \$25,000. A return is not required, but if the organization chooses	organization co	vered b	y a group ruling? Yes X No
1	to file a re	eturn, be sure to file a complete return.	I Group Exem		
			M Check		f the organization is not required
		eipts: Add lines 6b, 8b, 9b, and 10b to line 12 6, 625, 385.		. B (Fo	хт 990, 990-EZ, or 990-PF).
Pa		evenue, Expenses, and Changes in Net Assets or Fund Balances (See the	instructions.)	186884	
	1	Contributions, gifts, grants, and similar amounts received:			
	- 1	Contributions to donor advised funds		- 33	
	þ	Direct public support (not included on line 1a),	875,000.	-81	
	C	Indirect public support (not included on line 1a)		-	
	ď	Government contributions (grants) (not included on line 1a)			
		Total (add lines 1a through 1d) (cash \$ 875,000. noncash \$)	1e	875,000.
	2	Program service revenue including government fees and contracts (from Part VII, line			
	3	Membership dues and assessments			
	4	Interest on savings and temporary cash investments			315,936.
	5	Dividends and interest from securities	· · · · · · · · · ·	5	
	- 1	Gross rents			
		Less: rental expenses		- 6888	
•	l	Net rental Income or (loss). Subtract line 6b from line 6a		6c	
Revenue	7	Other investment income (describe		7	
ě	8 a		B) Other	-88	
Œ	١.	than inventory		-	
		Less: cost or other basis and sales expenses 4,756,406. 8b		- 38	
	.	Gain or (loss) (attach schedule)		- 888	20.007
	l _	Net gain or (loss). Combine line 8c, columns (A) and (B)		8d	-32,297.
	8	Special events and activities (attach schedule). If any amount is from gaming, check	nere 🕨 🔛		
	a	Gross revenue (not including \$ of			
	.	contributions reported on line 1b)		-	
	- 1	Less: direct expenses other than fundraising expenses		9c	
	- 1	Net Income or (loss) from special events. Subtract line 9b from line 9a			
	- 1	Gross sales of inventory, less returns and allowances			
		Less: cost of goods sold	11-a 10-a		
					710,340.
	11 12	Other revenue (from Part VII, line 103)			1,868,979.
	13	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		_	691,940.
S.	14	Management and general (from line 44, column (C))			58,466.
Expenses	15	Fundraising (from line 44, column (D))			46,773.
χĎ	16	Payments to affiliates (attach schedule)			<u> </u>
ш	17	Total expenses. Add lines 16 and 44, column (A)			797,179.
91	18	Excess or (deficit) for the year. Subtract line 17 from line 12		+	1,071,800.
set	19	Net assets or fund balances at beginning of year (from line 73, column (A))			5,721,205.
Net Assets	20	Other changes in net assets or fund balances (attach explanation) STMT		_	433,516.
Š	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			7,226,521.

Ра	Functional Expenses organi	ganıza zations	idons must complete colum s and section 4947(a)(1)	n (A). Columns (B), (C), a nonexempt charitable trus	ing (D) are required for se ts but optional for others	ction 501(c)(3) and (4). See the instructions.
	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) Fundreising
22a	Grants paid from donor advised funds (attach schedule)					
	(cash \$ noncash \$)	,		3.0		
	if this amount includes foreign grants, check here	22a				
22b	Other grants and allocations (attach schedule)					
	(cash \$)				
	If this amount includes foreign grants, check here	22b	92,000.	92,000.	START A	
23						
	(attach schedule)	23				
24	Benefits paid to or for members					
250	(attach schedule)	24				
2 5a	Compensation of current officers,					
	directors, key employees, etc. listed in Part V-A (attach schedule)	25.	200 000	057 055	5 665	
ь		25a	292,800.	<u>257,855.</u>	5,665.	29,280
	Compensation of former officers, directors, key employees, etc. listed in					
	Part V-B (attach schedule)	25b				
c	Compensation and other distributions, not includ-	230				
	ed above, to disqualified persons (as defined					
	under section 4958(f)(1)) and persons described	25c				
26	in section 4958(c)(3)(B) (attach schedule) Salaries and wages of employees not	230				
	included on lines 25a, b, and c	26	103,554.	67 156	22 070	2 420
	Pension plan contributions not	20	103,354,	67,156.	33,970.	2,428
	included on lines 25a, b, and c	27	29,884.	24,505.	2,988.	2,391
	Employee benefits not included on		23,004.	24,505.	2,,900.	2,391
	lines 25a - 27	28	51,733.	42,422.	5,173.	4,138
29	Payroll taxes	29	25,398.	20,826.	2,540.	2,032
30	Professional fundraising fees	30	20,000	20,020.	2,040.	
	Accounting fees	31	8,500.	8,500.		
32	Legal fees	32		0,000.		
33	Supplies , ,	33	1,157.	949.	115.	93
34	Telephone	34	6,340.	5,199.	634.	507
	Postage and shipping	35	652.	535.	65.	52
	Occupancy	36	63,000.	51,660.	6,300.	5,040
37	Equipment rental and maintenance	37	3,206.	2,629.	321.	256
	Printing and publications	38	4,036.	4,036.		
	Travel	39	35,430.	35,430.		
40	Conferences, conventions, and meetings .	40	19,578.	19,578.		
41	Interest	41				
	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize):					
a	LIBRARY SERVICES	43a	13,360.	13,360.		
b	BOOKS AND PERIODICALS	43b	29,018.	29,018.		
C	DATA_PROCESSING	43c	6,300.	5,166.	630.	504
d	MEMBERSHIP	43d	2,588.	2,588.		
•	AWARDS	43e	645.	528.	65.	52
f	HONORARIUM	43f	8,000.	8,000.		
g		43g				
	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines					
	13-15)	44	797,179.	691,940.	58,466.	46,773
	nt Costs. Check ▶ If you are follow	_				
Are	any joint costs from a combined educational	camp	aign end fundraising solid			Yes X No
	es," enter (i) the aggregate amount of these jo			_ ' ' '	ted to Program services \$	<u>, </u>
(III) t	the amount allocated to Management and ger	neral \$	5	; and (iv) the amount al	located to Fundraising \$	
JSA 6E102	20 2.000					Form 990 (2006)

Form **990** (2006)

For	n 990 (2006)	13-3954405	Page 3					
Pa	rt III Statement of Program Service Accomplishment	ts (See the instructions.)						
par on	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.							
Wh	at is the organization's primary exempt purpose? ►SEE	STATEMENT 8	Program Service					
All of c	organizations must describe their exempt purpose achievem dients served, publications issued, etc. Discuss achievement inizations and 4947(a)(1) nonexempt charitable trusts must al	tents in a clear and concise manner. State the number to that are not measurable. (Section $501(c)(3)$ and (4)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)					
a	SUPPORT THE PROMOTION, ENCOURAGEMENT,	AND SPONSORSHIP OF						
	STUDY, RESEARCH AND OTHER EDUCATIONAL AREA OF PHILANTHROPY AND THE LAW.	ACTIVITIES IN THE						
·								
	(Grants and allocations \$ 92,000.) If this amount includes foreign grants, check here >	691,940.					
b								
	(Grants and allocations \$) If this amount includes foreign grants, check here						
c								
·								
	(Grants and allocations \$) If this amount includes foreign grants, check here >						
d								
	(Grants and allocations \$) If this amount includes foreign grants, check here						
9	Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here						
f	Total of Program Service Evnences (should equal line	44 column (B) Program services)	691.940					

P	art IV	Balance Sheets (See the instructions.)			
1	lote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing	873,411.	45	756,405.
	46	Savings and temporary cash investments	93,104.	46	3,531.
		1)			
	47a	Accounts receivable			
	b	Less: allowance for doubtful accounts 47b		47c	
		Pledges receivable			
		Less: allowance for doubtful accounts	49,923.		712,624.
	49	Grants receivable		49	
	50a	, ,		50a	
	.	key employees (attach schedule)		SUA	
	"	4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	512	Other notes and loans receivable (attach		300	
ţ	314	schedule)		(00000000)	
Assets	h	Less: allowance for doubtful accounts		51c	
₹		Inventories for sale or use		52	
		Prepaid expenses and deferred charges	44,000.		NONE
		Investments - publicly-traded securities _ STMT _9. Cost X FMV	4,674,633.		5,781,361.
		Investments - other securities (attach schedule) Cost FMV	-, -, -,	54b	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Investments - land, buildings, and			
		equipment: basis			
	b	Less: accumulated depreciation (attach			
		schedule)		55c	
	56	Investments - other (attach schedule)		56	•
	57a	Land, buildings, and equipment: basis 57a			
	b	Less: accumulated depreciation (attach			
		schedule)		57c	
	58	Other assets, including program-related investments			
		(describe ►)		58	
_	59	Total assets (must equal line 74). Add lines 45 through 58	5,735,071.		7,253,921.
	60	Accounts payable and accrued expenses	13,866.		27,400.
	61	Grants payable		61	
	62	Deferred revenue		62	
lities	63	Loans from officers, directors, trustees, and key employees (attach		63	
░	640	schedule)		64a	
멸		Mortgages and other notes payable (attach schedule)		64b	
	65	Other !iabilities (describe >)		65	
	66	Total liabilities. Add lines 60 through 65	13,866.	66	27,400.
_	Orga	inizations that follow SFAS 117, check here X and complete lines			
	~	67 through 69 and lines 73 and 74.			
80	67	Unrestricted	3,301,330.	67	4,004,817.
ğ	68	Temporarily restricted	134,475.	68	936,304.
Bal	69	Permanently restricted	2,285,400.	69	2,285,400.
or Fund Balances	Orga	nizations that do not follow SFAS 117, check here ▶ and			
Ξ		complete lines 70 through 74.			
	70	Capital stock, trust principal, or current funds		70	
ets	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Net Assets	72	Retained earnings, endowment, accumulated income, or other funds		72	
Ä	73	Total net assets or fund balances (add lines 67 through 69 or lines			
ž		70 through 72. (Column (A) must equal line 19 and column (B) must			
	.	equal line 21)	5,721,205.		7,226,521.
	74	Lotal liabilities and not assets/fund halances, Add lines 66 and 73	5.735.071.	. /4	7.253.921.

P		Reconciliation of Revenue per Audited Finderstructions.)	nancial Statemer	nts With Revenu	e per Return (Se	e the
a	Total rever	nue, gains, and other support per audited financi	al statements		а	2,302,495.
ь	Amounts in	ncluded on line a but not on Part I, line 12:				
1	Net unreal	ized gains on investments		b1	433,516.	
2	Donated s	ervices and use of facilities		<u>b2</u>		
3	Recoveries	s of prior year grants		<u>b3</u>		
4	Other (spe	cify):				
	Add tipes I				b	433,516.
c		ne b from line a				1,868,979.
d		ncluded on Part I, line 12, but not on line a:				2,000,0.0.
1		t expenses not included on Part I, line 6b		d1		
2		cify):				
				d2		
	Add lines of	11 and d2			d	
e	Total reve	nue (Part I, line 12). Add lines c and d	namaial Ptataura		▶ e	1,868,979.
Ρâ		Reconciliation of Expenses per Audited Fi				
а		nses and losses per audited financial statements	• • • • • • • • • •		<u>a</u>	797,179.
þ		ncluded on line a but not on Part I, line 17:		ادما		
1		ervices and use of facilities				
2		adjustments reported on Part I, line 20				
3		oorted on Part I, line 20		• • • • • • • • • • • • • • • • • • • •		
4	Other (spe	cify):		1		
	Add lines h				b	
C		ne b from line a			1 - 1	797,179.
d		ncluded on Part I, line 17, but not on line a:			• • • • • • • • • • • • • • • • • • • •	
ű		t expenses not included on Part I, line 6b		d1		
2		cify):				
-				4.4		
8	Add lines of Total expe	11 and d2			e	797,179.
Pa		urrent Officers, Directors, Trustees, and I				
_	01	r key employee at any time during the year ever	if they were not co	ompensated.) (See	the instructions.)	
		(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
			1			
SE	E STATEM	ENT 10		292,800.	61,419.	NONE NONE
			-			
_						
_						
_						
			-			
		*				

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt

b If "Yes," enter the name of the organization
SUPPORT ORG FOR NEW YORK UNIVERSITY

and check whether it is X exempt or

81a Enter direct and indirect political expenditures. (See line 81 instructions.). | 81a|

Form 990 (2008)

80a X

81b

nonexempt

For	<u>m 990 (2006)</u>		Ę	Page 7
Pa	rt VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a		x
E	o if "Yes," you may indicate the value of these items here. Do not include this amount	* 2		
	as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	х	$\overline{}$
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		х
	of "Yes," did the organization include with every solicitation an express statement that such contributions or	****	\$2.500	40000000
١		.403330		
	gifts were not tax deductible?	84b	N/	
	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	A XXXXX
	if "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.			
	Dues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	A
h	of section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate 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			
	Gross receipts, included on line 12, for public use of ciub facilities 86b N/A			
	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A	***		
	Gross income from other sources. (Do not net amounts due or paid to other			
	sources against amounts due or received from them.)			
88 E	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
	partnership, or an entity disregarded as separate from the organization under Regulations sections			
	201 7701 2 and 201 7701 22 If "Voc " complete Part IV	88a	**************************************	32/8/88 7
	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the	00a	N/	-
-	The state of smaller PAO/EVAND (FDA B constate De 4 M)			_
		88b	N/	A.
вуа	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ► NONE ; section 4912 ► NONE ; section 4955 ► NONE			
ь	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	a statement explaining each transaction	89b	on the second second	X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958 NONE			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization NONE			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction?	89e	N/	A
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	N/	A
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	89g	N/	A
902	List the states with which a copy of this return is filed NY,		1	
	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90ъ	5	
	The second of th			
J 1 a		<i>5</i> 0-2	وعو	
	Located at ► 838 BROADWAY ROOM 514 NEW YORK, NY ZIP+4 ►			
		Γ	Van	N.
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	\$2332.00	X
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	6,334		

om	990 (20	06)				13-	-3954405		F	Page 8
Par	t VI	Other Information (continue	ed)	_					Yes	s No
c	At an	y time during the calendar year,	did the orga	anization maint	ain an of	fice outside	of the United States?		91c	x
•		s," enter the name of the foreign	-				•			
92		on 4947(a)(1) nonexempt charit			n lieu of i	Form 1041 -	Check here		•	\Box
		nter the amount of tax-exempt in							N/A	. —
Par	t VII	Analysis of Income-Produc	ina Activit	ies (See the i	nstructio	ons.)				
		gross amounts unless otherwise		lated business in			y section 512, 513, or 514	(Œ)	
	ated.	gross amounts uppose ourse theo	(A)	(B)		(C)	(D)	Rela	ited or	
03	Droors	am service revenue:	Business code	Amoun	ŧ	Exclusion code	Amount		function come	1
	•					1			<u> </u>	
_						 				
										
						1				
								 		
		re/Medicald payments				 		-		
_		nd contracts from government agencies				 		 		
		ership dues and assessments				 	24.5.22.5	 		
95		on savings and temporary cash investments .				14	315,936.			
96		nds and interest from securities	200 N 20		980000000000000000000000000000000000000	14000000000000000000000000000000000000		1981/1700-1800	C 500 00 00 00 00 00 00 00 00 00 00 00 00	8800000
97	Net re	ntal income or (loss) from real estate:		2.60 (2.71%)			Land St. Mar.	****		
а	debt-fi	inanced property				<u> </u>				
ь	not de	bt-financed property								
98	Net rent	al income or (loss) from personal property				<u> </u>				
99	Other	investment income								
00	Gain or	(loss) from sales of assets other than inventory				18	-32,297.			
01	Net in	come or (loss) from special events .								
02	Gross	profit or (loss) from sales of inventory								
03	Other	revenue: a								
		PORT FROM NYU								
c	s	CHOOL OF LAW							710,	340.
d										
e										
04	Subto	tal (add columns (B), (D), and (E))					283,639.		710.	340.
		(add line 104, columns (B), (D), and (979.
		05 plus line 1e, Part I, should equal t								
		Relationship of Activities			of Exer	npt Purpos	es (See the instructi	ons.)		
	e No.	Explain how each activity for which								
LIII	V	of the organization's exempt purpo						~ mpilotiment		
93E		SUPPORT FROM NYU SCH				,				
) <u>)</u>	<u>'</u>	SOFFORT FROM RIG Ben	OOH OF I	<u> </u>						
						_	_			
						_	_			
Dar	t IX	Information Regarding Taxa	hle Suhsi	diaries and D	ierenar	led Entities	s (See the instruction	25.)		
ıaı	t IX	(A)	ibic Cubbi	(B)			(D)	_	Œ	
	1	Name, address, and FIN of comoration.		Percentage of	Natur	(C) e of activities	Total income	Eng	(E) d-of-year assets	
		partnership, or disregarded entity		ownership interest					55612	
				%				-		
				%				+		
				<u>%</u>						
F2		Information Demanding To-	walawa A	% 		al Dansfit /	Contracto (Con the In	ofruction -		
	t X	Information Regarding Tra								
		a organization, during the year, receive a						Ye		<u>₹</u> No
		he organization, during the year				ctiy, on a pe	ersonal denetit contrac	t? Ye	s <u> }</u>	<u>∢</u> No
No	te: # "	Yes" to (b), file Form 8870 and F	orm 4720 (see instructions	i).					

	4 VI		Transfers To and Every	Controlled Entities. Complete			rage 🕏
Par			ransters to and From Cation as defined in section		only ii the organization		
106			ion make any transfers to a c ete the schedule below for ea	controlled entity as defined in sec	tion 512(b)(13) of	Yes N/	
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of trai	nsfer	
а					1010		
b	 						
С							
	•	Totals	110 (2014) 140 (2014)	14 15 16 16 16 16 16 16 16 16 16 16 16 16 16			
107			-	n a controlled entity as defined in e below for each controlled entity.		Yes N/	
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of train	nsfer	
а							
ь							
С							
	ı	Totals					
108			a binding written contract in e	effect on August 17, 2006, coveri	ing the interest,	Yes N/	No A
Plea Sigr				etum, including accompanying schedules arer (other than officer) is based on all inform			
Here	е	Type or print name and	title				
Paid Prep	arer's	Preparer's signature		Date Check if self-employed	Preparer's SSN or PTIN (See C		X)
	Only	Firm's name (or yours if self-employed), address, and ZIP + 4	EISNER LLP 750 THIRD AVENUE		Phone no.		
			NEW YORK MY	10017-2701		m 990	(2006)

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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NATIONAL CENTER ON PHILANTHROPY AND	THE LAW				13-3	954405
Compensation of the Five Highes (See page 2 of the instructions. List ea	st Paid Employe ach one. If there a	es Otl re <u>non</u>	her Than Off e, enter "None	icers, Direc e.")	tors, a	and Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and everage he per week devoted to po		(c) Compensation	(d) Contribution employee benefit deferred compe	plans &	(e) Expense account and other allowances
NONE						
Total number of other employees paid over \$50,000 ▶	NONE	ž.				
Part II-A Compensation of the Five Highes (See page 2 of the instructions. List e	ach one (whether	lent C	luals or firms).	. If there are r	onal S none, e	ervices nter "None.")
(a) Name and address of each independent contractor paid	more than \$50,000		(b) Type of ser	vice	(0	c) Compensation
NONE				_		_
Total number of others receiving over \$50,000 for						
professional services	NONE					1000
Part II-B Compensation of the Five Highes (List each contractor who performed firms. If there are none, enter "None."	services other tha	in prof	essional service			
(a) Name and address of each independent contractor paid in			(b) Type of ser	vice	(c	c) Compensation
NONE						

Total number of other contractors receiving over \$50,000 for other services	NONE					

For Paparwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

Pa	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities NONE (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.). 1 Organizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		х
b	Lending of money or other extension of credit?		х
c	Furnishing of goods, services, or facilities?		х
ď	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	х	
e	Transfer of any part of its income or assets?		х
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	х	
b	Did the organization have a section 403(b) annuity plan for its employees?		х_
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		x
đ	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		х
4a b	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X X
c	Did the organization make a distribution to a donor, donor advisor, or related person?		x
ď	Enter the total number or donor advised funds owned at the end of the tax year		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts		NONE
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		<u>none</u>

Schedule A (Form 990 or 990-EZ) 2006

Part IV	Reason for Non-Private Fo	undation Statu	is (See pages 4 thro	ough 7 of the	e instructions.))			
I certify th	certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)								
5	5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).								
6	A school. Section 170(b)(1)(A)(ii). (Also or	omplete Part V.)							
7	A hospital or a cooperative hospital service	ce organization. Secti	ion 170(b)(1)(A)(iii).						
8	A federal, state, or local government or g	overnmental unit. Se	ction 170(b)(1)(A)(v).						
9 🗌	A medical research organization operated and state	I in conjunction with	a hospital. Section 170(b	(1)(A)(iii). Ente	r the hospital's r	name, city,			
10	An organization operated for the benefit of (Also complete the Support Schedule in F	•	rsity owned or operated t	oy a governmen	tal unit. Section 17	70(ЬХ1)(А)(іv).			
11a	An organization that normally receives a 170(b)(1)(A)(vi). (Also complete the Supp	•	• • •	mmental unit o	or from the gene	ral public. Section			
11b	A community trust. Section 170(b)(1)(A)(vi). (Also complete th	e Support Schedule in P	art IV-A.)					
12 🗌	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)								
13 X	An organization that is not controller the requirements of section 509(a)(3). Co					otherwise meets			
	X Type I Type II	Type III - Fu	nctionally Integrated	Type III -	Other				
	Provide the following Information	about the supported	organizations. (See pag	e 7 of the instru	ıctions.)				
Na	(a) Name(s) of supported organization(s) (b) Employer Identification number (EIN) (c) Type of organization (described in lines 5 through 12 above or IRC section) (d) (e) Amount of organization listed in the supporting organization's governing documents?								
	Yes No								
NEW YO	RK UNIVERSITY	13-5562308	06	Х		696,539.			
Total	<u></u>	· · · · · · · · · · · · · · · · · · ·		<u></u>	<u> ▶ </u>	696,539.			
14	An organization organized and operated to	test for public safe	ty. Section 509(a)(4). (See	page 7 of the i	nstructions.)				

	rt IV-A Support Schedule (Complete only it e: You may use the worksheet in the instruction	•				•
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Glfts, grants, and contributions received. (Do					
	not include unusual grants. See line 28.)					
16	Membership fees received					
17	Gross receipts from admissions, merchandise					
	sold or services performed, or furnishing of					
	facilities in any activity that is related to the					
	organization's charitable, etc., purpose					
18						_
	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	ļ				
	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					
24	The value of services or facilities furnished to			-		
21	the organization by a governmental unit					
	without charge. Do not include the value of					
	services or facilities generally furnished to the			ļ		
					•	
22	public without charge					
22	Include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22			_		
24	Line 23 minus line 17					
25	Enter 1% of line 23	F=4==00/, =4 =======		A NOT A DDI TOR	DT E . OC.	CONTROL CONTRO
	•			4 NOT APPLICA	SAL (1966)	
D	Prepare a list for your records to show the				15275-556	
	governmental unit or publicly supported organ					
	amount shown in line 26a. Do not file this is					
C	Total support for section 509(a)(1) test: Enter line 24	i, column (e)			▶ 26c	
d	Add: Amounts from column (e) for lines: 18					
	22			·······		
e	Public support (line 26c minus line 26d total)				▶ 26e	
27	Public support percentage (line 26e (numerator) of Organizations described on line 12: a For	amounts include	enominator))	16 and 17 that	were received fi	rom a "disqualified
~:	person," prepare a list for your records to she	ow the name of,	and total amounts	received in each	year from, each "	'disqualified person."
	Do not file this list with your return. Enter the sun	of such amounts for	each year:			
	NOT APPLICABLE		(0000)		(0000)	
	(2005)(2004)					
Þ	For any amount included in line 17 that was r show the name of, and amount received for each					
	(Include in the list organizations described in line					
	the difference between the amount received ar	nd the larger amou	nt described In (1) or (2), enter the	sum of these diff	erences (the excess
	emounts) for each year:				(0000)	
	(2005)(2004)		(2003)		(2002)	
			_			
C	Add: Amounts from column (e) for lines: 15		6		. 1	ı
	17 20	2	1		· · · · · ▶ 27c	_
ď	Add: Line 27a total	and line 27b total.	·		► 27d	 -
е	Public support (line 27c total minus line 27d total).				> 27e	
f	Total support for section 509(a)(2) test: Enter amount					
g	Public support percentage (line 27e (numerator)					
<u>h</u>	Investment income percentage (line 18, column (e) (numerator) divide	ed by line 27f (denom	ninator))	▶ 27h	%
28	Unusual Grants: For an organization describe prepare a list for your records to show, for	each wear the co	, or 12 that rec	eived any unusual butor the date an	grants during 20 d amount of the	ບບ∠ through 2005, grant and a brief
	description of the nature of the grant. Do not file the	is list with your retur	n. Do not include th	nese grants in line 15.	ı	
JSA 8E12	21 3 000				Schedule A (Fo	rm 990 от 990-EZ) 2006
VE 14	21 3.000					

COLLEC	13-3954405			ayo v
Par	Trivate School Questionnaire (See page 9 of the instructions.) NOT APPLICATION (To be completed ONLY by schools that checked the box on line 6 in Part IV)	ABLE	2	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30	22 20 Cas	80000
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31	20000000	\$5000000
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			798 V. 7
32	Does the organization maintain the following:	22-	1200	2 8866
	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	32a		
		32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	<u> </u>		
	with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	When I was a series	#004 W.#F.
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
• •	Does the organization discriminate by race in any way with respect to:			
33	Does the organization discriminate by race in any way with respect to.			
а	Students' rights or privileges?	33a	.455505038	photographs.
b	Admissions policies?	33b		
	For all and the state of the st			
С	Employment of faculty or administrative staff?	33c		
А	Scholarships or other financial assistance?	33d		
_	Scholarships or other financial assistance?	000		
8	Educational policies?	33e		
f	Use of facilities?	33f		
	ANT III			
g	Athletic programs?	33g		\vdash
ь	Other extracurricular activities?	33h		
	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
				2
	~			
		100 mg		
249	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
J4 4	Does the diganization receive any interioral and or assistance from a governmental agency (, , , , , , , , , , , , , , , , , ,	348		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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	100		
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial populiscrimination? If "No." attach an explanation	35		1

Pa				ting Public Charitie eligible organization						et to
Che			zation belongs to an affil							ntrol" provisions apply.
	1	L	imits on Lobbying	Expenditures		Gildate	(Affiliate	a)		(b) To be completed for all electing
		 _	•	s amounts paid or incu						organizations
36	Total lobbying	ıg expendi	tures to influence pub	lic opinion (grassroots	lobbying)	36				
37	Total lobbying	ig expendi	tures to influence a le	gislative body (direct l	obbying)	37				
38				d 37)		38				
39	Other exemp	ot purpose	expenditures			39				
40			expenditures (add line			40	50-50-500-60 30000-3000	SÁSTATORA	000/00/00/00	PROPERTY OF THE PROPERTY OF TH
41				unt from the following						
	If the amour			bbying nontaxable an	•		4.0			
				the amount on line 40 🔒 .						
				00 plus 15% of the excess o		2000				
			7 -	00 plus 10% of the excess o	I .	41	7550 (Valory 6888	**************	888 8888	
	Over \$1,500,00			00 plus 5% of the excess ov	I .		0.00			
	Over \$17,000,0			000					Ž,	
42			amount (enter 25% o			42				
43				42 is more than line		43				
44	Subtract line	41 from I	ine 38. Enter -0- if line	41 is more than line	38	44			996300	
_	Caution: If the	n <u>ere is an</u>		43 or line 44, you mus						
	(0			Averaging Period		•	•			
	(Some	organizati		on 501(h) election do		-			umns	below.
			See the instruction	ns for lines 45 throug	n 50 on page 13	of the	nstructio	ns.)	_	
				Lobbying Expendi	tures During 4	-Year	Averagin	g Per	iod	
	Calendar year	r (or fiscal	(a)	(b)	(c)		(d)		(e)
	year beginnin	g in) 🕨	2006	2005	- 2004		20	003		Total
	Lobbying nont	axable								
<u>45</u>	amount		STATEMENT AND STATEMENT OF THE STATEMENT	Maria de variable de la compania de	the last of any love have conserved because	///A	Name of the Control o	mount six	agent Marrow	
	Lobbying ceilii	ng amount	10.00		400		100			
<u>46</u>	(150% of line	45(e))							8008	
<u>47</u>	Total lobbying ex									
	Grassroots no									
<u>48</u>	amount			50-7-2-21-20-5-20-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-	SOUND STATE OF STATE	C0050000000	ernesen en en en en en en en	かみんていまへい	annamic	
	Grassroots ceilin	ng amount	344		# No.					
<u>49</u>	(150% of line 48						100 044			
	Grassroots lob	, .								
	expenditures.		49 94 1 BI 1 44	TO 1 11 01 111						
Рa				ng Public Charities		A) (0,	NOT .			
_				tions that did not cor			e page i	301	ne in	structions.)
		_		ce national, state or loca	-	ng any		Yes	No	Amount
		-	_	ter or referendum, through				\vdash		
a	volunteers .			·.······	• • • • • • • • • • • • • • • • • • • •	· · · :	::•••	\vdash		
				ation in expenses repo	orted on lines c th	irough	h.)	\vdash		
	Media adver									
d	Mailings to m	nembers,	egislators, or the publ	ic						
0				ments						
f			zations for lobbying pu							
g				overnment officials, or						
h				ons, speeches, lectures	, or any other me	eans.		*****	e e dotare	
i			tures (Add lines c thro							
		ny of the a	bove, also attach a st	atement giving a deta	iled descriptio <u>n o</u>	f the lo	bbying act			
JSA	240 2 000			·				Sched	ule A (Form 990 or 990-EZ) 2006

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

		y or indirectly engage in any of the follo			sect	ion
	-	in 501(c)(3) organizations) or in sectio ation to a noncharitable exempt organiz			Yes	No.
				51a(i)	165	X
(ii) Other	'			a(ii)		X
b Other trans		· · · · · · · · · · · · · · · · · · ·				
		rith a noncharitable exempt organization	•	b(i)		х
(ii) Purcl	hases of assets from a nor	ncharitable exempt organization		b(ii)		X
(ili) Renta	al of facilities, equipment, o	or other assets		b(iii)		X
(iv) Reim	bursement arrangements			b(iv)		X
(v) Loan	is or loan quarantees	, , , , , , , , , , , , , , , , , , ,		b(v)		X
(vi) Perfo	ormance of services or me	mbership or fundralsing solicitations		b(vi)		Х
		ng lists, other assets, or paid employee		C		Х
		" complete the following schedule. Column		of the		
	-	the reporting organization. If the organization	• •			
transaction	or sharing arrangement, show	v in column (d) the value of the goods, other	assets, or services received:			
(a)	(b)	(c)	(d)			
Line no.	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions, and sh	aring arrar	ngemei	nts
N/A						
_						
described	d in section 501(c) of the C complete the following scho		n section 527? ▶ [Yes	x] No
Nan	(a) ne of organization	(b) Type of organization	(c) Description of relationsh	ip		
N/A						
IN/ PA						
						—
						—
	1					
*						
- · · · · ·						

Schedule B

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

Schedule of Contributors

0000

Employer identification number

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

2006

OMB No. 1545-0047

NATIONAL CENTER ON PH	ILANTHROPY AND THE LAW	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	foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private four	ndation
	501(c)(3) taxable private foundation	
property) from any one	Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 e contributor. (Complete Parts I and II.)	
under sections 509(a)(organization filing Porm 990, or Porm 990-E2, that met the 33 1/3% (1)/170(b)(1)(A)(vi), and received from any one contributor, during the % of the amount on line 1 of these forms. (Complete Parts I and II.)	
during the year, aggre), (8), or (10) organization filing Form 990, or Form 990-EZ, that receing the contributions or bequests of more than \$1,000 for use exclusively ducational purposes, or the prevention of cruelty to children or animals.	for religious, charitable,
during the year, some not aggregate to more the year for an exclusiv applies to this organiza), (8), or (10) organization filing Form 990, or Form 990-EZ, that rece contributions for use exclusively for religious, charitable, etc., purpose than \$1,000. (If this box is checked, enter here the total contribution rely religious, charitable, etc., purpose. Do not complete any of the Paration because it received nonexclusively religious, charitable, etc., contributions.	es, but these contributions did s that were received during rts unless the General Rule ntributions of \$5,000 or more
Caution: Organizations that are 990-EZ, or 990-PF), but they mu	not covered by the General Rule and/or the Special Rules do not file So st check the box in the heading of their Form 990, Form 990-EZ, or or not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 99	chedule B (Form 990, n line 2 of their Form

of Part I

Name of organization NATIONAL CENTER ON PHILANTHROPY AND THE LAW Employer iden

mployer i	dentification number
13-	3954405

of

Part I Contributors (See Specific Instructions.	Part I	Contributors	(See S	pecific	Instructions.	١
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Parti	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	THE PEW CHARITABLE TRUST C/O NCPL 110 WEST 3RD STREET ROOM 205 NEW YORK, NY 10012	200,000.	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_	THE FORD FOUNDATION C/O NCPL 110 WEST 3RD STREET ROOM 205 NEW YORK, NY 10012	500,000.	Person X 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_	MR STEVEN A DENNING C/O NCPL 110 WEST 3RD STREET ROOM 205 NEW YORK, NY 10012	100,000.	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
4_	SURDNA FOUNDATION INC C/O NCPL 110 WEST 3RD STREET ROOM 205 NEW YORK, NY 10012	75,000.	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
			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 - GENERAL EXPLANATION ATTACHMENT

PORTFOLIO OF INVESTMENTS FORM 990, PART I LINE 8C

\$4,724,109 SALES PROCEEDS

\$4,756,406 COST:

\$ (32,297) REALIZED LOSS:

DETAILS AVAILABLE UPON REQUEST

FORM 990 - GENERAL EXPLANATION ATTACHMENT

FORM 8868 FORM 990

FORM 8868 - APPLICATION FOR EXTENSION OF TIME TO FILE FOR AN EXEMPT ORGANIZATION WAS PAPER FILED.

FORM 990 - GENERAL EXPLANATION ATTACHMENT _______

FORM 990 PART V - A LINE 75C

NEW YORK UNIVERSITY SCHOOL OF LAW FOUNDATION APPOINTS THE CENTER'S BOARD MEMBERS.

THE EXECUTIVE DIRECTOR AND DIRECTOR TEACH AT NEW YORK UNIVERSITY SCHOOL OF LAW AND ACCORDINGLY RECEIVE COMPENSATION.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

RELATED ORGANIZATION FORM 990, SCHEDULE A, PART III, LINE 3B

NEW YORK UNIVERSITY, A RELATED ORGANIZATION, IS RESPONSIBLE FOR ADMINISTERING THE PAYROLL AND EMPLOYEE BENEFIT FUNCTIONS FOR NATIONAL CENTER ON PHILANTHROPY AND THE LAW, INC., FOR WHICH IT IS REIMBURSED.

FORM 990 - GENERAL EXPLANATION ATTACHMENT ______

RELATED ORGANIZATION FORM 990, PART V-A, LINE 75C

CERTAIN MEMBERS OF NATIONAL CENTER ON PHILANTHROPY AND THE LAW, INC.'S BOARD AND ITS KEY EMPLOYEES ARE EMPLOYED BY NEW YORK UNIVERSITY, A RELATED ENTITY. IN ADDITION, ONE OF THE BOARD MEMBER'S SPOUSE IS IN A KEY MANAGEMENT POSITION AT NEW YORK UNIVERSITY.

433,516.

FORM	990,	PART	I	_	OTHER	INCREASES	ΙN	FUND	BALANCES

DESCRIPTION AMOUNT _____ UNREALIZED GAINS 433,516.

TOTAL

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

AMOUNT	46,000.	46,000.
PURPOSE OF GRANT OR CONTRIBUTION	FELLOWSHIP FUND STIPENDS	FELLOWSHIP FUND STIPENDS
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE PUBLIC CHARITY	RELATED ENTITY PUBLIC CHARITY
RECIPIENT NAME AND ADDRESS	GRANTS PAID VERA INSTITUTE OF JUSTICE 233 BROADWAY NEW YORK, NY 10279	NEW YORK UNIVERSITY SCHOOL OF LAW 110 WEST 3RD STREET NEW YORK, NY 10012

92,000.

TOTAL CONTRIBUTIONS PAID

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

THE CENTER IS OPERATED 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 - PUBLICLY TRADED SECURITIES

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
MUTUAL FUNDS US GOVERNMENT BONDS		3,755,353. 919,280.	5,781,361. NONE	FMV
	TOTALS	4,674,633.	5,781,361.	

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JOHN E CRAIG C/O 110 WEST 3RD STREET NEW YORK, NY 10012	DIRECTOR 1.00	NONE	NONE	NONE
PROFESSOR HARVEY P DALE C/O 110 WEST 3RD STREET NEW YORK, NY 10012	DIRECTOR/PRESIDENT 10.00	179,500.	39,862.	NONE
PROFESSOR HARVEY J GOLDSCHMID C/O 110 WEST 3RD STREET NEW YORK, NY 10012	DIRECTOR 1.00	NONE	NONE	NONE
LESTER POLLACK ESQ C/O 110 WEST 3RD STREET NEW YORK, NY 10012	CHAIRMAN 1.00	NONE	NONE	NONE
NORMAN REDLICH ESQ C/O 110 WEST 3RD STREET NEW YORK, NY 10012	DIRECTOR 1.00	NONE	NONE	NONE
S ANDREW SCHAFFER ESQ C/O 110 WEST 3RD STREET NEW YORK, NY 10012	DIRECTOR 1.00	NONE	NONE	NONE
PROFESSOR JOHN G SIMON C/O 110 WEST 3RD STREET NEW YORK, NY 10012	DIRECTOR 1.00	NONE	NONE	NONE
PROFESSOR JILL S MANNY C/O 110 WEST 3RD STREET NEW YORK, NY 10012	TREASURER/SECRETARY/EXEC DIR 20.00	113, 300.	21,557.	NONE

Ŧ				
EXPENSE ACCT	AND OTHER	ALLOWANCES		
	AN			
CONTRIBUTIONS	TO EMPLOYEE	BENEFIT PLANS	; ;	
		COMPENSATION		
	TITLE AND TIME	DEVOTED TO POSITION		
		NAME AND ADDRESS		

NONE

61,419.

292,800.

GRAND TOTALS

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D ______

SEE FROM 990, PART V

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

STUDENTS RECEIVING STIPENDS ARE JUDGED WORTHY BY THE CENTER'S ASSESSMENT ON THE BASIS OF ACADEMIC ACHIEVEMENT, FINANCIAL NEED, AND OTHER SIMILAR STANDARDS. FELLOWS ARE SELECTED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, POLITICAL BELIEFS, NATIONAL ORIGIN, DISABILITY, AGE, OR SEXUAL ORIENTATION.

Eisner

Eisner LLP Accountants and Advisors

750 Third Avenue New York, NY 10017-2703 Tel 212.949.8700 Fax 212.891.4100 www.eisnerllp.com

INSTRUCTIONS FOR FILING
NATIONAL CENTER ON PHILANTHROPY AND THE LAW
NY FORM 500
FOR THE PERIOD ENDED AUGUST 31, 2007

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE DATED AND SIGNED BY AN OFFICER OF THE ORGANIZATION IF APPLICABLE.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE JULY 15, 2008 WITH...

NYS DEPARTMENT OF LAW
(OFFICE OF THE ATTORNEY GENERAL)
CHARITIES BUREAU -- REGISTRATION SECTION
120 BROADWAY
NEW YORK, NEW YORK 10271

AN ANNUAL FILING FEE OF \$275. MUST BE SUBMITTED WITH THE REPORT PAYABLE TO THE NEW YORK STATE DEPARTMENT OF LAW.

Form CHAR500

This form used for Article 7.A PEPTI, and thus fillers (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)
Charitles Bureau - Registration Section 120 Broadway New York, NY 10271

www.oag.state.ny.us/charities/charities.html

2006

Open to Public Inspection

1. General information					
a. For the fiscal year beginning (mm/dd/yyyy) 09/01 / 2006 and ending (mm/dd/yyyy) 08/31/2007					
b. Check if applicable for NYS:	c. Name of organization				yer ID no. (EIN) (##-######)
Address change	NATIONAL CENTER	ON PHILANTHROPY AND	THE LAW	13-395	54405 gistration no. (##-##-##)
Name change					
Initial filing	Number and street (or P.O. b	ox if mail not delivered to street address)	Room/suite	06-46- f. Telephone r	
Final filing	110 WEST 3RD ST				998-6168
Amended filing	City or town, state or country			g. Email	330-0100
NY registration pending NEW YORK, NY, 10012				NCPL.	INFO@NYU.EDU
2 Certification Two Signatu	res Required				
		rt, including all attachments, and to t		knowledge an	d belief, they are
	ordance with the laws of the S	tate of New York applicable to this rep	ort.		
a. President or Authorized Officer					
	Signature	Printed Name		Title	Date
b Chief Financial Officer or Treas	urer				
	Signature	Printed Name	_	Title	Date
		1771-45.5 TN 27-17-18-17-18-18-18-18-18-18-18-18-18-18-18-18-18-	Cardinate in the Control of the Cont		AND CONTRACTOR OF THE CONTRACT
3. Annual Report Exemption	Information			100	
a. Article 7-A annual report exer					
	•	ng residents, foundations, corporation	-	•	· .
·	-	he services of a professional fund rais	er (PFR) or fu	nd raising cou	nsel (FRC) to solicit
contributions	s during this fiscal year.				
NOTE: An or	ganization may also check the	box to claim this exemption if no PFR	or FRC was u	sed <u>and</u> eithe	r: 1) the
organization	received an allocation from a	federated fund, United Way or incorp	orated commu	nity appeal <u>an</u>	d contributions from
all other sou	rces did not exceed \$25,000 or	2) it received all or substantially all	of its contribu	itions from a s	ingle government
agency to wi	nich it submitted an annual fina	ancial report similar to that required b	y Article 7-A).		
b. EPTL annual report exemption	n (EPTL registrants and dual reg	istrants)			
Check ▶ if total gross	receipts for this fiscal year did	not exceed \$25,000 and the assets (market value	of the organi	zation did not exceed
\$25,000 at a	nny time during this fiscal year.				
For EPTL of Article-7A registrants of	alming the angual report exemptio	. Under the one law under which they are to	distance and for	dual redistrants	claiming the annual report
The state of the s	A CONTRACTOR OF THE CONTRACTOR	ormation) spart 2 (Certification) and part 8 (\$449960\C3D(\$0\45\C198\X\4)		
		wing schedules and <u>do not</u> submit any ar			Table 1
Security Security (Security Security Se	National Section of the Control of t	CONTRACTOR	262060264024417632762763460860	ANNUAL SOLAR SERVICE S	A STATE OF THE PARTY OF THE PAR
4 Article 7-A Schedules					
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:					
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State?					
* if "Yes", complete Schedule 4a.					
b. Did the organization receive government contributions (grants)? Yes* X No					
* If "Yes", complete Schedul	<u>e 4b</u>				
5 Fee Submitted: See last page	a or summary of the recovery	vije			
Indicate the filing fee(s) you are		27.70.50.00			
a. Article 7-A filing fee		\$200 A 100 A	nt only one	heck or mo	ney order for the
b. EPTL filing fee					partment of Law"
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		promote and a second			

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.			
•	ETTL	Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.		
•	Dual	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 <u>single</u> 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 Filling Fee Single check or money order payable to "NYS Department of Law"	
Copies of Internal Revenue Service Forms X IRS Form 990	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	

X 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)