Form 990

Return of Organization Exempt From moome 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 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For t	he 20	3 calendar year, or tax year beginning 09/01, 2003, and ending	
3 Check if		Please C Name of organization	D Employer identification number
	frees inge	use IRS NATIONAL CENTER ON PHILANTHROPY AND THE LAW	13-3954405
Na	ne change	Print or Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number
L Int	ial return	type.	
	al return	See Specific 110 W. 3RD STREET - D'AGOSTINO HALL	(212) 998-6272 F Accounting
ret		Instruc- City or town, state or country, and ZIP + 4	method: Cash Accrual
AP P	plication nding	tions. NEW YORK, NY 10012	Other (specify)
		A Section of Manuament and to the fall the second and the second a	plicable to section 527 organizations. p return for affiliates? Yes X No
			· ——
		WWW.IAW.NIU.EDC/RCFI/	es included?
J Org	anizatio	n type (check only one) ▶ 🗶 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 H(c) Are all affiliat	ch a list. See instructions.)
	ck here	if the organization's gross receipts are normally not more than \$25,000. The	
		Those first me a transition of	overed by a group ruling? Yes X No
in th	ne mail,	it should file a return without financial data. Some states require a complete return. I Group Exem M Check	T
			h. B (Form 990, 990-EZ, or 990-PF).
		pts. Add lifes ob, ob, ob, sale too to life to	
Part		venue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instru	(Cuoris.)
	1 (contributions, gifts, grants, and similar amounts received:	
	a i	Direct public support	'
İ	b i	ndirect public support	
	C	Sovernment contributions (grants)	1,218,154.
	d i	otal (add lines ta through 1c) (cash \$	
		Program service revenue including government fees and contracts (from Part VII, line 93)	'
		Membership dues and assessments	•
ŀ		nterest on savings and temporary cash investments	5 64,655.
İ		Dividends and interest from securities	
ŀ	6 a	Gross rents	
	b	.ess: rental expenses	6c
a		Net rental income or (loss) (subtract line 6b from line 6a)	7
Revenue		Other investment income (describe	<u> </u>
ě		37088 amount from sales of assets other	-
			7
		Gain or (loss) (attach schedule)	. 8d 11,167.
		Special events and activities (attach schedule). If any amount is from gaming, check here	
		Gross revenue (not including \$ of	
	а	· •	
		contributions reported on line 1a)	
		Net income or (loss) from special events (subtract line 9b from line 9a)	. 9c
		Gross sales of inventory, less returns and allowances	
		Less: cost of goods sold	
		Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c
	1	Other revenue (from Part VII, line 103)	
	11	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	. 12 1,295,587
	13	Program services (from line 44, column (B))	13 648,766
Ŋ.	14	Management and general (from line 44, column (C))	
2	15	Fundraising (from line 44, column (D))	
Expenses	1	Payments to affiliates (attach schedule)	
ü	16	Total expenses (add lines 16 and 44, column (A)).	. 17 741,114
		Excess or (deficit) for the year (subtract line 17 from line 12)	18 554,473
sets	18	Net assets or fund balances at beginning of year (from line 73, column (A))	• — — — — — — — — — — — — — — — — — — —
72	4.0		
ä	19		
Net Assets	19 20 21	Other changes in net assets or fund balances (attach explanation)	. 20 343,260

	not include amounts reported on line	section	tions must complete column 4947(a)(1) nonexempt chai	trable trusts but optional for	others. (See page 22 of the	instructions.)
yy firae	60, 80, 95, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	nts and allocations (attach schedu	ile)				
	\$ 85,200. noncash \$ 0	_) 22	85,200.	85,200.	STMT 2	
	ific assistance to individuals (attach schedu					
	fits paid to or for members (attach schedule					
6 Othe	npensation of officers, directors, e	tc. 25	265,800.	234,183.	5,037	. 26,58
7 Pens	er salaries and wages	. 26	94,513.	63,493.	26,635	
8 Othe	sion plan contributions	. 27	28,886.	23,865.	2,538	
9 Pavr	er employee benefits	. 28	41,994.	34,694.	3,691	3,60
0 Profe	oll taxes	. <u>29</u>	22,216.	18,353.	1,953	1,91
1 Acc	ounting fees	31	7 500			
2 Lega	al fees	32	7,500.	7,500.		· · · · · · · · · · · · · · · · · · ·
3 Supp	olies	33	1 202			
4 Telei	phone	34	1,283.	1,060.	113.	
5 Post	age and shipping	35	4,378.	3,617.	385.	
B Occi	upancy	36	61,800.	664.	71.	
7 Equi	pment rental and maintenance	37	01,800.	51,057.	5,432.	5,31
	ing and publications		14,257.	14 057		
9 Trave	el	39	31,963.	14,257. 31,963.		
Confe	erences, conventions, and meetings	40	15,168.	15,168.		
	est			13,100.		
2 Depre	ciation, depletion, etc. (attach schedule).	42				
	expenses not covered above (itemize): S TMT	43a	65,352.	63,692.	840.	
b		43b			840.	82
C		43c				
d		_ 43d				† — — — — — — — — — — — — — — — — — — —
Organi	unctional expenses (add lines 22 through 43) zations completing columns (B)-(D), carry otals to lines 13-15					·
oint Cos	its. Check ເ▶ Ll if you are folk	wing S	741,114.	648,766.	46,695.	45,65
oint Cos re any joi "Yes," en ii) the ame Part III	its. Check if you are follows: Introduce the first interest in the aggregate amount of these ount allocated to Management and good Statement of Program Serv	owing S Il campa joint cos eneral \$ ice Acc	OP 98-2. sign and fundraising solicits \$ complishments (Sec	itation reported in (B) Prog	ram services? ted to Program services	Yes X No
oint Cos re any joi "Yes," en ii) the am Part III	its. Check if you are follows: In costs from a combined educational ter (i) the aggregate amount of these count allocated to Management and good Statement of Program Service organization's primary exempt purpose.	owing S il campa joint cos eneral \$ ice Acc se?	OP 98-2. aign and fundraising solicits \$ complishments (Second)	itation reported in (B) Prog ; (ii) the amount allocat ; and (iv) the amount all e page 25 of the ins	ram services? ted to Program services ocated to Fundraising \$ tructions.)	Yes X No
oint Cos re any joi "Yes," en ii) the amo Part III /hat is the ficients rganizatio	its. Check if you are follows: Int costs from a combined educational ter (i) the aggregate amount of these count allocated to Management and good Statement of Program Server organization's primary exempt purpose actions must describe their exempt served, publications issued, etc. Diens and 4947(a)(1) nonexempt charity	owing S Il campa joint cos eneral \$ ice Act se? purpose scuss act able true	sign and fundraising solicits \$ complishments (Sec STMT 4 e achievements in a cleachievements that are no sts must also enter the a	itation reported in (B) Prog ; (ii) the amount allocal ; and (iv) the amount all e page 25 of the ins ar and concise manner. of measurable. (Section amount of grants and all	ted to Program services ocated to Fundraising \$ tructions.) State the number	Program Service Expenses (Required for 501(c)(3) ar (4) orgs., and 4947(a)(1) trusts; but optional for
oint Cos re any joi "Yes," en i) the amo art III that is the ili organiz f clients ganizatio	its. Check if you are follows: Introduce the count allocated to Management and good statement of Program Server organization's primary exempt purpose actions must describe their exempt served, publications issued etc. Die	owing S Il campa joint cos eneral \$ ice Act se? purpose scuss act able true	sign and fundraising solicits \$ complishments (Sec STMT 4 e achievements in a cleachievements that are no sts must also enter the a	itation reported in (B) Prog ; (ii) the amount allocal ; and (iv) the amount all e page 25 of the ins ar and concise manner. of measurable. (Section amount of grants and all	ted to Program services ocated to Fundraising \$ tructions.) State the number	Program Service Expenses (Required for 501 (c)(3) ar (4) orgs., and 4947(a)(1)
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	Reconciliation of Revenue Financial Statements with Return (See page 27 of the	e per 1 Rev e insi	Audited venue per tructions.)	Par	t IV-B	Reconciliation of Financial State Return	ments with	Exper	ses per
a	Total revenue, gains, and other support			a	Total ex	penses and los	ses per		
	per audited financial statements			.]	audited fi	nancial statement	s▶	а	741,114.
	Amounts included on line a but not on				Amounts	included on line a	but not		
	ine 12, Form 990:			3	on line 17	7, Form 990:			
(1)	Net unrealized gains			(1)	Donated s	ervice s			
	on investments \$ 327,678.				and use o	f facilities \$			
	Donated services			(2)	Prior year	adjustments			
	and use of facilities \$				reported o	n line 20,			
	Recoveries of prior				Form 990	\$			
• •	year grants \$			(3)	Losses re	ported on			
	Other (specify):				line 20, Fe	orm 990 \$			
.,,	Sino (openy)			(4)	Other (spe	ecify):			
,	<u> </u>								
	Add amounts on lines (1) through (4)	b	327,678	.]		\$			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	П			Add amou	ints on lines (1) thro	ugh (4) 🔒 🕨	ь	
С	Line a minus line b	C	1,295,587	_ c	Line a m	inus line b	•	· <u>c </u>	741,114.
	Amounts included on line 12,			∭ d	Amounts	s included on line	17,		
	Form 990 but not on line a:			22	Form 99	00 but not on line a	1:		
	Investment expenses			(1)	Investme	nt expenses			
• •	not included on line				not includ	led on line			
	6b, Form 990 \$				6b, Form	990 \$			
	Other (specify):			(2	Other (sp				
(2)	Other (specify).					•			
	s					<u> </u>			
	Add amounts on lines (1) and (2) >	d	and the second second second		Add amo	ounts on lines (1)	and (2) >	d	
	Total revenue per line 12, Form 990			e		penses per line 17			
•	(line c plus line d)	▶ e	1.295.587			us line d) · · · ·			741,114.
	the instructions.) (A) Name and address		1,	hours	and average per week to position	(C) Compensation (If not paid, enter -0)	(D) Contribut employee benef deferred comp	it plans &	(E) Expense account and other allowances
						265,800.	26	,430.	NONE
SEI	E STATEMENT 7					203,000.		,	
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							<u> </u>		
_						·			
						 	1		
			Į.						
_									
_									
				<u></u>					
							from weigh		
	Did any officer, director, trustee, or key er	mploye	ee receive aggregat	e comp	ensation of	more than \$100,000	from your		Vas V No
	organization and all related organizations,	of wh	ich more than \$10,	e comp	ensation of	more than \$100,000 by the related organiz	from your reations?		Yes 🗶 No
	Did any officer, director, trustee, or key er organization and all related organizations, if "Yes," attach schedule - see page 28 of t	of wh	ich more than \$10,	e comp	ensation of as provided	more than \$100,000 by the related organiz	from your cations?		Yes X No

	art VI Other Information (See page 2 'the instructions.)		Yes	No
76	chpion of each activity	76		x
77	and any area of any and a second a second and cond and a second and a second and a second and a	77		x
70	If "Yes," attach a conformed copy of the changes.			
<i>7</i> a	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
70	b If "Yes," has it filed a tax return on Form 990-T for this year?	78ь	N/	A
6.0	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
OU	a 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 organization?	80a	X	
	b If "Yes," enter the name of the organization SUPPORT ORG. FOR NEW YORK UNIVERSITY			
04	and check whether it is X exempt or nonexempt.			
01	a Enter direct and indirect political expenditures. See line 81 instructions. NONE NONE			
	b Did the organization file Form 1120-POL for this year?	81b		X
02	a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			ĺ
	or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount	82a		X
	as revenue in Part I or as an expense in Part II /See instructions to D. 4.111.			
83	as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			/
•	a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	·
84	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83ь	_X_	
•	a Did the organization solicit any contributions or gifts that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions	84a	*********	X
85		84Ь	N/	
	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85a	N/	<u> </u>
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	85Ь	N/	A
	received a waiver for proxy tax owed for the prior year.			
	c Dues assessments and similar amounts from members			
	d Section 162(a) Johnving and political expanditures			
	e Aggregate pondeductible amount of section 6022(a)(4)(A) durant file			
	f Tayable amount of lobbying and political expenditures (line 954 less 953)			
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable	85g	N/	1
	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		J	
86	501(c)(7) oras Enter: a Initiation fees and capital contributions included as line 40	85h	_N/)	<u>.</u>
	b Gross receipts included on line 12 for public use of club facilities			
87	501(c)(42) oraș Enter: a Groce încome from membere or charabaldura			
١	b Gross income from other sources. (Do not net amounts due or paid to other			
	SOUTCES against amounts due or received from them \			
88	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	- 1		
	301 7701-2 and 301 7701-32 If "Voc " complete Bart IV "		ĺ	
B 9 4	a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	88		X
	section 4911 NONE: section 4912 NOVE: section 4915			
Į	b 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	ĺ	- 1	
	a statement explaining each transaction			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	89b		<u>X</u> _
	sections 4912, 4955, and 4958			
c	I Enter: Amount of tax on line 89c, above, reimbursed by the organization			ONE
V E	a clist the states with writch a copy of this return is filed NEW YORK		I/A	—
Ł	Number of employees employed in the pay period that includes Morch 12, 2002 (Co., in the city)	001 1		—
1		90b 9		—
	Located at > 838 BROADWAY, ROOM 514, NEW YORK, NY	<u>੪-29</u>	13_	
2	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in fieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	• • • .		لـــا
	92	N	I/A	

Form **990** (2003)

· Enter gross	mounts unless otherwise	Unrel	ated business inco	me Excluded b	ic .) y section 512, 513,	or 514	(E)	
cated.		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount		Related exempt ful incom	nction
Program sen		 						1,611
SEMINAF								
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	licaid payments							
	tracts from government agencies							
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Interest on savi	ngs and temporary cash investments							
	nd interest from securities			14	64	,655.		
	ncome or (loss) from real estate:	:						
	ed property		<u> </u>					
	anced property							***
	me or (loss) from personal property							
	tment income			18	11	1,167.		
	rom sales of assets other than inventory	-		10				
	or (loss) from special events .	1						
	or (loss) from sales of inventory							
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rom 8	968 (Rev. 12-2004)
Notes	ou are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box.
• If ve	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
Part	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Additional (not automatic) 3-Month Extension, complete only Part I (on page 1).
	New 15 - August 19 - Must File Original and Own Company of the Com
Type o	NATIONAL CENTER ON PHILANTHROPY AND THE TAXABLE Employer Identification number
File by 8	About 1 AND THE LAW TWO THE 12 201440
extende due dat	" I C / O LITE CITIES NATE AND AND THE TOTAL CONTROL OF THE CONTRO
filing the	City, town or post office, state, and ZIP code. For a foreign address, see instructions.
return. S instruction	new YORK, NY 10018
Check	type of return to be filed (File a separate application for each return):
х	Form 990 Form 990 Trees 404/
	Form 990-T(sec. 401(a) or 408(a) trust) Form 990-BL Form 990-T (trust other than above) Form 6069
	Form 990-EZ Form 1041-A Form 6069
1	Form 990-PF
STOP:	Do not complete Part II if you were not already granted as a second seco
• The	books are in the care of HECHT AND COMPANY, P.C.
i ei	ephone No. ► 212-819-8000
• If the	organization does not have an office or place of business in the United States, check this box.
• If this	is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is
4 1	request an additional 3-month extension of time until JULY 15, 2005
• , ,	Of Other lay year hadinning 0 /1 /0000
	tills tax year is for less than 12 months shock many
, OI	ate in detail why you need the extension Throoms Hardy and Hardy Land I telum (Change in accounting
	S STILL NOT AVAILABLE AND WITHOUT WHICH A COMPLETE AND ACCURATE RETURN CANNOT BE
o_ <u>*</u>	PREPARED AND FILED.
oa 17	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any
ric h is	inrefundable credits. See instructions
b If t	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated
(a)	c payments made. Include any prior year overpayment allowed as a credit and any amount paid
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1	Title C.P.A.
$X \setminus X$	Notice to Applicant - To Be Completed by the IRS
W	
_/ ,	ato of the case of
T w	herwise required to be made on a timely return. Please attach this form to the organization's return. The organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections to the organization's return.
to	e have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time for elections file. We are not granting a 10-day grace period.
W	file. We are not granting a 10-day grace period. EXTENSIONAL PROVE there is a polication because it was filed after the extended due date of the return for which an extension was requested PROVE
Ot	her EXTENSION ADD
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pe or	Number and street (include suite rooms and
int	Number and street (Include suite, room, or apt. no.) or a P.O. box number 111 WEST 40TH STREET
	City or town, province or state and country in
	City or town, province or state, and country (including postal or ZIP code) NEW YORK, NY 10018
056 2 000	AT TOOTO
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8868 Form

Application for Extension of Time To File an

(December 2000)	Exempt Organization Return	OMB No. 1545-1709
Department of the Treasury	► File a separate application for each return.	
Internal Revenue Service	Automatic 3-Month Extension, complete only Part I and check this box	
If you are filling for a	n Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).
Notes Do not complete E	art II unless you have already been granted an automatic 3-month extension on a previously	filed
	are a unitodo y da naro a como por como a co	
Form 8868.	-Month Extension of Time - Only submit original (no copies needed)	
Part Automatic 3	rations requesting an automatic 6-month extension - check this box and complete Part I only	v ▶ □
Note: Form 990-1 corpo	including Form 990-C filers) must use Form 7004 to request an extension of time to file inc	me tax
All other corporations (Including Form 990-C liters) must use Form 1700-to request an extension of time to file Form 1065	1066. or 1041.
	REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1 Employed	er ideniliacauon ilumpei
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print Nat	10 har certies on the Bo have and instructions	
date for filing CO	street, and room or suite no. If a P.O. box, see instructions. Hecht + Co, P.C. 111 West 40th St,	
your return. See City, to instructions.	wn or post office, state, and ZIP code. For a foreign address, see instructions.	
Ne	W York, NY 10018	
Check type of return	to be filed (file a separate application for each return):	
Form 990	Form 990-T (corporation) Form 4720	
Form 990-BL	Form 990-T(sec. 401(a) or 408(a) trust) Form 5227	
Form 990-EZ	Form 990-T (trust other than above) Form 6069	
Form 990-PF	Form 1041-A Form 8870	
• If this is for a Groufor the whole group, o	does not have an office or place of business in the United States, check this box P Return, enter the organization's four digit Group Exemption Number (GEN) heck this box If it is for part of the group, check this box members the extension will cover.	. If this is ch a list with the
1 I request an auto	matic 3-month (6-month, for 990-T corporation) extension of time until APRIL /	r . 2005.
1 I request an auto	t organization return for the organization named above. The extension is for the organizati	on's return for:
	ar year or	
	r beginning 9/1 , 2003, and ending 8/31	_, <u>2004</u> .
2 If this tax year is	for less than 12 months, check reason: Initial return Final return Chan	ge in accounting period
	n is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less an redits. See instructions	. •
nonretundable c	n is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payment	s
b if this application	ny prior year overpayment allowed as a credit	\$
made, include a	ubtract line 3b from line 3a. Include your payment with this form, or, if required, depos	it
c Balance Due. S	on or, if required, by using EFTPS (Electronic Federal Tax Payment System). Se	e
instructions	Signature and Verification	
Under penalties of perjury it is true, correct, and com	I declare that I have examined this form, including accompanying schedules and statements, and to the be plete, and that I am authorized to prepare this form.	st of my knowledge and belief

Title >

Date >

SCHEDULE A

(Form 990 or 990-EZ)

Orga. Zation Exempt Under Section J1(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.)

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 CENT	TER ON	PHILANTHROP	Y AND THE LAW		13-3954405
Compensation of the Five (See page 1 of the instruction	Highes is. List e	st Paid Employ ach one. If there	ees Other Thar are none, enter "	Officers, Direction None.")	tors, and Trustee
(a) Name and address of each employee paid mo than \$50,000	ore	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans deferred compensation	& account and other
ONE					anowarices
		j			
0.000		NONE			
60,000	Lighos	NONE t Paid Indepen ach one (whethe	dent Contracto r individuals or fir	rs for Professions). If there are n	onal Services
GO,000	Highes s. List ea	t Paid Indepen ach one (whethe	dent Contracto r individuals or firi	ris). Il triere are n	Onal Services Ione, enter "None.") (c) Compensation
Compensation of the Five (See page 2 of the instructions (a) Name and address of each independent contra	Highes s. List ea	t Paid Indepen ach one (whethe	i individuals of ill	ris). Il triere are n	one, enter "None.")
art II Compensation of the Five (See page 2 of the instructions (a) Name and address of each independent contra	Highes s. List ea	t Paid Indepen ach one (whethe	i individuals of ill	ris). Il triere are n	one, enter "None.")
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Compensation of the Five (See page 2 of the instructions (a) Name and address of each independent contra	Highes s. List ea	t Paid Indepen ach one (whethe	i individuals of ill	ris). Il triere are n	one, enter "None.")
Compensation of the Five (See page 2 of the instruction	Highes s. List ea	t Paid Indepen ach one (whethe	i individuals of ill	ris). Il triere are n	one, enter "None.")

Schedule A (Form 990 or 990-EZ) 2003

Sched	ule A (Form 990 or 990-EZ) 2003	1334405		Page
Pari	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	2 of the instructions.)	Ye	s No
	During the year, has the organization attempted to influen	ice national, state, or local legislation, including any		1
	attempt to influence public opinion on a legislative matter of			-
	or incurred in connection with the lobbying activities > \$			
	Part VI-A, or line i of Part VI-B.)	,	****	X
	Organizations that made an election under section 501(h)			
	organizations checking "Yes," must complete Part VI-B AND	attach a statement giving a detailed description of		
	the lobbying activities.			
	During the year, has the organization, either directly or indi-			
	substantial contributors, trustees, directors, officers, creators			
	with any taxable organization with which any such person	ı is affiliated as an officer, director, trustee, majority		
	owner, or principal beneficiary? (If the answer to any que	stion is "Yes," attach a detailed statement explaining		
	the transactions.)			
a	Sale, exchange, or leasing of property?	2	<u>a </u>	- 3
b	Lending of money or other extension of credit?		ь	,
•			İ	
С	Furnishing of goods, services, or facilities?		c	<u> </u>
d	Payment of compensation (or payment or reimbursement of expe	enses if more than \$1,000)?	d	×
			e	١,
e	Transfer of any part of its income or assets?		-	+
a	Do you make grants for scholarships, fellowships, student			x
	you determine that recipients qualify to receive payments.)	srmr.q.	3a 3b	1 :
b	Do you have a section 403(b) annuity plan for your employees?	· · · · · · · · · · · · · · · · · · ·	30	十
	Did you maintain any separate account for participating de	onors where donors have the right to provide advice		
1			4] :
Pa	rt IV Reason for Non-Private Foundation Sta	atus (See pages 3 through 6 of the instructions.)		
he	organization is not a private foundation because it is: (Please check	κ only ONE applicable box.)		
5	A church, convention of churches, or association of church	es. Section 170(b)(1)(A)(i).		
6	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7	A hospital or a cooperative hospital service organization. Se	ection 170(b)(1)(A)(iii).		
8	A Federal, state, or local government or governmental unit.			
9	A medical research organization operated in conjunction w	vith a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, c	ity,	
•	and state		. 	
0	An organization operated for the benefit of a college or un	iversity owned or operated by a governmental unit. Section 170(b)(1)	(A)(iv)	
	(Also complete the Support Schedule in Part IV-A.)			
112	An organization that normally receives a substantial part of	of its support from a governmental unit or from the general public.		
	Section 170(b)(1)(A)(vi). (Also complete the Support Sched			
111				
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., functi	ions - subject to certain exceptions, and (2) no more than 33 1/3%	of	
	its support from gross investment income and unrelated b	pusiness taxable income (less section 511 tax) from businesses acquir	ed	
	by the organization after June 30, 1975. See section 509(
4.0		persons (other than foundation managers) and supports organizations	3	
13		01(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See		
	section 509(a)(3).)	- X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X		
	Provide the following information about the support	ed organizations. (See page 5 of the instructions.)		
		(b) Line n	umber	. –
	(a) Name(s) of support	ted organization(s) from at	oove	
	NEW YORK INITIFECTIVE		13 _	
	NEW YORK UNIVERSITY			
				
14	An organization organized and operated to test for public s	afety. Section 509(a)(4). (See page 6 of the instructions.)		
JS/ 3E	220 2.000	Schedule A (Form 99	<i>I</i> O or 99	/U-EZ)

No	HEVEL SUpport Schedule (Complete	if you		13- ~ ~440!	·	Pag
2-1	rt IV-A Support Schedule (Complete	If you checked a	pox on line 10, 11,	or 12.) U cash m	nethod of accounti	ing.
	The manual manua	ons for convening	rom the accrual to	he cash method of		T APPLICABI
	endar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
	Gifts, graints, and contributions received. (Do					
16	not include unusual grants. See line 28.)	 	<u> </u>			
17	Members hip fees received	 	 			
. ,	Gross receipts from admissions, merchandise		1			
	sold or services performed, or furnishing of		1			
	facilities in any activity that is related to the]			
	organization's charitable, etc., purpose					
8	Gross income from interest, dividends,	İ				†
	amounts received from payments on securities		1		Ì	
	loans (section 512(a)(5)), rents, royalties, and				ĺ	1
	unrelated business taxable income (less					j
	section 511 taxes) from businesses acquired					1
_	by the organization after June 30, 1975					
9	Net income from unrelated business					
_	activities not included in line 18					
0	Tax revenues levied for the organization's					
	benefit and either paid to it or expended on	1]			
	its behalf		<u> </u>	[}
	The value of services or facilities furnished to					
	the organization by a governmental unit		İ '			}
	without charge. Do not include the value of					
	services or facilities generally furnished to the	·				
	public without charge					
	Other income. Attach a schedule. Do not					
	nclude gain or (loss) from sale of capital assets					
3	Total of lines 15 through 22					
4	ine 23 minus line 17					
	inter 1% of line 22					S 200 000 000 000 000 000 000 000 000 00
5	Litter 170 Of line 23		1			
5 6	Enter 1% of line 23 · · · · · · · · · · · · · · · · · ·	Enter 2% of amount	in column (e) line 24	NOW ADDITION		
5 6 b	Organizations described on lines 10 or 11: a Prepare a list for your records to show the r	name of and amo	in column (e), line 24	200h (-4)		
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6 b c d e f ((t a (())) f ()	Organizations described on lines 10 or 11: a Prepare a list for your records to show the repovernmental unit or publicly supported organications amount shown in line 26a. Do not file this list total support for section 509(a)(1) test: Enter line 24 add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Organizations described on line 12: a Forganizations described on line 12: a Forganizations described on the 12: a Forganizations described in line 17 that was respectively in the list organizations described in line 17 that was respectively in the list organizations described in line 18 difference between the amount received and mounts) for each year: 2002)	vided by line 26c (de amounts included w the name of, a sof such amounts for ceived from each pyear, that was mounts included and the larger amounts included the second from each pyear, that was mounts included the larger amounts included the second from each pyear, that was mounts included the second from each pyear, that was mounts included the second from each pyear, that was mounts included the larger amounts inclu	int contributed by gifts for 1999 to a. Enter the total of the contributed by in Enter the total of the contributed by in lines 15, 18 and total amounts hach year: (2000) Derson (other than the larger of the contributed in (1) the contributed in (1) (2000)	each person (other hrough 2002 except all these excess of all these excess of all these excess of all these excess of all these excess of all these excess of the each year of the except of the excep	r than a eded the amounts 26b 26c 26d 26c 26d 26f 26f 26f 26f 26f 26f 26f 26f 26f 27c 27c 27d 27c 27c	m a "disqualified person isqualified person for your records to rear or (2) \$5,000 n. After computing rences (the excess
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	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
9	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	20	Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
0	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,	30		pococociós.
	programs, and scholarships?			
1	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	31	eur (0668	000000000000000000000000000000000000000
	that makes the policy known to all parts of the general community it serves?			
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
2	Does the organization maintain the following:	32a	por concess	1
а	Records indicating the racial composition of the student body, faculty, and administrative staff?			
t	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	32b	l	1
	basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	<u> </u>	†—	
C		32c	1	1
	with student admissions, programs, and scholarships?	32d		
•	Copies of all material used by the organization or on its behalf to solicit contributions?			
	///			
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
				1
				1
3	Does the organization discriminate by race in any way with respect to:			
		33a		
а	Students' rights or privileges?	1	1	T^-
	and the Palace	331		
b	Admissions policies?	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	1
	and the second s	330	,	
C	Employment of faculty or administrative staff?		1	\top
		330	4	
•	Scholarships or other financial assistance?		—	
		33		1 .
•	Educational policies?	. [
		33	•	-
1	Use of facilities?			
		33	a	
9	Athletic programs?	.	1	
		33	h	
!	n Other extracurricular activities?	. 📉		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		•		1
		•		
		- K	1	
	The second secon	34	اء	1
34	a Does the organization receive any financial aid or assistance from a governmental agency?	. اجم	4	_
		34	. . .	1
	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.			
		.	* 55 1 23***	% 3 40 S
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05	. 3	ا ء	
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation Schedule A (Fo	. 3		

JSA 3E1230 2.000

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) Page 5 (To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE Check 📂 a if the organization belongs to an affiliated group. Check ▶ b if you checked "a" and "limited control" provisions apply. Limits on Lobbying Expenditures Affiliated group To be completed (The term "expenditures" means amounts paid or incurred.) totals for ALL electing organizations Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 Total lobbying expenditures (add lines 36 and 37) 38 Other exempt purpose expenditures 39 40 Total exempt purpose expenditures (add lines 38 and 39) 40 41 Lobbying nontaxable amount. Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is -Not over \$500,000 _ , 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 41 Over \$1,500,000 but not over \$17,000,000 _ _\$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 42 Grassroots nontaxable amount (enter 25% of line 41) 42 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 43 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 44 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal (a) (b) (C) (d) (e) year beginning in) ▶ 2003 2002 2001 2000 Total Lobbying nontaxable Lobbying ceiling amount 46 (150% of line 45(e)) 47 Total lobbying expenditures Grassroots nontaxable 48 amount · · · · · · · Grassroots ceiling amount 49 (150% of line 48(e)) Grassroots lobbying 50 expenditures. **Lobbying Activity by Nonelecting Public Charities** Part VI-B (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.) During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Yes No **Amount** b Paid staff or management (Include compensation in expenses reported on lines c through h.) X x d Mailings to members, legislators, or the public..... x X e Publications, or published or broadcast statements f Grants to other organizations for lobbying purposes X g Direct contact with legislators, their staffs, government officials, or a legislative body x x h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities JSA 3E1240 2.000

Schedule A (Form 990 or 990-EZ) 2003

X

Total lobbying expenditures (Add lines c through h.).

NONE

JSA 3E1250 2.000

Schedule B

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

Schedule of Contributors

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

OMB No. 1545-0047

2003

Name of organization	PHILANTHROPY AND THE LAW	Employer identification number
MATIONAL CENTER OF	PHILANTHROPY AND THE LAW	10 0054405
Organization type (check o	one):	13-3954405
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	e foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private for	ndation
	501(c)(3) taxable private foundation	
organization can check box(d	s covered by the General Rule or a Special Rule . (Note: Only a section 501 es) for both the General Rule and a Special Rule - see instructions.)	(c)(7), (8), or (10)
For organizations property) from any	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 one contributor. (Complete Parts I and II.)	or more (in money or
Special Rules -		
411401 000110110 001	c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% B(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)	support test of the regulations year, a contribution of the
and my and your, ag	c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that receing regate contributions or bequests of more than \$1,000 for use exclusively or educational purposes, or the prevention of cruelty to children or animals	Anna and Participation of the same of
not aggregate to m the year for an excl applies to this orga	c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that receive me contributions for use exclusively for religious, charitable, etc., purposes tore than \$1,000. (If this box is checked, enter here the total contributions usively religious, charitable, etc., purpose. Do not complete any of the Participation because it received nonexclusively religious, charitable, etc., continuous contributions.	s, but these contributions did that were received during s unless the General Rule
Caution: Organizations that	are not covered by the General Rule and/or the Special Rules do not file Sch	edule B (Form 990
or me, or obot it j, but they	must check the box in the heading of their Form 990, Form 990-EZ, or on I do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990	
or Paperwork Reduction Act Noticor Form 990 and Form 990-EZ.	ce, see the instructions	le B (Form 990, 990,F7, or 990,BE) (2004

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.

	B (Form 990, 990-EZ, or 990-PF) (2003)			
Name of	organization NATIONA	L CENTER ON PHILANTHR	OPY AND THE LAW	Page to of Par Employer Identification number
Part I	Contributors (See Spe	ecific Instructions.)		13-3954405
(a) No.		(b) , address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	THE ATLANTIC PHOTOS THE PROTECT OF THE PHOTOS PHOTO	E	932,804.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	Name	(b) , address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	NEW YORK UNIVERS	REET	285,350.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	Name,	(b) address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
				Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No.	Name,	(b) address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4-1				Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	Name,	(b) address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
				Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	Name, a	(b) address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution

JSA 3E1253 1.000 Schedule B (Form 990, 990-EZ, or 890-PF) (2003)

(Complete Part II if there is a noncash contribution.)

Person Payroll Noncash

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES	
DESCRIPTION	AMOUNT
UNREALIZED GAINS ON INVESTMENTS PRIOR PERIOD ADJUSTMENT	327,678. 15,582.
TOTAL	343,260.

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

PURPOSE OF GRANT OR CONTRIBUTION	FELLOWSHIP FUND STIPENDS	FELLOWSHIP FUND STIPENDS	TOTAL CONTRIBUTIONS PAID
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE PUBLIC CHARITY	NONE PUELIC 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	

42,600.

AMOUNT

42,600.

85,200.

45055-000

28A1S4 7601 07/12/2005 10:45:47

FORM 990, PART II - OTHER EXPENSES

		PROGRAM	MANAGEMENT
DESCRIPTION	TOTAL	SERVICES	AND GENERAL
	4.000	4,000.	
HONOKAKLUM	300.	5,205.	554.
DATA PROCESSING	536.	443.	47.
AWARDS	29,928.	29,928.	
BOOKS AND PERIODICALS	13,360.	13,360.	
LIBRAKI SERVICES	131	108.	12.
OVERHEAD	2.578.	2,129.	227.
BOOTEMENT RENIAL DEOLEGY	8,519.	8,519.	

541. 46

FUNDRAISING

820.

840.

63,692.

65,352.

TOTALS

11.

45055-000

m

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

	ENDING
DESCRIPTION	BOOK VALUE
VANGUARD INDEX 500	932,410.
VANGUARD TOTAL INTERNATIONAL	791,664.
VANGUARD INDEX SMALL CAP	915,938.
U.S. TREASURY NOTES	921,253.
U.S. GOV'T MMF AGENCY	29,110.
TOTALS	3,590,375.

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

EXPENSE ACC AND OTHER ALLOWANCES	NONE	N (AE	NONE	NONE	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	16,430.	NONE	NONE	NONE	NONE	NONE
COMPENSATION	165,050.	NONE	NONE	NONE	NONE	NONE
TITLE AND TIME DEVOTED TO POSITION	DIRECTOR/PRESIDENT AS REQ'D	DIRECTOR AS REQ'D	DIRECTOR AS REQ'D	DIRECTOR AS REQ'D	DIRECTOR AS REQ'D	DIRECTOR AS REQ'D
NAME AND ADDRESS	PROF. HARVEY P. DALE C/O NATIONAL CENTER ON PHILANTHROPY AND THE LAW 110 WEST THIRD ST. NEW YORK, NY 10012	S. ANDREW SCHAFFER, ESQ. C/O NATIONAL CENTER ON PHILANTHROPY AND THE LAW 110 WEST THIRD STREET NEW YORK, NY 10012	LESTER POLLACK C/O NATIONAL CENTER ON PHILANTHROPY AND THE LAW 110 WEST THIRD STREET NEW YORK, NY 10012	PROF. JOHN G. SIMON C/O NATIONAL CENTER ON PHILANTHROPY AND THE LAW 110 WEST THIRD STREET NEW YORK, NY 10012	PROF. HARVEY J. GOLDSCHMID C/O NATIONAL CENTER ON PHILANTHROPY AND THE LAW 110 WEST THIRD STREET NEW YORK, NY 10012	JOHN E. CRAIG, JR.

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STATEMENT

NATIONAL CENTER ON PHILANTHROPY AND THE LAW

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

EXPENSE ACC'AND OTHER ALLOWANCES	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	10,000.	26,430.
COMPENSATION	100,750.	265,800.
TITLE AND TIME DEVOTED TO POSITION	SECRETARY/TREASURER AS REQ'D	GRAND TOTALS
NAME AND ADDRESSCONTINITHROPY AND THE LAW 110 WEST THIRD STREET	NEW YORK, NY 10012 PROF. JILL S. MANNY C/O NATIONAL CENTER ON PHILANTHROPY AND THE LAW 110 WEST THIRD STREET NEW YORK, NY 10012	

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STATEMENT

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

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.

13-3954405

NATIONAL CENTER ON PHILANTHROPY AND THE LAW Schedule D Detail of Long-term Capital Gains and Losses

	Date	Date	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
Description	no inhou				
PRE-MAY 6TH CAPITAL GAINS (LOSSES)					
	VAR	02/25/2004	32,172.	27,097.	5,075.
TOTAL PRE-MAY 6TH CAPITAL GAINS (LOSSES)			32,172.	27,097.	5,075.
POST-MAY 5TH CAPITAL GAINS (LOSSES)					
1,284 SHS VANGUARD INDEX SMALL CAP	VAR	02/25/2004	30,196.	24,104.	6,092.
TOTAL POST-MAY 5TH CAPITAL GAINS (LOSSES)			30,196.	24,104.	6,092.
CAPITAL GAINS (LOSSES) FROM SECURITIES					
700	VAR	02/25/2004	30,196.	4	. 4
STOCE	VAR	25	32,172.	27,097.	5,075.
APITAL GAI	NE S		62,368.	51,201.	11,167.
					11 167
Totals			62,368.	.102,16	4

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