

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

A For the 2000 calendar year, OR tax year period beginning SEP 1, 2000 and ending AUG 31, 2001

B Check if applicable: C Name of organization NATIONAL CENTER ON PHILANTHROPY AND THE LAW D Employer identification number 13-3954405 E Telephone number (212) 998-6272 F Check if application pending

G Organization type (check only one) 501(c)(3) 527 OR 4947(a)(1)

H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Enter 4-digit group exemption no. L Check this box if the organization is not required to attach Schedule B

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Accounting method: Cash Accrual Other (specify)

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, program service revenue, membership dues, interest on savings, dividends, gross rents, other investment income, gross amount from sale of assets, special events, gross sales of inventory, other revenue, total revenue, program services, management and general, fundraising, payments to affiliates, total expenses, excess or deficit, net assets at beginning/end of year.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22 Grants and allocations, 23 Specific assistance, 24 Benefits paid, 25 Compensation of officers, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc., 43 Other expenses (itemize), 44 Total functional expenses.

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ... If "Yes," enter (i) the aggregate amount of these joint costs \$ ...; (ii) the amount allocated to Program services \$ ...; (iii) the amount allocated to Management and general \$ ...; and (iv) the amount allocated to Fundraising \$ ...

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 3

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

Table with 2 columns: Description of program service and Program Service Expenses. Rows include a SUPPORT OF THE NATIONAL CENTER ON PHILANTHROPY AND THE LAW, b, c, d, e Other program services, f Total of Program Service Expenses.

**Part IV Balance Sheets**

**Note:** 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	
<b>Assets</b>	45 Cash - non-interest-bearing .....	1,040,415.	45	1,167,851.	
	46 Savings and temporary cash investments .....		46		
	47 a Accounts receivable .....	47a			
	b Less: allowance for doubtful accounts .....	47b	47c		
	48 a Pledges receivable .....	48a	1,194,109.		
	b Less: allowance for doubtful accounts .....	48b	2,008,034.	48c	1,194,109.
	49 Grants receivable .....		49		
	50 Receivables from officers, directors, trustees, and key employees .....		50		
	51 a Other notes and loans receivable .....	51a			
	b Less: allowance for doubtful accounts .....	51b		51c	
	52 Inventories for sale or use .....		52		
	53 Prepaid expenses and deferred charges .....		53		
	54 Investments - securities <i>STMT 4</i> .....	<input checked="" type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	739,330.	54	693,297.
	55 a Investments - land, buildings, and equipment: basis .....	55a			
	b Less: accumulated depreciation .....	55b		55c	
	56 Investments - other .....		56		
	57 a Land, buildings, and equipment: basis .....	57a			
	b Less: accumulated depreciation .....	57b		57c	
	58 Other assets (describe ▶ .....			58	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) .....		3,787,779.	<b>59</b>	3,055,257.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	1,000.	60	500.	
	61 Grants payable .....		61		
	62 Deferred revenue .....		62		
	63 Loans from officers, directors, trustees, and key employees .....		63		
	64 a Tax-exempt bond liabilities .....		64a		
	b Mortgages and other notes payable .....		64b		
	65 Other liabilities (describe ▶ .....		65		
<b>66 Total liabilities</b> (add lines 60 through 65) .....		1,000.	<b>66</b>	500.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted .....	999,385.	67	840,834.	
	68 Temporarily restricted .....	2,504,894.	68	1,928,523.	
	69 Permanently restricted .....	282,500.	69	285,400.	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds .....		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71		
	72 Retained earnings, endowment, accumulated income, or other funds .....		72		
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21) .....		3,786,779.	<b>73</b>	3,054,757.	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73) .....		3,787,779.	<b>74</b>	3,055,257.	

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.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	<50,868.>
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	<50,868.>
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	<50,868.>

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	681,154.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	681,154.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	681,154.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated.)

(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	(E) Expense account and other allowances
SEE STATEMENT 6		0.	0.	0.
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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule.  Yes  No Form 990 (2000)

Part VI Other Information		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	79		X
80 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 <b>NEW YORK UNIVERSITY</b> and check whether it is <input checked="" type="radio"/> exempt OR <input type="radio"/> nonexempt.			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		0.
b	Did the organization file Form 1120-POL for this year?	81b		X
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
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b		N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	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.			
c	Dues, assessments, and similar amounts from members	85c		N/A
d	Section 162(e) lobbying and political expenditures	85d		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
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 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
b	501(c)(3) and 501(c)(4) organizations. 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		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>			
90 a	List the states with which a copy of this return is filed <b>NEW YORK</b>			
b	Number of employees employed in the pay period that includes March 12, 2000	90b		0
91	The books are in care of <b>KERRI CARPENTER</b> Telephone no. <b>(212) 998-2913</b>			
	Located at <b>726 BROADWAY, ROOM 268D, NEW YORK, N.Y.</b> ZIP code <b>10003-9580</b>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u> N/A	92		N/A

**Part VII Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments .....					
<b>g</b> Fees and contracts from government agencies .....					
<b>94</b> Membership dues and assessments .....					
<b>95</b> Interest on savings and temporary cash investments .....			14	13,947.	
<b>96</b> Dividends and interest from securities .....					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property .....					
<b>b</b> not debt-financed property .....					
<b>98</b> Net rental income or (loss) from personal property .....					
<b>99</b> Other investment income .....					
<b>100</b> Gain or (loss) from sales of assets other than inventory .....			18	29,564.	0.
<b>101</b> Net income or (loss) from special events .....					
<b>102</b> Gross profit or (loss) from sales of inventory .....					
<b>103</b> Other revenue:					
<b>a</b> MISCELLANEOUS INCOME .....			01	660.	
<b>b</b> UNRESTRICTED LOSSES ON .....					
<b>c</b> INVESTMENTS .....			14	<202,722.>	
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) .....		0.		<158,551.>	0.
<b>105</b> Total (add line 104, columns (B), (D), and (E)) .....					<158,551.>

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (Important: See General Instruction W.)

Please Sign Here: Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Type or print name and title \_\_\_\_\_

Paid Preparer's Use Only: Preparer's signature \_\_\_\_\_ Date 04/10/02 Check if self-employed  Preparer's SSN or PTIN \_\_\_\_\_

Firm's name (or yours if self-employed) and address, and ZIP code: NEW YORK UNIVERSITY, 838 BROADWAY 4TH FLOOR, NEW YORK, N.Y. 10003 EIN: 13-5562308 Phone no.: (212) 998-2955

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information**

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

OMB No. 1545-0047

**2000**

Name of the organization **NATIONAL CENTER ON PHILANTHROPY AND  
THE LAW**

Employer identification number  
**13 3954405**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE -----				
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Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		
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Total number of others receiving over \$50,000 for professional services ▶	0	

**Part III Statements About Activities**

	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 ► \$ _____ Organizations that made an election under section 501(h) by filing 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.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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:		
a Sale, exchange, or leasing of property? .....	2a	X
b Lending of money or other extension of credit? .....	2b	X
c Furnishing of goods, services, or facilities? .....	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....	2d	X
e Transfer of any part of its income or assets? .....	2e	X
If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? .....	3	X
4 a Do you have a section 403(b) annuity plan for your employees? .....	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.) <b>SEE STATEMENT 5</b>		

**Part IV Reason for Non-Private Foundation Status** (See pages 2 through 5 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 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 complete Part V, page 5.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ►** \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part 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 organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2).** (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
NEW YORK UNIVERSITY	6

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.** N/A  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	0.	0.	0.	0.	0.
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> N/A
<b>b</b> Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					<b>26b</b> N/A
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> N/A
<b>d</b> Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					<b>26d</b> N/A
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> N/A
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> N/A %
<b>27 Organizations described on line 12:</b>					
<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1999) _____ (1998) _____ (1997) _____ (1996) _____					
<b>b</b> For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (1999) _____ (1998) _____ (1997) _____ (1996) _____					
<b>c</b> Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> N/A
<b>d</b> Add: Line 27a total _____ and line 27b total _____					<b>27d</b> N/A
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> N/A
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

**Part V Private School Questionnaire**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
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? .....		
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? .....		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
_____			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d	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.)			
_____			
_____			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
b	Has the organization's right to such aid ever been revoked or suspended? .....		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....		

**Part VI-A Lobbying Expenditures by Electing Public Charities**

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check here  If the organization belongs to an affiliated group.
- Check here  If you checked "a" above and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)		N/A	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
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 .....	<b>41</b>	
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 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		
<b>Caution:</b> 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 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A)

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>a</b> Volunteers .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines c through h) .....		X	
<b>c</b> Media advertisements .....		X	
<b>d</b> Mailings to members, legislators, or the public .....		X	
<b>e</b> Publications, or published or broadcast statements .....		X	
<b>f</b> Grants to other organizations for lobbying purposes .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....		X	
<b>i</b> Total lobbying expenditures (add lines c through h) .....			0.
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash .....

(ii) Other assets .....

**b** Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization .....

(ii) Purchases of assets from a noncharitable exempt organization .....

(iii) Rental of facilities, equipment, or other assets .....

(iv) Reimbursement arrangements .....

(v) Loans or loan guarantees .....

(vi) Performance of services or membership or fundraising solicitations .....

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

	Yes	No
<b>51a(i)</b>		X
<b>a(ii)</b>		X
<b>b(i)</b>		X
<b>b(ii)</b>		X
<b>b(iii)</b>		X
<b>b(iv)</b>		X
<b>b(v)</b>		X
<b>b(vi)</b>		X
<b>c</b>		X

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶  Yes  No

**b** If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FORM 990                      GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES                      STATEMENT      1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
GAIN FROM SALE OF INVESTMENTS	29,564.	0.	0.	29,564.
TO FORM 990, PART I, LINE 8	29,564.	0.	0.	29,564.

FORM 990

OTHER EXPENSES

STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
HONORAIUM	3,000.	3,000.	0.	0.
PROFESSIONAL SERVICES	10,684.	10,684.	0.	0.
COMPUTER SERVICES	5,796.	4,810.	525.	461.
AWARDS	456.	379.	41.	36.
BOOKS AND PERIODICALS	21,904.	21,904.	0.	0.
LIBRARY SERVICES	13,360.	13,360.	0.	0.
STIPENDS	38,750.	38,750.	0.	0.
OVERHEAD APPLIED	13,390.	11,113.	1,212.	1,065.
EQUIPMENT	4,204.	3,489.	381.	334.
<b>TOTAL TO FM 990, LN 43</b>	<b>111,544.</b>	<b>107,489.</b>	<b>2,159.</b>	<b>1,896.</b>

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FORM 990      STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE      STATEMENT      3  
PART III

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EXPLANATION

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

NON-GOVERNMENT SECURITIES

STATEMENT 4

DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS			693,297.		693,297.
TO FM 990, LN 54 COL B			693,297.		693,297.



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SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS	STATEMENT	5
	PART III, LINE 4		

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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 ASSESMENT ON THE BASIS OF ACADEMIC ACHIEVEMENT, FINANCIAL NEED, AND OTHER SIMILAR STANDARDS.

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.**

<b>Type or print.</b>  <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization NATIONAL CENTER ON PHILANTHROPY AND THE LAW	Employer identification number 13-3954405
	Number, street, and room or suite no. If a P.O. box, see instructions. 110 WEST 3RD STREET - D'AGOSTINO HALL	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10012	

**Check type of return to be filed** (File a separate application for each return):

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- 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 for the **whole** group, check this box . If it is for **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until JULY 15, 2002.

5 For calendar year \_\_\_\_\_, or other tax year beginning SEP 1, 2000 and ending AUG 31, 2001.

6 If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period

7 State in detail why you need the extension \_\_\_\_\_  
 INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE TAX RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ..... \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 ..... \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ..... \$ \_\_\_\_\_ N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Notice to Applicant - To Be Completed by the IRS**

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested.
- Other \_\_\_\_\_

By: \_\_\_\_\_ Date \_\_\_\_\_  
 Director \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

<b>Type or print</b>	Name C/O NEW YORK UNIVERSITY TAX SERVICES
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 838 BROADWAY, 4TH FLOOR
	City or town, province or state, and country (including postal or ZIP code) NEW YORK, N.Y. 10003-4812

# TAX RETURN FILING INSTRUCTIONS

NEW YORK ANNUAL FINANCIAL REPORT

FOR THE YEAR ENDING

August 31, 2001

<b>Prepared for</b>	National Center On Philanthropy and The Law 110 West 3rd Street - D'Agostino Hall New York, NY 10012
<b>Prepared by</b>	New York University 838 Broadway 4th Floor New York, N.Y. 10003
<b>Mail tax return to</b>	State of New York Office of the Attorney General Charities Bureau 120 Broadway, New York, NY 10271
<b>Return must be mailed on or before</b>	April 15, 2002
<b>Special Instructions</b>	<p>The report should be signed and dated by the authorized individual(s).</p> <p>Enclose a check for \$250 made payable to New York State Department of Law. Include the organization's state registration number(s) on the remittance.</p> <p>Please be sure the attached copy of federal IRS Form 990 has been signed.</p> <p>Please be sure the attached certification form has been properly signed and notarized.</p>

**CERTIFICATION TO ACCOMPANY REPORTS SUBMITTED ON FORMS  
OTHER THAN OFFICIAL OFFICE OF THE ATTORNEY GENERAL REPORT FORMS**

The following certification shall accompany reports submitted on forms other than official Attorney General report forms:

State of \_\_\_\_\_ )  
 : SS.:  
County of \_\_\_\_\_ )

I (We) swear under oath that the following documents attached hereto:(list submitted documents)

FORM 990 , SCHEDULE A AND FORM CHAR 003 , SECURITIES SCHEDULE

all of which comprise the 2000 (insert year of report) periodic report for  
NATIONAL CENTER ON PHILANTHROPY AND (insert legal name of organization)  
THE LAW

have been examined by me (us) and to the best of my (our) knowledge and belief the contents thereof are true, correct and complete.

\_\_\_\_\_  
Name (printed) Signature Title

\_\_\_\_\_  
Name (printed) Signature Title

\_\_\_\_\_  
Name (printed) Signature Title

Sworn to before me this  
day of

\_\_\_\_\_  
NOTARY PUBLIC

FULL OFFICIAL NAME AND ADDRESS OF ORGANIZATION  NATIONAL CENTER ON PHILANTHROPY AND THE LAW 110 WEST 3RD STREET - D'AGOSTINO HALL NEW YORK, NY 10012  <input type="checkbox"/> "X" BOX, IF ADDRESS HAS BEEN CHANGED	<b>ANNUAL FINANCIAL REPORT</b> CHAR 497 (Charitable Organization) FOR THE YEAR ENDED <u>08/31/2001</u> <b>STATE OF NEW YORK, OFFICE OF THE ATTORNEY</b> <b>GENERAL CHARITIES BUREAU</b> 120 Broadway, New York, NY 10271 <a href="http://www.oag.state.ny.us/charities">http://www.oag.state.ny.us/charities</a>  ORGANIZATION'S TELEPHONE NUMBER Area Code: <u>212</u> Number: <u>998-2913</u> Extension:
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

STATE REGISTRATION NUMBER 69652	This form, including any attachments, is a public record and a copy will be provided upon request to any interested persons.	FOR OFFICE USE ONLY	
FEDERAL I.D. NUMBER 13-3954405		DATE RECEIVED	EXAMINED BY/DATE
		RECEIPT NO.	AMOUNT

"X" box if your total contributions did not exceed \$25,000 and you did not engage the services of a professional fund raiser or a commercial co-venturer during this fiscal year (See INSTRUCTIONS: REPORT CATEGORIES AND FEES).

This is a combined report for \_\_\_\_\_ organizations (See INSTRUCTIONS: FOR REPORT CATEGORIES AND FEES).

<b>FINANCIAL SUMMARY</b>	<b><u>TOTAL</u></b>
<b>Support and Revenue</b>	
1. Direct public support (line 14, Schedule 1, page 2) .....	107,683.
2. Indirect public support (line 18, Schedule 1, page 2) .....	_____
3. Government grants (line 20, Schedule 1, page 2) .....	_____
4. Program service revenue .....	_____
5. Other revenue .....	<158,551.>
6. Total support and revenue (add lines 1 through 5) .....	<50,868.>
<b>Expenses</b>	
<b>Program services (list individually):</b>	
7. SUPPORT OF THE NATIONAL CENTER ON PHILANTHROPY AND THE LAW .....	590,654.
8. _____ .....	_____
9. _____ .....	_____
10. _____ .....	_____
11. Public information combined with fund raising .....	_____
12. Payments to affiliates/services to affiliates .....	_____
13. Total program services (add lines 7 through 12) .....	590,654.
14. Management and general expenses .....	48,185.
15. Fund raising expenses .....	42,315.
16. Total expenses (add lines 13 through 15) .....	681,154.
17. Excess (deficit) of support and revenue over expenses (line 6 minus line 16) .....	<732,022.>
18. Fund balances or net worth at beginning of year .....	3,786,779.
19. Other changes in fund balances or net worth (attach explanation) .....	_____
20. Fund balances or net worth at end of year (add lines 17 through 19) .....	3,054,757.
<b>Summary of Balance Sheet (as of <u>08/31/2001</u> )</b>	
21. Assets .....	3,055,257.
22. Liabilities .....	500.
23. Fund balances (line 21 minus line 22) .....	3,054,757.

Explanation of income and expense items, if required:

**SCHEDULE 1: CONTRIBUTIONS**

**NOTE: Do not report donated services or facilities in this schedule.**

	<b>TOTAL AMOUNT</b>	<b>Portion other than cash</b>
<b>Direct Public Support</b>		
1. Direct mail .....	107,683.	
2. Telephone solicitation campaigns .....		
3. Commercial co-venturers (complete Schedule 4) .....		
4. Door-to-Door .....		
5. Special events (contribution portion only) .....		
6. Telethon .....		
7. Other (specify) _____		
8. _____		
9. _____		
10. Total general public support (add lines 1 through 9) .....	107,683.	0.
11. Foundation and trust grants .....		
12. Corporate and other business grants .....		
13. Legacies and bequests .....		
14. Total direct public support (add lines 10 through 13) .....	107,683.	0.
(Transfer total line 14 to page 1, line 1)		
<b>Indirect Public Support</b>		
15. From Federated Fund Raising Agencies .....		
16. From affiliates .....		
17. From other fund raising agencies .....		
18. Total indirect public support (add lines 15 through 17) .....		
(Transfer total line 18 to page 1, line 2)		
<b>Government Grants</b>		
19. Specify Agency:		
(a) _____		
(b) _____		
(c) _____		
(d) _____		
(e) All other government grants .....		
20. Total government grants (add lines 19(a) through 19(e)) .....		
(Transfer total line 20 to page 1, line 3.)		
21. Total contributions (sum of lines 14, 18 and 20) .....	107,683.	0.

**ACTIVITY STATEMENTS**

1. Have your books/records been audited by or for any government agency/funding source this fiscal year? .....  YES\*  NO  
 \*If YES, specify agency: \_\_\_\_\_ Period audited: \_\_\_\_\_
  
2. Does your organization allocate costs of multipurpose activities among program services, management and general, and fund raising; i.e., Direct Mail, Telethon? .....  YES\*  NO  
 \*If YES, see INSTRUCTIONS: Reporting Joint Costs of Multi-Purpose Activities.
  
3. Did your organization receive donated services or the use of materials, equipment or facilities at no charge or at substantially less than fair rental value? .....  YES\*  NO  
 \*If YES, indicate the value: \_\_\_\_\_ Do not include this amount as support or as an expense on page 1.

**SCHEDULE 2: PROFESSIONAL FUND RAISERS (PFR)**

NONE

ITEM	EVENT	EVENT	EVENT	EVENT
1. Brief description of campaign, drive or event .....				
2. Date or period covered .....				
3. PFR name and address .....				
4. Total public donations* .....				
5. All payments to PFR .....				
6. All other fund raising expenses of the organization for each event .....				
7. Total expenses (line 5 plus line 6)				
8. Net proceeds (line 4 minus line 7)				

\*On line 4, DO NOT exclude amounts retained by PFR (e.g., amounts reported on line 5).

**SCHEDULE 3: FUND RAISING COUNSEL (FRC)**

NONE

ITEM	COUNSEL	COUNSEL	COUNSEL	COUNSEL
1. Brief description of services .....				
2. Date or period covered .....				
3. FRC name and address .....				
4. All payments to FRC .....				

**SCHEDULE 4: COMMERCIAL CO-VENTURERS (CCV)**

NONE

ITEM	EVENT	EVENT	EVENT	EVENT
1. Brief description of sale or event				
2. Date or period covered .....				
3. CCV name and address .....				
4. Brief description of financial terms and conditions of written contract ...				
5. Has your organization received an accounting from the commercial co-venturer as prescribed by section 173-a(3) of Article 7-A of the Executive Law? .....	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**WHERE TOTAL SUPPORT AND REVENUE IS:**

\$75,000 or less ..... NO Public Accountant's Report is needed: Skip to CERTIFICATION BY CHARITABLE ORGANIZATION, below.

\$75,001 to \$150,000 ... Have an Independent Public Accountant complete and sign the "(REVIEW)" section below OR, SEE INSTRUCTIONS: INDEPENDENT PUBLIC ACCOUNTANT'S REPORT. Then complete CERTIFICATION BY CHARITABLE ORGANIZATION, below.

More than \$150,000 ... EITHER have an Independent Public Accountant complete and sign the "(AUDIT)" section below OR, SEE INSTRUCTIONS: INDEPENDENT PUBLIC ACCOUNTANT'S REPORT. Then complete CERTIFICATION BY CHARITABLE ORGANIZATION, below.

**INDEPENDENT PUBLIC ACCOUNTANT'S REPORT (REVIEW)**

We have reviewed the accompanying balance sheet (Part IV) of Form 990 of \_\_\_\_\_

as of \_\_\_\_\_, and the related statement of support, revenue and expenses and changes in fund balances (Part I) and statement of functional expenses (Part II) of Form 990 for the year then ended, in accordance with standards established by the American Institute of Certified Public Accountants. All information included in these financial statements is the representation of the management of the charitable organization.

A review consists principally of inquiries of company personnel and analytical procedures applied to financial data. It is substantially less in scope than an audit in accordance with generally accepted auditing standards, the objective of which is the expression of an opinion regarding the financial statements taken as a whole. Accordingly, we do not express such an opinion. Based on this review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with generally accepted accounting principles.

NAME OF FIRM OR INDIVIDUAL PRACTITIONER	ADDRESS	DATE
SIGNATURE OF FIRM OR INDIVIDUAL PRACTITIONER	IF FIRM, NAME OF ENGAGEMENT PARTNER	

**INDEPENDENT PUBLIC ACCOUNTANT'S REPORT (AUDIT)**

We have audited the balance sheet (Part IV) of Form 990 of \_\_\_\_\_  
**SEE AUDITED FINANCIAL STATEMENT ATTACHED**

as of 08/31/01, and the related statement of support, revenue and expenses and changes in fund balances (Part I) and statement of functional expenses (Part II) for the year then ended included in the accompanying Internal Revenue Service Form 990. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the organization as of the above date, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles.

Our audit was made for the purpose of forming an opinion on the financial statements referred to in the first paragraph taken as a whole. The accompanying information on pages \_\_\_\_\_ to \_\_\_\_\_ is presented for purposes of additional analysis and is not a required part of the financial statements referred to above. Such information, except for that portion marked "unaudited," on which we express no opinion, has been subjected to the auditing procedures applied in the audit of the financial statements referred to above; and, in our opinion, the information is fairly stated in all material respects in relation to these financial statements taken as a whole.

<b>SEE AUDITED FINANCIAL STATEMENT ATTACHED</b>	<b>SEE AUDITED FINANCIAL STATEMENT ATTACHED</b>	10/12/01
NAME OF FIRM OR INDIVIDUAL PRACTITIONER	ADDRESS	DATE
SIGNATURE OF FIRM OR INDIVIDUAL PRACTITIONER	IF FIRM, NAME OF ENGAGEMENT PARTNER	

**CERTIFICATION BY CHARITABLE ORGANIZATION**

Under penalties of perjury, we declare that we reviewed this report, accompanying Federal Form 990 with attached schedules and, to the best of our knowledge and belief, it is true, correct and complete in accordance with the rules of the New York State Office of the Attorney General, Charities Bureau and the instructions applicable to this report.

Signature of President or Authorized Officer	Title	Date Signed
Signature of Chief Financial Officer	Title	Date Signed

After this report has been fully executed by two distinct officials, send it with appropriate ATTACHMENTS and FEE to:

Office of the Attorney General, Charities Bureau, 120 Broadway, New York, New York 10271

If contributions received exceed \$25,000, submit the appropriate fee, indicated below:

\$10, if total support and revenue is \$150,000 or less;

\$25, if total support and revenue exceeds \$150,000.



**STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL  
CHARITIES BUREAU**

FORM CHAR-003

120 Broadway, New York, N.Y. 10271

**SECURITIES SCHEDULE**

NATIONAL CENTER ON PHILANTHROPY AND  
THE LAW

SEP 1, 2000 - AUG 31, 2001

NAME OF ORGANIZATION

CALENDAR OR FISCAL YEAR

Item	Date Acquired	Type and Name of Securities	Beginning Inventory	
			Number of Shares or Principal	Cost or Acquisition Value
a		VANGUARD INDEX TRUST - 500 PORTFOLIO	1,848.2040	179,524.
b		VANGUARD TOTAL INTERNATIONAL PORTFOLIO	16,265.3720	178,161.
c		VANGUARD INDEX TRUST - SMALL CAP. PORT	10,537.1570	238,098.
d				
e				
f				
g				
h				
i				
j				
<b>TOTALS</b> .....				595,783.

Item	Purchases or Other Acquisitions			Sales or Other Dispositions		
	Number of Shares	Cost Per Share	Gross Cost	Number of Shares	Price per Share	Gross Selling Price
a	325.0640	124.9815	40,627.			
b	3,813.7370	11.8923	45,354.			
c	3,492.6870	19.9535	69,691.	.0000	.0000	29,563.
d						
e						
f						
g						
h						
i						
j						
<b>TOTALS</b> .....			155,672.			29,563.

Item	Date Sold	Amount of Gain or Loss	Ending Inventory			Income Received
			Number of Shares or Principal	Cost or Acquisition Value	Market Value	
a			2,173.2670	221,167.	227,911.	2,623.
b			20,079.1000	223,516.	196,574.	4,142.
c	02/28/01	29,563.	14,029.8400	307,790.	268,812.	7,181.
d						
e						
f						
g						
h						
i						
j						
<b>TOTALS</b> .....		29,563.		752,473.	693,297.	13,946.

CCH

068591  
09-21-00