Form 990

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Section Section Sectio	A F	A For the 2007 calendar year, or tax year beginning 09/01, 2007, and ending 08/31/2008							
Second colors Second Color	B Check if applicable. Please C Name of organization								
Number and street (or P.O. box if mails and delivered to stroat address) Room/suite Telephone number Telephone Telep	_		(abel or NATIONAL CENTER ON PHILANTHROPY AND THE LAW						
See 1.0 NEST THIRD STREET 2ND FLOOR (2121998-61.68 Account Acc		Name of	wise It. I NUMBER 300 STEER FOLD IT DOVIT MAILIE DOT ABILIZATED TO STROOT ADDRESS.	Room/suite					
City or Lown, state or country, and ZiP + 4		Initial re	See 110 WEST THIRD STREET, 2ND FLOOR						
		Termina	ion Instruc- City or town, state or country, and ZIP + 4		F Accounting				
Section 501(p(3) organizations and 4847(a)(1) encerempt charitable trusts must attach a complete schedule A (Form 980 or 980 etc.) S. Webster: ► WORW_LAB(.NYU_EDU/NCPL WORW_LAB(.NYU_EDU/NCPL K. Check have ► if the organization type (create duty one) ► X 501(b (3)		return	NEW YORK, NY 10012						
Websites ► WWW, LAW, NUL, BOLV NCEPT Set			 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable 	Handlare not app					
Webblet: ► WRW LAW, NYU EDU/NCPL 4947(a)(1) or 227			trusts must attach a completed Schedule A (Form 990 or 990-EZ).						
K Check hove				H(b) If "Yes," ente					
recepts are normally not more than \$25,000 A return is not required, but if the organization choices to file a return, be sure to file a complete return To contributions of the complete return To contributions and the contributions of the complete return To contributions are contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds 1 1, 828, 332. To contributions to donor advised funds b Direct public support (not included on line 1a). c Indirect public support (not included on line 1a). d Government contributions (grants) (not included on line 1a). e Teal (and tens tartrough 1d) (cash s 104,701. nonoan's 1) 1e 104,701. 2 Program service revenue including government fees and contracts (from Part VII, line 93). 2 Program service revenue including government fees and contracts (from Part VII, line 93). 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities 6 a Gross rents 6 a Gross rents 5 Less: rental expenses c Not rental income (accide the than inventory than inventory than inventory 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	<u>J</u> 0)rganiza	tion type (check only one) ► X 501(c) (3) (insert no.) 4947(a)(1) or 527						
recepts are normally not more than \$22.000 A return is not required, but if the organization chooses to file a return, be sure to file a complied return to file a return, be sure to file a complied return. If the organization is not required to the thing of the file of the property o	K c	heck he	re if the organization is not a 509(a)(3) supporting organization and its gross						
Cross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,828,332 M Check 1 if the organization is not required to attach Son B (Form 990, 990-82, or 990-PF)	re	eceipts	are normally not more than \$25,000 A return is not required, but if the organization chooses		- 1 1 1 1				
Part Revenue, Expenses, and Changes in Net Assets or Fund Balancos See the instructions	to	file a r	etum, be sure to file a complete return.	I Group Exemp	otion Number				
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Total expenses. Add lines 16 and 44, column (A)	ø	1	Program services (from line 44, column (B))		813,874.				
Total expenses. Add lines 16 and 44, column (A)	nse		Management and general (from line 44, column (C))		14 51,332.				
Total expenses. Add lines 16 and 44, column (A)	ed	ŀ	Fundraising (from line 44, column (D))		56,381.				
18 Excess or (deficit) for the year. Subtract line 17 from line 12	ш	1	Payments to affiliates (attach schedule)	<i></i>	16				
Net assets or fund balances at beginning of year (from line 73, column (A)) Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year Combine lines 18, 19, and 20.			Total expenses. Add lines 16 and 44, column (A)	<u> </u>	921,587.				
20 Other changes in net assets or fund balances (attach explanation)	sets	1	Excess or (deficit) for the year. Subtract line 17 from line 12						
20 Other changes in net assets or fund balances (attach explanation)	⋖	1	Net assets or fund balances at beginning of year (from line 73, column (A))		7,226,521.				
127 Net assets of fund parameter at end of year. Combine lines 16, 19, and 20,	Vet	1	Other changes in net assets or fund balances (attach explanation)	STMT. 4.	20 -1,999,947.				
			Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<u> </u>					

Pa	Statement of All o Functional Expenses organ	ganiza ization	ations must complete column s and section 4947(a)(1) n	(A). Columns (B), (C),	and (D) are required for	section 501(c)(3) and (4)
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	Lation	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule)					
	(cash \$ noncash \$	}				
	If this amount includes foreign grants, check here	22a				
22 b	Other grants and aflocations (attach schedule)				[일본] - 10 5일 12 일 일 2 [일본] - 10 5일 12 일 일 2	
	(cash \$ 92,000. noncash \$ If this amount includes foreign grants.)				
	check here	22b	92,000.	92,000.	STMT 5	
23	Specific assistance to individuals					
	(attach schedule)	23		· · · · · · · · · · · · · · · · · · ·		
24	Benefits paid to or for members					
	(attach schedule)	24				
25a	Compensation of current officers,					
	directors, key employees, etc. listed in					
	Part V-A	25a	NONE			<u> </u>
b	Compensation of former officers,]				
	directors, key employees, etc. listed in					
_	Part V-B	25b				
C	Compensation and other distributions, not included above, to disqualified persons (as defined					
	under section 4958(f)(1)) and persons described	25-				
26	in section 4958(c)(3)(B)	25c				<u> </u>
20	included on lines 25a, b, and c					
27	Pension plan contributions not	26				<u> </u>
41	included on lines 25a, b, and c	27				
20	Employee benefits not included on	41				
20		28				
29	lines 25a - 27	29		.		
30	Payroll taxes Professional fundraising fees	30				
		31	10,000.	10.000		
32		32	10,000.	10,000.		
33	Legal fees	33	2,286.	1,897.	1.60	200
-	Telephone	34	5,785.	4,802.	160. 404.	229
35	Postage and shipping	35	1,094.	908.	77.	579
	Occupancy	36	63,000.	52,290.	4,410.	109
	Equipment rental and maintenance	37	10,594.	8,793.	742.	6,300 1,059
	Printing and publications	38	2,082.	2,082.		1,039
39	Travel.	39	60,669.	60,669.		
40	Conferences, conventions, and meetings	40	42,281.	42,281.		
41	Interest	41	12/201.	72,201.		-
42	Depreciation, depletion, etc. (attach schedule)	42				
	Other expenses not covered above (itemize):			****		
	STMT_6	43a	631,796.	538,152.	45,539.	48,105
b		43b		00072021	.07.003.	40,103
С		43c				<u> </u>
d		43d				
е		43e				
		43f				<u> </u>
g		43g				
44	Total functional expenses. Add lines 22a					· - · -
	through 43g. (Organizations completing columns (B)-(D), carry these totals to lines					}
	13-15)	44	921,587.	813,874.	51,332.	56,381
Joir	nt Costs. Check ▶ if you are follow			010/0/11	1. 01,002.	J
	any joint costs from a combined educational	_		itation reported in (B) Pr	ogram services?	. Yes X No
	'es," enter (i) the aggregate amount of these j				ated to Program services	
	the amount allocated to Management and ge				allocated to Fundraising	<u> </u>
			· · · · · · · · · · · · · · · · · · ·	·	<u> </u>	- 000

Form 8	3868 , (Re	v 4-2008)							Page 2
• If	you ar	e filing for an Additional ((No	t Automatic) 3-Month I	Extension, complete onl	y Part II	and check this bo	x	> x
		complete Part II if you ha					on a previously file	d Fo	rm 8868.
		e filing for an Automatic 3					, ,=,		
Par		Additional (Not Auto			nsion of Time. You n	nust til			
Туре	or	Name of Exempt Organiza					Employer identi	ficatio	on number
prin	t	NATIONAL CENTER ON PHILANTHROPY AND THE LAW					13-395440	05_	<u> </u>
File by	the	Number, street, and room or suite no. If a P.O. box, see instructions.				For IRS use only			
due d	ate for	110 WEST THIRD							
filing t return instru	. See				gn address, see instructions.				
		NEW YORK, NY 10 of return to be filed (Fil			or each return):	<u>lef, 5254 l 1</u>			
x		n 990	10.0	Form 990-PF	n each feluin).		Form 1041-A	Г	Form 6069
<u>^</u>		n 990-BL		Form 990-T (sec. 40	1(a) or 408(a) truet)	<u>}</u> —	Form 4720	F	Form 8870
		1 990-EZ		Form 990-T (trust oth		-	Form 5227	L	
STO		not complete Part II if y	VOII			nth exte		oriely	filed Form 8868
		ks are in the care of ▶					motor of a provi	Judiy	THE TOTH 4000.
		ne No. ▶ <u>212 998-2</u>			FAX No. ▶ _212	995-	4113		-
		anization does not have							
		for a Group Return, enter							
		ole group, check this box							
		names and ElNs of all m							
4		est an additional 3-month			07/15/2009				
5	For ca	alendar year , or o	r oth	er tax year beginning	09/01/2007	and er	ding 08/31/2	 2008	}
6		tax year is for less than			Initial return	-, Final ret	- 		accounting period
7	State	in detail why you need th	the e	xtensionAWAITING	THIRD PARTY INF	ORMAT	ION NECESSAR		
	FILI	E A COMPLETE AND	AC	CURATE RETURN.					
									
8a	If this	application is for Form	990	D-BL, 990-PF, 990-T, 4	720, or 6069, enter the	tentati	ve tax, less any		
	nonre	fundable credits. See inst	struc	tions.				8a	\$
b		application is for Form 9						Mark Vide	
	tax pa	ayments made. Include	any	prior year overpayme	ent allowed as a credit	and ar	y amount paid		
		usly with Form 8868.						8b	\$
		ce Due. Subtract line 8b							
	with	FTD coupon or, if requ	quire	d, by using EFTP\$ (E	Electronic Federal Tax I	Paymen	t System). See		
	instruc	ctions.						8 c	\$
					ture and Verification				
Under	penaltie	s of perjury, I declare that I h	have	examined this form, including	ng accompanying schedules ar	d stateme	ents, and to the best	of my	knowledge and belief,
it is tiu	e, correc	ct, and complete, and that I am a	aum	onzeu to prepare triis iofm.					
					• - •				
Signate	ile 🚩				Title ► CPA	<u> </u>	Date	-	
		EISNER LLP						For	n 8868 (Rev. 4-2008)

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

Form 8868

(Rev. April 2008)

Application for Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury File a separate application for each return. Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part Il unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Type or Name of Exempt Organization Employer identification number print NATIONAL CENTER ON PHILANTHROPY AND THE LAW 13-3954405 Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for 110 WEST THIRD STREET, ROOM 205 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. NEW YORK, NY 10012 Check type of return to be filed (file a separate application for each return): 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 The books are in the care of ► KERRI TRICARICO Telephone No. ▶ 212 998-2913 FAX No. ▶ 212 995-4113 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (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 will cover. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 04/15 .2009 to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year tax year beginning 09/01.2007 , and ending 08/31,2008 · If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period 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. 3 a \$ b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ Balance Due. Subtract line 3b from line 3a. 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 Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

JSA

P	art III Statement of Program Service Accomplishments (See the instructions.)	
pa on	rm 990 is available for public inspection and, for some people, serves as the primary or sole source of rticular organization. How the public perceives an organization in such cases may be determined by the its return. Therefore, please make sure the return is complete and accurate and fully describes, in Par ograms and accomplishments.	information presented
W	nat is the organization's primary exempt purpose? ►SEE_STATEMENT_7	Program Service
AII of	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)
а	SUPPORT THE PROMOTION, ENCOURAGEMENT, AND SPONSORSHIP OF STUDY, RESEARCH AND OTHER EDUCATIONAL ACTIVITIES IN THE AREA OF PHILANTHROPY AND THE LAW.	
	(Grants and allocations \$ 92,000.) If this amount includes foreign grants, check here ▶	813,874.
b		
С	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
е	Other program services (attach schedule) (Grants and allocations \$) If this amount includes feroign grants about here \$	

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

813,874. Form **990** (2007)

	агт ту	Balance Sneets (See the instructions.)			
ı	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
	45	Cash - non-interest-bearing	756,405.	45	117,014.
	46	Savings and temporary cash investments			4,135.
	47a	Accounts receivable			
	h	Less: allowance for doubtful accounts		47c	
	"	Ecos. allowards for doubtful accounts, , , , , , , , , , , , , , , , , , ,		1770	
	482	Pledges receivable		1]	
	h	Less: allowance for doubtful accounts	712,624.	48c	485,532
	49	Grants receivable		49	100,002
		Receivables from current and former officers, directors, trustees, and		"	100
	•••	key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section			-
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach			
Assets		schedule)			
SS	b	Less: allowance for doubtful accounts		51c	
⋖		Inventories for sale or use	-	52	
	53	Prepaid expenses and deferred charges		53	
	54a	Investments - publicly-traded securities STMT . 8 ▶ Cost X FMV	5,781,361.	54a	5,755,323
		Investments - other securities (attach schedule) ▶ ☐ Cost ☐ FMV		54b	
	4	Investments - land, buildings, and			
		equipment: basis , ,			
	b	Less: accumulated depreciation (attach			
		schedule)		55c	
	56	Investments - other (attach schedule)		56	
	57a	Land, buildings, and equipment: basis		- :	
	b	Less: accumulated depreciation (attach			
		schedule)		57c	
	58	Other assets, including program-related investments			
		(describe ▶)		58	
_	59	Total assets (must equal line 74). Add lines 45 through 58			6,362,004
	60	Accounts payable and accrued expenses	27,400	. 60	25,200
	61	Grants payable		61	
	62	Deferred revenue		62	<u> </u>
Ø.	63	Loans from officers, directors, trustees, and key employees (attach			
Ē		schedule)	<u> </u>	63	
Liabilities		Tax-exempt bond liabilities (attach schedule)		64a	
_	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ►)		65	
		Tablishing Addings CO through CE	07.400		05.000
	66 Orac	Total liabilities. Add lines 60 through 65	27,400	. 66	25,200
	Oiga	67 through 69 and lines 73 and 74.			
ģ	67	Unrestricted	4,004,817	. 67	3,400,292
nce	68	Temporarily restricted	936,304		651,112
or Fund Balances	69	Permanently restricted	2,285,400		2,285,400
8		anizations that do not follow SFAS 117, check here ▶ □ and	2/203/400	-	2,200,400
Ë	Orga	complete lines 70 through 74.			
Ä	70	Capital stock, trust principal, or current funds		70	
ts c	71	Paid-in or capital surplus, or land, building, and equipment fund	-	71	
se	72	Retained earnings, endowment, accumulated income, or other funds	 	72	
As	73	Total net assets or fund balances. Add lines 67 through 69 or lines		 	,
Net Assets		70 through 72. (Column (A) must equal line 19 and column (B) must			
_		equal line 21)	7,226,521	. 73	6,336,804
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	7,253,921		6,362,004

P;	art IV-A	Reconciliation of Revenue per Audited instructions.)	Financial Stateme	nts W	ith Revenu	e per Retur	n (Se	e th e
а	Total rev	enue, gains, and other support per audited finar	ncial statements				a	31,870.
b	Amounts	s included on line a but not on Part I, line 12:						
1	Net unre	alized gains on investments			b1 -1,	999,947.	1	
2		services and use of facilities					1	
3		ies of prior year grants					1	
4	Other (sp	oecify):						
		b1 through b4						-1,999,947.
C		line b from line a					C	<u>2,031,8</u> 17.
ď		included on Part I, line 12, but not on line a:			11			
1		ent expenses not included on Part I, line 6b				<u> </u>		
2	Other (sp	pecify):						
	Add lines	d1 and d2			[02]		.	
е	Total rev	renue (Part I, line 12). Add lines c and d					<u>a</u>	2 021 015
Pa	rt IV-B	renue (Part I, line 12). Add lines c and d Reconciliation of Expenses per Audited I	Financial Stateme	nts W	ith Expens	es per Reti	<u>rn</u>	2,031,817.
а		enses and losses per audited financial statement						021 507
b		included on line a but not on Part I, line 17:	,,,,				a	921,587.
1		services and use of facilities			h1			
2	Prior vea	r adjustments reported on Part I, line 20		• • •	h2			
3	Losses	eported on Part I, line 20			b3			
4	Other (sr	ecify):						
Ť					b4			
		b1 through b4				-	b	
С		line b from line a					С	921,587.
d		included on Part I, line 17, but not on line a:						
1	Investme	nt expenses not included on Part I, line 6b			d 1			
2	Other (sp	ecify):			-			
					d2			
	Add lines	d1 and d2					d	
е	lotal exp	penses (Part I, line 17). Add lines c and d		• • • •		.	е	921,587.
۲a	rt V-A	Current Officers, Directors, Trustees, and	Key Employees (List ea	ich person v	vho was an o	office	r, director, trustee
		or key employee at any time during the year eve						
		(A) Name and address	(B) Title and average hours per	(If no	ompensation t paid, enter	(D) Contributions to benefit plans & de		(E) Expense account and other allowance
			week devoted to position	-	-0)	compensation p	lans	
		MENT O						
11111	E STATE	MENT 9			NONE		NONE	NON NON
			-		·			
				 				 -
				•			_	
			· -					
			-					
					••			<u> </u>
			-					
			-					
			-					
								
				•				<u> </u>

Form 990 (2007)	13-3954405		F	age 7
Part VI Other Information (continued)			Yes	
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		Х
b If "Yes," you may indicate the value of these items here. Do not include this ar				
as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	N/A			ı
83 a Did the organization comply with the public inspection requirements for retu	rns and exemption applications?	83a	х	ı
b Did the organization comply with the disclosure requirements relating to quid		83b	х	
84 a Did the organization solicit any contributions or gifts that were not tax deductions		84a		Х
b If "Yes," did the organization include with every solicitation a				
gifts were not tax deductible?		84b	N/	A
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		85a	N/	
b Did the organization make only in-house lobbying expenditures of \$2,000 or le		85b	N/	Α.
If "Yes" was answered to either 85a or 85b, do not complete				
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				
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		·		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)				
g Does the organization elect to pay the section 6033(e) tax on the amount on l		85g	N/	Д
h If section 6033(e)(1)(A) dues notices were sent, does the organ				<u></u>
to its reasonable estimate of dues allocable to nondeductible lobbying and p	_	85h	N/	A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on lin	. , .			·•
b Gross receipts, included on line 12, for public use of club facilities				-
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders				l
b Gross income from other sources. (Do not net amounts due or paid to other				
sources against amounts due or received from them.)				
88 a At any time during the year, did the organization own a 50%				
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		88a		x
b At any time during the year, did the organization, directly or		_		
meaning of section 512(b)(13)? If "Yes," complete Part XI		88b		x
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization du				<u> </u>
section 4911 ► NONE; section 4912 ►				
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			
a statement explaining each transaction	• •	89b		x
c Enter: Amount of tax imposed on the organization managers or disqualified p		-		
sections 4912, 4955, and 4958				:
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	NONE	3.1		į.
e All organizations. At any time during the tax year, was the	organization a party to a prohibited tax shelter			
transaction?		89e		X
f All organizations. Did the organization acquire a direct or indire	ct interest in any applicable insurance contract?	89f	-	X
	maintaining donor advised funds. Did the		:	
supporting organization, or a fund maintained by a sponsori	· ·		•	1
at any time during the year?		89g	N/	L _A
90 a List the states with which a copy of this return is filed ▶ NY,				 -
b Number of employees employed in the pay period that includes March 12, 20		90b	l n	
	Telephone no. ▶ <u>(212)9</u>			
Located at ► 838 BROADWAY ROOM 514 NEW YORK, NY				
b At any time during the calendar year, did the organization have an interest in	n or a signature or other authority over		Yes	No
a financial account in a foreign country (such as a bank account, securities a	,	91b	1	x
If "Yes," enter the name of the foreign country ▶			— —	<u> </u>
See the instructions for exceptions and filing requirements for Form TD F 90-		1		
and Financial Accounts.	· · · · · · · · · · · · · · · · · · ·	1 .		
			. 000	(2007

FORM 990 (2					<u>13-3</u>	<u>954405</u>		Page
Part VI	Other Information (continu					<u> </u>		Yes N
c At a	ny time during the calendar year,	did the org	ganization main	tain an office out	side of	the United States?	91c	Х
If "Y	es," enter the name of the foreigr	country						
92 Sect	tion 4947(a)(1) nonexempt charit	able trusts	filing Form 990	in lieu of Form 10	041 - CI	heck here		. ▶□
and	enter the amount of tax-exempt ii	nterest rec	eived or accrue	ed during the tax y	ear .	▶ 92		N/A
Part VII								
Note: Enter indicated.	gross amounts unless otherwise	Unre	elated business in	come Exclud	led by se	ection 512, 513, or 514	(E)	
		(A) Business code	(B) Amour	, (C)		(D)	Related of exempt fund	
93 Progr	ram service revenue:	Dusiness Code	Alloui	Exclusion o	code	Amount	income	
			ļ <u>.</u>					
			<u> </u>					
d								
f Medic	are/Medicaid payments							
g Feesa	and contracts from government agencies .							
94 Meml	bership dues and assessments							
95 Interes	t on savings and temporary cash investments .			14		164,271.		
96 Divide	ends and interest from securities							
97 Net re	ental income or (loss) from real estate:							
a debt-	financed property ,							
b not de	ebt-financed property							
98 Net ren	ital income or (loss) from personal property							
	investment income							
	(loss) from sales of assets other than inventory			18		1,431,029.	·	
101 Net in	come or (loss) from special events .	•]					
102 Gross	profit or (loss) from sales of inventory							
	revenue: a					-	 -	
	PORT FROM NYU	****		1				
—	SCHOOL OF LAW						2.	21 70
	ER REVENUE	•			1			31,792
е ——								24
104 Subto	tal (add columns (B), (D), and (E))					1,595,300.		21 01
	(add line 104, columns (B), (D), and (E			 , <u> </u>		1,090,000.		31,816
Note: Line	105 plus line 1e, Part I, should equal th	e amount or	n line 12. Part I.		• • • •		1,94	27,116
	Relationship of Activities t			of Exempt Pur	poses	(See the instruction	ne l	
Line No. ▼	Explain how each activity for whi organization's exempt purposes (ot	ch income	is reported in co	lumn (E) of Part V				ent of the
103C	SUPPORT FROM NYU SCHO	יסד סוב ד	71.747					
103D	OTHER MISCELLANEOUS F			ICOME		·		 -
1000	OTHER HIBCERDANEOUS E	KOGKAN	KETHIED II	ACOME				
			=	-				
Part IX	Information Regarding Taxa	ble Subs	idiaries and F	isregarded En	titios /	See the instruction	10.1	
	(A)		(B)		uues (S. <i>)</i>	
· · · · · · · · · · · · · · · · ·	Name, address, and EIN of corporation, partnership, or disregarded entity		Percentage of ownership interest	(C) Nature of activi	ties	(D) Total income	(E) End-of-ye assets	:ar
			%					
			- %					
			%					
		<u></u>	%	<u> </u>				
Part X	Information Regarding Tran	sters Ass	ociated with	Personal Benet	fit Con	ntracts (See the ins	tructions.)	
(a) Did the (b) Did th	e organization, during the year, receivence organization, during the year,	any funds, pay prem	directly or indirective	otly, to pay premiun	ns on a	personal benefit contrac	ct? Yes	X N
Note: If "	Yes" to (b) , file Form 8870 and Fo	rm 4720 (s	see instructions),	~ poi	Donone confide	/: [] 163	
								

Part X	Information Regardante controlling organization	rding Transfers To and Fror ation as defined in section 51	m Controlled Entities. Comple 2(b)(13).	te only if the organization is a
106	Did the reporting organi the Code? If "Yes," comp	zation make any transfers to a c lete the schedule below for each	controlled entity as defined in sect controlled entity.	Yes No ion 512(b)(13) of N/A
	(A) Name, address, of each controlled entity	(B)	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				_
	Totals			
107	Did the reporting organiz 512(b)(13) of the Code?	ation receive any transfers from If "Yes," complete the schedule	a controlled entity as defined in se below for each controlled entity.	ction Yes No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			
108	rents, royalties, and annu	uities described in question 107 al		N/A
Please Sign Here	سأسم كمروك بأكفت كماتم طاعموا	ect, the complete. Declaration of prepare	m, including accompanying schedules and er (other than officer) is based on all inform 7/13 Date	statements, and to the best of my knowledge action of which preparer has any knowledge of the state of the st
Paid Prepare Jse Onl	Preparer's signature Firm's name (of yours	2 Florid G X JUL EISNER LLP	Date 9 2009 Check if self-employed	Preparer's SSN or PTIN (See Gen. Inst. X
796 OIII	if self-employed), address, and ZIP + 4	750 THIRD AVENUE	Pho	one no.
		NEW YORK, NY	10017-2703	Form 990 (2007

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 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

Name of the organization Employer identification number NATIONAL CENTER ON PHILANTHROPY AND THE LAW 13-3954405 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (a) Name and address of each employee paid more (d) Contributions to (b) Title and average hours (e) Expense (c) Compensation employee benefit plans & than \$50,000 per week devoted to position account and other deferred_compensation allowances NONE Total number of other employees paid over \$50,000 . . ▶ NONE Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the 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 Total number of others receiving over \$50,000 for NONE Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over

NONE

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

Schedule A (Form 990 or 990-EZ) 2007

\$50,000 for other services

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

Part IV	Reason for Non-Private Fo	oundation Statu	is (See pages 4 thro	ough 8 of the	instructions.)			
certify th	at the organization is not a private founda	tion because it is: (Ple	ase check only ONE appli	icable box.)				
5	A church, convention of churches, or as	sociation of churches.	Section 170(b)(1)(A)(i).					
6	A school. Section 170(b)(1)(A)(ii). (Also o	complete Part V.)						
7	A hospital or a cooperative hospital servi	ice organization. Secti	on 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 opera			on 170(b)(1)(A)((iii). Enter the h	nospital's name, city		
10	An organization operated for the beneficalist (Also complete the Support Schedule in		niversity owned or oper	ated by a gove	ernmental unit. S	Section 170(b)(1)(A)(iv		
11a	An organization that normally receives 170(b)(1)(A)(vi). (Also complete the Supp	•		overnmental un	it or from the g	eneral public. Sectior		
11 b	A community trust. Section 170(b)(1)(A)	(vi). (Also complete th	e Support Schedule in P	art IV-A.)				
12	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)							
13 X	An organization that is not controlle requirements of section 509(a)(3). Check X Type I Type II	the box that describe				otherwise meets the		
	Provide the following information	about the supported	l organizations. (See pag	e 8 of the instru	ctions.)	·		
Na	(a) me(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of Organization (described in lines 5 through 12 above or IRC section)	Is the su organizati the sup organiz	on listed in	(e) Amount of support		
				Yes	No			
NEW YO	RK UNIVERSITY	13-5562308	06	X		46,000		
_,	· · · · · · · · · · · · · · · · · · ·							
				1				
Total • •		, <u></u>	<u> </u>		▶	46,000		
14	An organization organized and operated t	o test for public safe	ty. Section 509(a)(4). (Se	e page 8 of the i	nstructions.)			

Section Description Desc		nedule A (Form 990 or 990-EZ) 2007			13-3954405		Page 4
Note: "For may use the worksheet in the instructions for converting from the account to the cash method of accounting NOT APPLICABLE (Callendar year for fiscal year beginning in) \(\bigcircless (2) \) (9) 2006 (9) 2004 (9) 2003 (9) 2003 (9) 2005 (10) 2003 (9) 2003 (9) 2005 (10) 2003 (9) 2005 (10) 2003 (10) 2003 (10) 2005 (1	P	art IV-A Support Schedule (Complete only	if you checked a	box on line 10,	11, or 12.) Use o	ash method of acc	counting
Calendar year for fiscal year beginning in 6 Offs, grants, and contributions received (Do not include unusual grants. See lite 28)	No	te: You may use the worksheet in the instruction	ons for converting t	rom the accrual to t	the cash method of		-
16 Office, grants, and contributions received (Do not included usuals) grants Set inte 23			1		1		
16 Membership fees received	15	· · · · · · · · · · · · · · · · · · ·				(2)	(0) 10(0)
17 Gross receipts from admissions, merchandles sold or sevence performed, or furnishing of facilities in any activity that is related to the organization charitable etc. purpose. 18 Gross income (from interest, dividende, amounts received from payments on securities Jones (section 512(a)(6)) rents, roystles, income from similar sources, and unrelated business taxable income (see section 511 lass) from businesses acquired by the organization after June 30,1975. 19 Net income (from unrelated business activities not included in line 18 or generally representation of the organization after June 30,1975. 20 Tax revenues leved for the organization's banefit and either paid to it or expended on its behalf. 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. 22 Orden income Attach a schedule no not include the value of services or facilities generally furnished to the public without charge. 23 Total of lines 15 through 22 24 Line 23 minus line 17, 25 Enter 1% of line 23. 26 Organization unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 25a. Do not file this list with your return. Enter the total of all these excess amounts 25b. 26 Public support (line 26c minus line 26d total) 27 Public support (line 26c minus line 28d total) 29 Public support (line 26c minus line 28d total) 20 Public support (line 26c minus line 28d total) 20 Public support (line 26c minus line 28d total) 21 Public support percentage (line 28c funnetation) divided by line 28c (denomination) 29 Public support (line 26c minus line 28d total) 20 Public support (line 26c minus line 28d total) 20 Public support (line 26c minus line 28d total) 21 Public support (line 26c minus line 28d total)							
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23 Total of lines 15 through 22	22	Other income. Attach a schedule. Do not					-
24 Line 23 minus line 17. 25 Enter 1% of line 23. b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26b c Total support for section 509(4)(1) lest: Enter line 24, column (e) d Add: Amounts from column (e) for lines: 18 22 26b Public support (line 26c minus line 26d (numerator) divided by line 26c (denominator)). 28f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). Do not file this list with your return. Enter the sum of such amounts for each year. NOT APPLICABLE (2006) (2005) (2004) (2003) b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and total amounts received for line 3 in the list or your records to show the name of, and total amounts received for line 3 in the list or your records to show the name of, and total amounts received in each year from, each "disqualified persons" (2004) (2003) b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and total sindividuals) Do not file this list with your return. 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. (2006) (2005) (2004) (2003) c Add: Amounts from column (e) for lines: 15 16 17 20 and line 27b total and line 27c total minus line 27d total) and line 27b total and line 27c total minus line 27d total b Public support (ine 27c total minus line 27d total) and line 27f (denominator)) 27g 27g 27g 27g 27g 27g 27g 2		include gain or (loss) from sale of capital assets					
25 Enter 1% of line 23. 26 Organizations described on lines 10 or 11: 27 Departmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 28a. Do not file this list with your return. Enter the total of all these excess amounts to 309(a)(1) test: Enter line 24, column (e) 28 d Add: Amounts from column (e) for lines: 18 29 2 26b 20 e Public support (line 26c minus line 26d total) 20 Public support percentage (line 26c (numerator) divided by line 25c (denominator)) 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." NOT APPLICABLE (2006) 2005) 2005) 2004) 21 (2004) 22 (2004) 23 For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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 (Included in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. 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. 27 (2006) 28 Add: Amounts from column (e) for lines: 15 16 17 20 21 20 21 21 27 22 27 23 27 24 27 25 27 26 27 27 27 28 27 29 29 29 29 20 20 21 20 20 21 27 22 27 23 27 24 27 25 27 27 27 27 28 27 29 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20 21 27 22 27 23 27 24 27 25 27 27 27 28 27 29 29 29 29 20 20 20	23	Total of lines 15 through 22					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NQT, APPLICABLE. b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts c Total support for section 509(a)(1) test: Enter line 24, column (e) d Add: Amounts from column (e) for lines: 18 19 22 26b e Public support line 26c minus line 26d total) f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person." prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." NOT APPLICABLE (2006) (2005) (2004) (2003) b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and for than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year from each person (other than "disqualified persons"), prepare a list for your records 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 11b, as well as individuals.) Do not file this list with your return. 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. (2006) c Add: Amounts from column (e) for lines: 15 16 17 20 21 4	24	Line 23 minus line 17,					
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts to Total support for section 509(a)(1) test: Enter line 24, column (e) d Add: Amounts from column (e) for lines: 18 19 22 26b e Public support [line 26c minus line 26d total) f Public support percentage (line 26c (numerator) divided by line 26c (denominator)) 7 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person." NOT APPLICABLE (2006) (2005) For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." NOT APPLICABLE (2006) (2005) (2005) (2005) (2004) (2003) b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences excess amounts are considered and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2006) (2005) (2005) (2004) 27c Add: Amounts from column (e) for lines: 15 16 17 20 21 d Add: Line 27c total minus line 27d total). 27g 9 Public support [line 27c total minus line 27d total]. 27g 9 Public support percentage (line 18; column (e) (numerator) divided by lin	25	Enter 1% of line 23	<u></u>				
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts carried to amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts carried to amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts carried to amounts from column (e) for lines: 18			Enter 2% of amount	in column (e), line 24	NOT APPLICA	BLE ▶ 26a	
amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts c Total support for section 599(a)(1) test: Enter line 24, column (e) d Add: Amounts from column (e) for lines: 18	b	Prepare a list for your records to show the n	ame of and amou	unt contributed by	each person (other	er than a	
c Total support for section 509(a)(1) test: Enter line 24, column (e) d Add: Amounts from column (e) for lines: 18 19 26 26 e Public support (line 26c minus line 26d total) f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person." person; prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person. NOT APPLICABLE (2006)		governmental unit or publicly supported organization	zation) whose tota	l gifts for 2003 t	through 2006 exce	eded the	
e Public support (line 26c minus line 26d total) f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person." prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." NOT APPLICABLE (2006)		amount shown in line 26a. Do not file this list	st with your retur	n. Enter the total	of all these excess	amounts ► 26b	
e Public support (line 26c minus line 26d total) f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person." prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." NOT APPLICABLE (2006)	C	Total support for section 509(a)(1) test: Enter line 24	, column (e)			▶ <u>2</u> 6c	
Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) divided by line 26c (denominator)) Public support percentage (line 26e (numerator) divided by line 26c (denominator)) Public support percentage (line 26e (numerator) divided by line 26c (denominator)) Public support (precentage (line 26e (numerator) divided by line 27f (denominator)) Public support percentage (line 18c (numerator) divided by line 26c (denominator)) Public support (precentage (line 18c (numerator) divided by line 27f (denominator)) Public support (precentage (line 18c column (e) (numerator) divided by line 27f (denominator)) Public support (precentage (line 18c column (e) (numerator) divided by line 27f (denominator)) Public support percentage (line 18c column (e) (numerator) divided by line 27f (denominator)) Public support percentage (line 18c column (e) (numerator) divided by line 27f (denominator)) Public support percentage (line 18c column (e) (numerator) divided by line 27f (denominator)) Public support percentage (line 18c column (e) (numerator) divided by line 27f (denominator)) Public support percentage (line 18c column (e) (numerator) divided by line 27f (denominator)) Public support percentage (line 18c column (e) (numerator) divided by line 27f (denominator)) Public support percentage (line 18c column (e) (numerator) divided by line 27f (denominator)) Public support percentage (line 18c column (e) (numerator) divided by line 27f (denominator)) Public support percentage (line 18c column (e) (numerator) divided by line 27f (denominator)) Public support percentage (line 18c column (e) (numerator) divided by line 27f (denominator)) Public support percentage (line 18c column (e) (numerator) divided by line 27f (denominator)) Public support percentage (line 27c (numerator) divided by line 27f (denominator)) Public support percentage (line 27c (numerator) divided by line 27f (denominator))	d	Tida: 7 ambanio il olii obioniii (o) foi ililos.		'			
7 Public support percentage (line 26e (numerator) divided by line 26c (denominator)). 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." NOT APPLICABLE (2006)			26	Sb		▶ 26d	
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person." person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." NOT APPLICABLE (2006)	e	Public support (line 26c minus line 26c total)				▶ <u>26e</u>	<u> </u>
Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE (2006)	7 27	Organizations described on line 12: a For	ivided by line 26c (d	enominator))		▶ 26f	%
For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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 11b, as well as individuals.) Do not file this list with your return. 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: (2006)		Do not file this list with your return. Enter the sum of NOT APPLICABLE	of such amounts for	and total amounts each year:	received in each	year from, each "di	squalified person.
For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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 11b, as well as individuals.) Do not file this list with your return. 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: (2006)		(2006) (2005)		(2004)	. _	(2003)	
(2006)	b	show the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and	eceived from each year, that was mo 5 5 through 11b a	person (other than ore than the larger s well as individuals	"disqualified person of (1) the amount of (1) the amount of (1) this	s"), prepare a list for line 25 for the y	or your records to
c Add: Amounts from column (e) for lines: 15				(2004)		(2003)	
d Add: Line 27a total						(2000)	
d Add: Line 27a total	c	Add: Amounts from column (e) for lines: 15	16	S			
d Add: Line 27a total		17 20	21			27c	
e Public support (line 27c total minus line 27d total)	d	Add: Line 27a total a	and line 27b total .	· <u></u>		▶ 27d	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	е	Public support (line 27c total minus line 27d total)				270	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	f	Total support for section 509(a)(2) test: Enter amoun	it from line 23, colum	n (e)	▶ 27f		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	g	Public support percentage (line 27e (numerator) di	ivided by line 27f (de	nominator))		▶ 27g	9/
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during accept	h	Investment income percentage (line 18, column (e) (numerator) divide	d by line 27f (denom	inator))	275	
	28	Unusual Grants: For an organization described	in line 10, 11,	or 12 that rece	eived any unusual	grants during 200	3 through 2006

Pa	Private School Questionnaire (See page 9 of the instructions.) NOT APPLIC	ABLI		age 🔾
29	(To be completed ONLY by schools that checked the box on line 6 in Part IV) Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws.		1	
29	other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
• •	programs, and scholarships?	30		
31	has the organization publicized its racially hondiscriminatory 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.)	31	<u> </u>	
32	Does the organization maintain the following:			
į	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
	basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32b		
	with student admissions, programs, and scholarships 2	32c		Ì
c	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
		024		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			Ì
22	Dogo the experience discriminate by the second seco			Ì
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	220		Ì
		33a	_	
b	Admissions policies?	33b		Ì
C	Employment of faculty or administrative staff?	33c		
6	Scholarships or other financial assistance?		i	Ì
•	Control of Other Interior assistance:	33d		
е	Educational policies?	33e		Ì
		936		
f	Use of facilities?	33f		Ì
				-
g	Athletic programs?	33g		
h	Other extracurricular activities?		į	Ì
	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		i	Ī
			ŀ	Ì
		1		Ì
				Ì
212	Does the organization receive any financial aid or oppintance from a povernmental accuracy.			Ì
u-+ d	Does the organization receive any financial aid or assistance from a governmental agency?	34a	 	
b	Has the organization's right to such aid ever been revoked or suspended?	34b		Ī
	If you answered "Yes" to either 34a or b, please explain using an attached statement.	V-D		
		, 1		Ī
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			Ī
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	<u> </u>	<u></u>

	aπτεντέΑ Lobbying (To be co	pmpleted ONLY by an	cting Public Charitie eligible organizatio	es (See page 1 n that filed Forr	l 1 of th ກ 5768		ons.) PPLICAB	T 1- -
Ch		anization belongs to an affi						rol" provisions apply
	(The te	Limits on Lobbying	•	ırred.)		(a) Affiliated totals		(b) To be completed for all electing organizations
36	Total lobbying expe	nditures to influence pub	olic opinion (grassroots	s lobbyina)	36		+	0.9020.00.0
37	Total lobbying expe	nditures to influence a le	gislative body (direct	lobbying)	37			
38	Total lobbying expe	nditures (add lines 36 ar	nd 37)	,,,,,,	38			
39	Other exempt purpo	ose expenditures			39		-	
40		se expenditures (add line			40			
41	Lobbying nontaxable	e amount. Enter the amo	ount from the following	table -				
	If the amount on lir	ne 40 is - The Io	bbying nontaxable ar	nount is -				
	Not over \$500,000	20% of	the amount on line 40 , .					•
	Over \$500,000 but not o	ver \$1,000,000 \$100,00	00 plus 15% of the excess	over \$500,000				
	Over \$1,000,000 but not	over \$1,500,000 \$175,0	00 plus 10% of the excess (over \$1,000,000	41			
		over \$17,000,000 \$225,00						
	Over \$17,000,000	\$1,000	,000	<i></i>				
42	Grassroots nontaxa	ble amount (enter 25% c	of line 41)		42			
43	Subtract line 42 from	n line 36. Enter -0- if line	e 42 is more than line	36	43			
44	Subtract line 41 from	n line 38. Enter -0- if line	e 41 is more than line	38	44			. <u> </u>
	Continue of there is	an amarint an aith an line	40		1			
	Caution: Il lifere 15	an amount on either line	Averaging Period			١	<u></u>	
	(Some organiz	ations that made a sect	ion 501/h) election do	not have to com	n)Tuci) Il of the five	oolumna k	olav.
	(como organiz		ons for lines 45 throug					elow.
_								
			Lobbying Expendi	tures During 4	-Year A	Averaging	Period	
	Calendar year (or fisca	, ,	(b)	(c)		(d)		(e)
	year beginning in)	2007	2006	2005		200	4	Total
	Lobbying nontaxable				ŀ			
<u>45</u>								<u>. </u>
	Lobbying ceiling amou		·					
<u>46</u>	(150% of line 45(e)) .	-	<u> </u>					
47	Total lobbying expenditure	s						
	Grassroots nontaxable							····
48	amount							
	Grassroots ceiling amount							
<u>49</u>	(150% of line 48(e))							
	Grassroots lobbying							······································
50						<u> </u>		
Pa		Activity by Nonelecti			۸۱ ۵	NOT AF	PLICAB	ĻE
		orting only by organiza				e page 13	of the ins	tructions.)
		anization attempt to influer opinion on a legislative mat			ing any	Y	es No	Amount
			· ·					·
b		ement (Include compens	ofice in companse and			: :		
C	Media advertisemen						 	
d		s, legislators, or the publ	,				-	·
e		ished or broadcast state		• • • • • • • • •		· · · · ·		·
f	Grants to other orga	nizations for lobbying pu					 	
g.		egislators, their staffs, g		r a legislative bod	 V	• • • • • -		
h	Rallies, demonstration	ons, seminars, convention	ons speeches lectures	Crany other mo	y,	• • • • •		
i	Total lobbying exper	ditures (Add lines c thro	uah h.)	, or any other me	, ui 19	· <i>·</i> · · · ·		
•	If "Yes" to any of the	above, also attach a st	atement giving a deta	iled description o	of the Inl	∟ bbving activi	ties	
								000 or 000 EZ) 2005

Schedule A (Form 990 or 990-EZ) 2007 13-3954405 Page 7 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part VII Exempt Organizations (See page 14 of the instructions.) 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 Yes No (i) Cash 51a(i) X a(ii) X **b** Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization b(i) X b(ii) Х b(iii) Х b(iv) Х Х b(v)(vi) Performance of services or membership or fundraising solicitations b(vi) Х c Sharing of facilities, equipment, mailing lists, other assets, or paid employees Х 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: (a) (b) (c) (d) Line no. Amount involved Description of transfers, transactions, and sharing arrangements Name of noncharitable exempt organization N/A English the experimentary dispatch as inclined to a fellow the control of the

(a) Name of organization	(b) Type of organization	(c) Description of relationship
I/A		

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service
Name of organization

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

2007

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

NATIONAL CENTER ON PHILANTHROPY AND THE LAW 13-3954405 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.) General Rule -For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.) Special Rules -For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 331/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)									
Name of organization	NATIONAL	CENTER	ON	PHILANTHROPY	AND	THE	LAW		

Employer identification number

13-3954405

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ANONYMOUS C/O NCPL 110 WEST 3RD STREET 2ND FLOOR NEW YORK, NY 10012	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2_	SILICON VALLEY COMMUNITY FOUNDATION C/O NCPL 110 WEST 3RD STREET 2ND FLOOR NEW YORK, NY 10012	\$\$0,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	DONATIONS <\$5,000 OF PART I, LINE 1E C/O NCPL 110 WEST 3RD STREET 2ND FLOOR NEW YORK, NY 10012	\$ 34,701.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$ - \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

FORM 990 - GENERAL EXPLANATION ATTACHMENT ______

PORTFOLIO OF INVESTMENTS FORM 990, PART I LINE 8C

SALES PROCEEDS \$11,227,544

COST:

\$ 9,796,515

REALIZED LOSS: \$ 1,431,029

=========

DETAILS ARE IN THE POSSESSION OF THE CENTER AND ARE AVAILABLE UPON REQUEST.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

FORM 8868

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

FORM 990 - GENERAL EXPLANATION ATTACHMENT

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

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

THE DIRECTOR AND EXECUTIVE DIRECTOR ARE EMPLOYED BY NEW YORK UNIVERSITY, A RELATED ENTITY. THEIR COMPENSATION AS KEY EMPLOYEES OF THE CENTER IS ALLOCATED BY NYU AS FOLLOWS:

	COMPENSATION	BENEFITS
PROFESSOR HARVEY P. DALE, DIRECTOR PROFESSOR JILL S. MANNY, EXEC DIREC	\$186,700 117,300	\$42,086 11,730
	\$304,000	\$53,816

FORM	990,	PART	I	_	OTHER	DECREASES	IN	FUND	BALANCES
WERKERSHIP									

DESCRIPTION				AMOUNT
UNREALIZED LO	SS ON	INVESTMENTS		1,999,947.
			TOTAL	1,999,947.

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

		PURPOSE OF GRANT OR CONTRIBUTION		
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	AND	FOUNDATION STATUS OF RECIPIENT		
		IPIENT NAME AND ADDRESS		NTS PAID

A INSTITUTE OF JUSTICE	NONE	FELLOWSHIP FUND STIPENDS
BROADWAY	PUBLIC CHARITY	
YORK, NY 10279		

46,000.

AMOUNT

46,000.

FELLOWSHIP FUND STIPENDS

SUPPORTED ORGANIZATION

PUBLIC CHARITY

YORK UNIVERSITY
WASHINGTON SQUARE SOUTH

YORK, NY 10012

TOTAL CONTRIBUTIONS PAID

92,000.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
THER PROFESSIONAL FEES	31,895.	31,895.		
LIBRARY SERVICES	13,360.	13,360.		
SOOKS AND PERIODICALS	29,889.	29,889.		
DATA PROCESSING	6,300.	5,229.	441.	630.
1EMBERSHIP	2,650.	2,650.		
AWARDS	665.	552.	46.	67.
HONORARIUM	4,000.	4,000.		
ALARIES, BENEFITS, & PAYROLL				
TAXES - ALLOCATED FROM NYU	530,938.	440,535.	44,205.	46,198.
IISCELLANEOUS	12,099.	10,042.	847.	1,210.
OTALS		538,152.		48,105.
	11 11 11 11 11 11 11			

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

THE CENTER IS OPERATED FOR CHARITABLE AND EDUCATIONAL PURPOSES, INCLUDING THE PROMOTION, ECOURAGEMENT, AND SPONSORSHIP OF STUDY, RESEARCH AND OTHER EDUCATIONAL ACTIVITIES IN THE AREA OF PHILANTHROPY AND THE LAW. THE CENTER CONDUCTS OR SUPPORTS ACTIVITIES FOR THE BENEFIT OF, PERFORMS THE FUNCTIONS OF, OR CARRIES OUT THE PURPOSES OF NEW YORK UNIVERSITY.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

	TOTALS	5,781,361.	5,755,323.	
MUTUAL FUNDS		5,781,361.	5,755,323.	FMV
DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV

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

AME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
OHN E CRAIG 10 WEST THIRD STREET, 2ND FLOOR EW YORK, NY 10012	DIRECTOR 1.00	NONE	NONE	NONE
ROFESSOR HARVEY P DALE 10 WEST THIRD STREET, 2ND FLOOR 5W YORK, NY 10012	PRESIDENT/DIRECTOR 10.00	NON NON	NONE	NONE
ROFESSOR HARVEY J GOLDSCHMID 10 WEST THIRD STREET, 2ND FLOOR EW YORK, NY 10012	DIRECTOR 1.00	NONE	NONE	NOONE
ESTER POLLACK ESQ 10 WEST THIRD STREET, 2ND FLOOR EW YORK, NY 10012	CHAIRMAN 1.00	NONE	NONE	NONE
DRMAN REDLICH ESQ .O WEST THIRD STREET, 2ND FLOOR IW YORK, NY 10012	DIRECTOR 1.00	NONE	NONE	NONE
ANDREW SCHAFFER ESQ .0 WEST THIRD STREET, 2ND FLOOR .W YORK, NY 10012	DIRECTOR 1.00	NONE	NONE	NONE
OFESSOR JOHN G SIMON	DIRECTOR 1.00	NONE	NONE	NONE

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

CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER ION BENEFIT PLANS ALLOWANCES	NONE NONE NONE	NONE NONE NONE NONE
COMPENSATION		NONE
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION 	SECRETARY/TREASURER/EXEC DIR 20.00	GRAND TOTALS
AME AND ADDRESS 10 WEST THIRD STREET, 2ND FLOOR EW YORK, NY 10012	ROFESSOR JILL S MANNY 10 WEST THIRD STREET, 2ND FLOOR EW YORK, NY 10012	

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

STUDENTS RECEIVING STIPENDS ARE JUDGED WORTHY BY THE CENTER'S ASSESSMENT ON THE BASIS OF ACADEMIC ACHIEVEMENT, FINANCIAL NEED, AND OTHER SIMILAR STANDARDS. FELLOWS ARE SELECTED WOTHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, POLITICAL BELIEFS, NATIONAL ORIGIN, DISABILITY, AGE, OR SEXUAL ORIENTATION.