

Return of Organization Exempt From Income Tax

1998

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

Department of the Treasury Internal Revenue Service

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

This Form is Open to Public Inspection

A For the 1998 calendar year, OR tax year period beginning 09/01, 1998, and ending 08/31, 1998

- B Check if: Change of address, Initial return, Final return, Amended return

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: the Law National Center on Philanthropy and D'Agostino Hall/110 West 3rd St. City or town, state or country, and ZIP+4: New York, N.Y. 10012

D Employer identification number: 13 3954405 E Telephone number: (212) 998-6272 F Check if exemption application is pending

G Type of organization: Exempt under section 501(c)(3) (insert number 3) OR section 4947(a)(1) nonexempt charitable trust

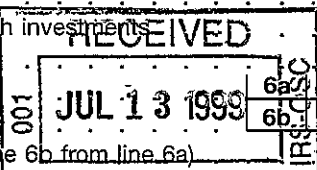
H(a) Is this a group return filed for affiliates? Yes No X (b) If "Yes," enter the number of affiliates for which this return is filed: J Accounting method: Cash X Accrual Other (specify)

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 it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 13.)

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Rows include Contributions (200,327), Program service revenue (5,348), Gross rents (5,009), Net gain or loss (26,030), Total revenue (179,950), Total expenses (659,079), and Net assets at end of year (4,351,831).



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**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. (See Specific Instructions on page 17.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) . . . . . (cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule).				
25	Compensation of officers, directors, etc. . . . .	None	None	None	None
26	Other salaries and wages . . . . .	325,950	277,418	29,543	18,989
27	Pension plan contributions . . . . .				
28	Other employee benefits . . . . .	83,769	72,041	6,702	5,026
29	Payroll taxes . . . . .				
30	Professional fundraising fees . . . . .				
31	Accounting fees . . . . .				
32	Legal fees . . . . .				
33	Supplies . . . . .	2,500	2,225	150	125
34	Telephone . . . . .	5,492	4,887	330	275
35	Postage and shipping . . . . .	1,175	1,046	70	59
36	Occupancy . . . . .	52,240	46,494	3,134	2,612
37	Equipment rental and maintenance . . . . .				
38	Printing and publications . . . . .				
39	Travel . . . . .	32,208	32,208		
40	Conferences, conventions, and meetings . . . . .	12,525	12,525		
41	Interest . . . . .				
42	Depreciation, depletion, etc. (attach schedule)				
43	Other expenses (itemize): a Stmt. 2	143,220	143,138	45	38
b	.....				
c	.....				
d	.....				
e	.....				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	659,079	591,981	39,974	27,124

**Reporting of Joint Costs.**—Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No  
 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** (See Specific Instructions on page 20.)

What is the organization's primary exempt purpose? ▶ See Statement 3		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)		
a	Support of The National Center on Philanthropy and The Law ..... (Grants and allocations \$ _____)	591,981
b	..... (Grants and allocations \$ _____)	
c	..... (Grants and allocations \$ _____)	
d	..... (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . . ▶	591,981

**Part IV Balance Sheets** (See Specific Instructions on page 20.)

<b>Note:</b> 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 . . . . .	878,166	45	837,648
	46 Savings and temporary cash investments . . . . .		46	
	47a Accounts receivable . . . . .	47a None		
	b Less: allowance for doubtful accounts . . . . .	47b	None	47c None
	48a Pledges receivable . . . . .	48a 3,214,219		
	b Less: allowance for doubtful accounts . . . . .	48b	3,636,658	48c 3,214,219
	49 Grants receivable . . . . .			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .			50
	51a Other notes and loans receivable (attach schedule) . . . . .	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 (attach schedule) See Statement. 4 . . . . .		329,486	54 310,128
	55a Investments—land, buildings, and equipment: basis . . . . .	55a		
	b Less: accumulated depreciation (attach schedule) . . . . .	55b		55c
	56 Investments—other (attach schedule) . . . . .			56
	57a Land, buildings, and equipment: basis . . . . .	57a		
	b Less: accumulated depreciation (attach schedule) . . . . .	57b		57c
	58 Other assets (describe ▶ _____ ) . . . . .			58
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .		4,844,310	59 4,361,995	
<b>Liabilities</b>	60 Accounts payable and accrued expenses . . . . .	13,350	60	10,164
	61 Grants payable . . . . .		61	
	62 Deferred revenue . . . . .		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			63
	64a Tax-exempt bond liabilities (attach schedule) . . . . .			64a
	b Mortgages and other notes payable (attach schedule) . . . . .			64b
	65 Other liabilities (describe ▶ _____ ) . . . . .			65
66 <b>Total liabilities</b> (add lines 60 through 65) . . . . .		13,350	66 10,164	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted . . . . .	831,527	67	766,662
	68 Temporarily restricted . . . . .	3,744,433	68	3,327,669
	69 Permanently restricted . . . . .	255,000	69	257,500
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>			
	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	
73 <b>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) . . . . .		4,830,960	73 4,351,831	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .		4,844,310	74 4,361,995	

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 (See Specific Instructions, page 22.)

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	179,950
b	Amounts included on line a 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	
c	Line a minus line b . . . . . ▶	c	179,950
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) . . . . . ▶	e	179,950

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

a	Total expenses and losses per audited financial statements . . . ▶	a	659,079
b	Amounts included on line a 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	
c	Line a minus line b . . . . . ▶	c	659,079
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶	e	659,079

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 22.)

(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
Statement 5	As needed	None	None	None

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?  Yes  No  
If "Yes," attach schedule—see Specific Instructions on page 22.

**Part VI Other Information** (See Specific Instructions on page 23.)

		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
78a	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?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt 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="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81.	81a	None
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	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
83a	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
84a	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?	84b	N/A
85	501(c)(4), (5), or (6) organizations.—a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b	N/A
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?	85g	N/A
h	If section 6033(e)(1)(A) dues notices 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?	85h	N/A
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? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations.—Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>None</b> ; section 4912 <b>None</b> ; section 4955 <b>None</b>		
b	501(c)(3) and 501(c)(4) organizations.—Did the organization engage in any section 4958 excess benefit transaction during the 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.		None
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization.		None
90a	List the states with which a copy of this return is filed		
b	Number of employees employed in the pay period that includes March 12, 1998 (See instructions.)	90b	None
91	The books are in care of <b>Nat'l. Ctr. - Philanthropy &amp; The</b> Telephone no. <b>(212) 998-6272</b> Located at <b>110 West 3rd St., Room 206A</b> ZIP + 4 <b>10012</b>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 27.)

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Medicare/Medicaid payments, Fees and contracts from government agencies, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate, Net rental income or (loss) from personal property, Other investment income, Gain or (loss) from sales of assets other than inventory, Net income or (loss) from special events, Gross profit or (loss) from sales of inventory, Other revenue: Misc. Income, Subtotal, Total.

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 (See Specific Instructions on page 28.)

Table with 2 columns: 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). Content: Not Applicable.

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on line 88 is checked.)

Table with 5 columns: Name, address, and employer identification number of corporation or partnership; Percentage of ownership interest; Nature of business activities; Total income; End-of-year assets.

Signature and name fields: Signature of officer (Jill S. Manny), Date (July 7, 1999), Type or print name (Jill S. Manny, Executive Director); Preparer's signature (Keri Carpenter), Date (7/7/99); Firm's name (New York University); Check self-employment, EIN, ZIP + 4.

**SCHEDULE A  
(Form 990)**

**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

OMB No. 1545-0047

**1998**

Department of the Treasury  
Internal Revenue Service

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

**Supplementary Information**

See separate instructions.

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 on page 1. 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				
Total number of other employees paid over \$50,000 . . . . . ▶	None			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions on page 1. 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 professional services . . . . . ▶	None	

**Part III Statements About Activities**

	Yes	No
<b>1</b> 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.		X
<b>2</b> 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:		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
<b>e</b> Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
<b>4a</b> Do you have a section 403(b) annuity plan for your employees?		X
<b>b</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 instructions on page 2.)		

**Part IV Reason for Non-Private Foundation Status** (See instructions on pages 2 through 4.)

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 4.)
- 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 33½%** 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 33½%** 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 instructions on page 4.)

(a) Name(s) of supported organization(s)	(b) Line number from above
New York University	06

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



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**  
**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) 1997	(b) 1996	(c) 1995	(d) 1994	(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.					
<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>	
<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 1994 through 1997 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.	Not Applicable	<b>26b</b>	
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)		<b>26c</b>	
<b>d</b> Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____		<b>26d</b>	
<b>e</b> Public support (line 26c minus line 26d total)		<b>26e</b>	
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))		<b>26f</b>	%

**27 Organizations described on line 12:** **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list 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:  
 (1997) \_\_\_\_\_ (1996) \_\_\_\_\_ (1995) \_\_\_\_\_ (1994) \_\_\_\_\_  
 Not Applicable

**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:  
 (1997) \_\_\_\_\_ (1996) \_\_\_\_\_ (1995) \_\_\_\_\_ (1994) \_\_\_\_\_

<b>c</b> Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	<b>27c</b>	
<b>d</b> Add: Line 27a total _____ and line 27b total _____	<b>27d</b>	
<b>e</b> Public support (line 27c total minus line 27d total).	<b>27e</b>	
<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	<b>27f</b>	
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator)).	<b>27g</b>	%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).	<b>27h</b>	%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1994 through 1997, 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 instructions on page 4.)

**Part V Private School Questionnaire** (See instructions on page 4.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV) Not Applicable

		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.)		
34a	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** (See instructions on page 6.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **Not Applicable**

Check here **a**  if the organization belongs to an affiliated group.  
 Check here **b**  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.)			
<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 . . . . .	<b>41</b>	
	Over \$1,000,000 but not over \$1,500,000 . \$175,000 plus 10% of the excess over \$1,000,000 . . . . .		
	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>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50 on page 7.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
<b>45</b> Lobbying nontaxable amount. . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)).					
<b>47</b> Total lobbying expenditures . . . . .					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)).					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See instructions on page 8.)

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). . . . .			

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?

	Yes	No
<b>a</b> Transfers from the reporting organization to a noncharitable exempt organization of:		
(i) Cash . . . . .	51a(i)	X
(ii) Other assets . . . . .	a(ii)	X
<b>b</b> Other transactions:		
(i) Sales of assets to a noncharitable exempt organization . . . . .	b(i)	X
(ii) Purchases of assets from a noncharitable exempt organization . . . . .	b(ii)	X
(iii) Rental of facilities or equipment . . . . .	b(iii)	X
(iv) Reimbursement arrangements . . . . .	b(iv)	X
(v) Loans or loan guarantees . . . . .	b(v)	X
(vi) Performance of services or membership or fundraising solicitations . . . . .	b(vi)	X
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . .	c	X

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

**52a** 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:

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

FORM 990, PART 1 - LIST OF CONTRIBUTORS

DIRECT  
PUBLIC  
SUPPORT

DATE

NAME AND ADDRESS

ANONYMOUS CONTRIBUTORS

200,327

TOTAL CONTRIBUTION AMOUNTS

200,327

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	PROGRAM MANAGEMENT SERVICES AND GENERAL FUNDRAISING		
	TOTAL	SERVICES	FUNDRAISING
HONORARIUM	4,000	4,000	NONE
PROFESSIONAL SERVICES	11,685	11,685	NONE
COMPUTER SERVICES	5,305	5,305	NONE
BOOKS AND PERIODICALS	59,573	59,573	NONE
LIBRARY SERVICES	13,360	13,360	NONE
STIPENDS	38,500	38,500	NONE
OVERHEAD APPLIED	7,250	7,250	NONE
AWARDS	393	393	NONE
MESSENGER	750	668	45
EQUIPMENT	2,404	2,404	NONE
TOTALS	143,220	143,138	45
			38

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

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

NATIONAL CENTER ON PHILANTHROPY AND THE LAW

13-3954405

STATEMENT 4

FROM 990 , PART IV - INVESTMENTS - SECURITIES

DESCRIPTION

ENDING  
BOOK VALUE

MUTUAL FUNDS

310,128

TOTALS

310,128



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

Mr. John E. Craig, Jr.  
Executive Vice President & Treasurer  
The Commonwealth Fund  
One East 75th Street  
New York, N.Y. 10021  
(212) 606-3832

Professor Harvey P. Dale  
New York University School of Law  
D'Agostino Hall, Room 206A  
110 West Third Street  
New York, N.Y. 10012  
(212) 998-6161

Professor Harvey J. Goldschmid  
Columbia University School of Law  
435 West 116th Street  
New York, N.Y. 10027  
(212) 854-2654

Martin Lipton, Esq.  
Wachtell, Lipton, Rosen & Katz  
51 West 52nd Street, 31st Floor  
New York, N.Y. 10019  
(212) 371-9200

S. Andrew Schaffer, Esq.  
Senior Vice President and General Council  
New York University  
Office of the Legal Council  
70 Washington Square South  
New York, N.Y. 10012  
(212) 998-2244

Professor John G. Simon  
Yale Law School  
127 Wall Street  
New haven, CT. 06520  
(203) 432-2698

# Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

OMB No. 1545-0148

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return. See instructions on back.

Name  
**The National Center on Philanthropy and The Law**

Employer identification number  
**13 3954405**

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)  
**c/o Prof. Jill Manny, Executive Director, D'Agostino Hall**

City, town or post office, state, and ZIP code. For a foreign address, see instructions.  
**110 West 3rd Street, Room 206A, New York, NY 10012**

**Note:** Corporate income tax return filers must use **Form 7004** to request an extension of time to file. Partnerships, REMICs, and trusts must use **Form 8736** to request an extension of time to file **Form 1065, 1066, or 1041.**

- 1 I request an extension of time until \_\_\_\_\_, to file (check only one):
- |  |   |   |                                    |
|--|---|---|------------------------------------|
| <input type="checkbox"/> Form 706-GS(D)                | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1120-ND (sec. 4951 taxes) | <input type="checkbox"/> Form 8612 |
| <input type="checkbox"/> Form 706-GS(T)                | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 3520-A                    | <input type="checkbox"/> Form 8613 |
| <input checked="" type="checkbox"/> Form 990 or 990-EZ | <input type="checkbox"/> Form 1041 (estate) (see instructions)    | <input type="checkbox"/> Form 4720                      | <input type="checkbox"/> Form 8725 |
| <input type="checkbox"/> Form 990-BL                   | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 5227                      | <input type="checkbox"/> Form 8804 |
| <input type="checkbox"/> Form 990-PF                   | <input type="checkbox"/> Form 1042                                | <input type="checkbox"/> Form 6069                      | <input type="checkbox"/> Form 8831 |

- If the organization does not have an office or place of business in the United States, check this box.
- 2a For calendar year \_\_\_\_\_, or other tax year beginning September 1, 1997 and ending August 31, 1998.
- b If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 3 Has an extension of time to file been previously granted for this tax year?  Yes  No
- 4 State in detail why you need the extension Additional time is necessary in order to prepare an accurate tax return.

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance due.** Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions \$ **-0-**

### 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 ► Jill S Manny Title ► Executive Director Date ► 11/7/99

**FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.**

- Notice to Applicant—To Be Completed by the IRS**
- We **HAVE** approved your application. Please attach this form to your return.
- We **HAVE NOT** approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your 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 your return.
- We **HAVE NOT** approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
- Other: \_\_\_\_\_

**EXTENSION APPROVED**

**JAN 27 1999**

Director \_\_\_\_\_ By: \_\_\_\_\_ Date Deborah S. Decker

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Name \_\_\_\_\_

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) \_\_\_\_\_

City, town or post office, state, and ZIP code. For a foreign address, see instructions. \_\_\_\_\_

# Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

OMB No. 1545-0148

▶ **File a separate application for each return.**

Please type or print. File the original and one copy by the due date for filing your return. See instructions on back.	Name <p style="text-align: center; font-size: 1.2em;">The National Center on Philanthropy and The Law</p>	Employer identification number <p style="text-align: center; font-size: 1.2em;">13:3954405</p>
Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) <p style="text-align: center; font-size: 1.2em;">c/o Prof. Jill Manny, Executive Director, D'Agostino Hall</p>		
City, town or post office, state, and ZIP code. For a foreign address, see instructions. <p style="text-align: center; font-size: 1.2em;">110 West 3rd Street, Room 206A, New York, NY 10012</p>		

**Note:** Corporate income tax return filers must use **Form 7004** to request an extension of time to file. Partnerships, REMICs, and trusts must use **Form 8736** to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until July 15, 1999, to file (check only one):

<input type="checkbox"/> Form 706-GS(D)	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1120-ND (sec. 4951 taxes)	<input type="checkbox"/> Form 8612
<input type="checkbox"/> Form 706-GS(T)	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 3520-A	<input type="checkbox"/> Form 8613
<input checked="" type="checkbox"/> Form 990 or 990-EZ	<input type="checkbox"/> Form 1041 (estate) (see instructions)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8725
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8804
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1042	<input type="checkbox"/> Form 6069	<input type="checkbox"/> Form 8831

If the organization does not have an office or place of business in the United States, check this box.

2a For calendar year \_\_\_\_\_, or other tax year beginning September 1, 1997 and ending August 31, 1998.

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

3 Has an extension of time to file been previously granted for this tax year?  Yes  No

4 State in detail why you need the extension Additional time is necessary in order to prepare an accurate tax return.

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_

c **Balance due.** Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions. \$ -0-

### 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 ▶ Jill S. Manny Title ▶ Executive Director Date ▶ 4/6/99

**FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.**

#### Notice to Applicant—To Be Completed by the IRS

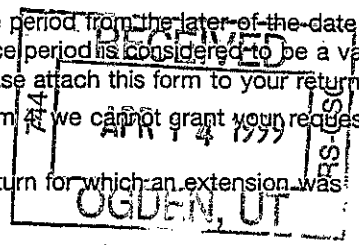
We **HAVE** approved your application. Please attach this form to your return.

We **HAVE NOT** approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your 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 your return.

We **HAVE NOT** approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.

We cannot consider your application because it was filed after the due date of the return for which an extension was requested.

Other: \_\_\_\_\_



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

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please Type or Print	Name _____
Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) _____	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. _____	