990

**Keturn of Organization Exempt From Income Tax** 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 Note: The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 1996 calendar year, OR tax year period beginning 09/01 , 1996, and ending 08/31 , 19 D Employer identification number Name of organization una IRS lebel or initial return NATIONAL CENTER ON PHILANTHROPY AND 13-395440<u>5</u> print or Final Number and street (or P.O. box if mail is not delivered to street address) Room/suite State registration number type. D'AGOSTINO HALL Specific 206A 110 WEST 3RD STREET N/A instrue-City, town, or post office, state, and ZIP + 4 Check > NEW YORK, NY 10012 G Type of organization → X Exempt under section 501(c) ( 3 ) ◀ (insert number) OR ▶ section 4947(a)(1) nonexempt charitable trust Note: Section-501(c)(3)-exempt-organizations-and-4947(a)(1)-nonexempt-charital Yes X No If either box in H is checked "Yes," enter four-digit H(a) Is this a group return filed for affiliates?...... group exemption number (GEN) Accounting method: c | Cuh (b) if "Yes," enter the number of affiliates for which this return is filed Yes X No Other (specify) (C) Is thi \_ separate<u>return filed by an organization covered by \_ group ruling }</u> K Check here > if the organization's gross receipts are normally not more than \$25,000. The organization need not file J return with the IRS: but if it received a Form 990 Package in the mail. it should file • return without financial data. Some states require a complete return. Note: Form 990-EZ may be used by organizations with gross receipts less than \$1.00.000 and total assets less than \$250.000 at end of year. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 9.) Contributions. gifts. grants, and similar amounts received: STMT 3,152,065, 2,255,451. a Direct public support 16 b Indirect public: support C Government contributions (grants) d Total (add lines la through Ic) (attach schedule of contributora) 5,407,516. (cash \$ 5,407 516 \_\_\_\_ noncaah \$\_\_ 10 Program service revenue including government fees and contracts (from Part VII, line 93). 3 .3 Membership dues and assessments 4 interest on savings and temporary cash invectmentc . . 5 17,985. 6 c Other investment income (describe 7 8 a Gross amount from sale of assets other (A) Securities (B) Other 334,373.88 285,018.86 b Less cost or other basis and sales expenses Gain or (loss) (attach schedule) 49,355.80 d Net gain or (loss) (combine line 8c, columns (A) and (B)) . . . . 49.355. 8d Special events and activities (attach schedule) a Gross revenue (not including \$ contributions reported on line la) . . . . . . . . . . . . 9a b Less direct expenses other than fundraising expenses . . . . . . . . 9b C Netincome or (loss) from special events (subtract line 9b from line 9a) . 9 c 10Ь C Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c <u> 391.</u> Other revenue (from Part VII. line 103) 475 247 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) -13 573,415 Programservices (from line 44. column (9)) . . . . . . 13

Net assets or fund balances at end of year (combine lines 18. 19. and 20) For Paperwork Reduction Act Notice, see page 1 of the separate instructions. TSANDHOO9R E 2 9 9 06/30/98 10:30:35 V607

Management and general (from line 44, column (C)) . . . .

17 Total expense s (add lines\_16 and 44, column (A))....

Fundraising (from line 44, column (D))

Excess or (deficit) for the year (subtract line 17 from line 12) Net assets Of fund balances at beginning of year (from line 73. column (A)).

Other changes in net assets or fund balances (attach explanation)

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Form 990 (1996) 3

38.657

644.287

4,830,960.

4,830,960.

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NONE

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Form íRev

2758

## 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. Employer identification number Please type or print. File the 13-3954405 original and The National Center on Philanthropy and the Law ane capy by Number, street, and mom or suite no. (or P.O. boa no. if mail ... not delivered to street address) for filing your c/o Professor Jill Manny, Executive Director, D'Agostino Hall, 110 W. 3rd St., Rm 206A
City, town or post office, state, and LIP code. For a foreign address, see instructions. instructions on the next page.) 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 trust must use Form 8736 to request an • xtwkon of time to file Form 1065, 1066, or 104 1. 1 request an extension of time until July 15, 1998 , to file (check only one): Form 706-GS(D) Form 1120-ND (4951 taxes) Form 8612 Form 990-T (401(a) or 408(a) trust) Form 706-GS(T) Form 990-T (trust other than above) Form 3520-A Form 8613 x Form 990 or 990-EZ Form 1041 (estate) (see instructional Form 4720 Form 8725 Form 1041-A Form 990-BL Form 5227 Form 8804 Form 990-PF Form 1042 Form 6069 Form 8831 If the organization does not have an office or place of business in the United States, chi and ending August 31, 1997 or other tax year beginning September 1, 1996 2 a For calendar year 19 If this tax year is for less than 12 months, check reason: Initial return ь Final return Change in accounting period Has an extension of time to file been previously granted for this tax year? X Yes No State in detail why you need the extension Additional time is necessary in order for us to prepare an accurate tax return. If this form is for Form 708-GS(D), 708-GS(T), 990-BL, 990-PF, 990-T, 1041 (actual), 1042. 1120-ND, 4720. 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tex, less any nonrefundable credits. See instructions 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 Balance due, Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions Signature and Verification Under penalties of perjury, I declare that I have examined this form, including acc schedules and statements, and to the best of my kni and belief, it is true, correct, and complete; and that I are suthorized to propere this form. Signature The C.P.A., As Authorized Agent FILE ORIGINALAND 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 HAVENOT 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 HAVENOT 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 If you want a copy of this form to be returned to an address other than that channe above, please enter the address to which the copy should be sent. Please KPMG Peat Marwick, L.L.P. Attention: Dan Romano Туре Number, street, and room or suce no. (or P.O. box no. if med • not defivered to street address) 345 Park Avenue, 26th Floor City, town or post office, state, and ZIP code. For a foreign address, see matrustians,

## Form 2758 (Rev Mcy 1995)

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

		► File a separate application for each return.	
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		. Jill Manny, Executive Director, D'Agostino Hall, 110 W.3rd post office, state, and ZIP code. For a foreign address, see instructions.	Street, Rm.206A
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		tax return filers must use Form 7004 to request an extension of time to file. Partnerships, RI	EMICs. and
trust mus	st <b>use</b> Form	8736 to request an extension of time to file Form 1065. 1066. or 104 1.	
I I request	an extensi	on of time until April 15, 1998	ck only one):
Form 706		Form 990-T (401(a) or 408(a) trust) ) Form 1120-ND (4951 taxes) Form 8612	
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x Form 990			
Form 990		Form 1041-A Form 6227 Form 8804	
Form 990		Form 1042 Form 6069 Form 8831	
_	nization ocea ndar year 19	not have • office or place of business in the United States, check this box or other tax year beginning September .1 1996 and ending August	31 1997
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Signature FILE ORIGINAL Notice to Appl We HAVE shown be extension We HAV an exte We can requeste Other	tax payment du o. Subti required. Si penjury, I dece, correct, and AND ONE licant - To //E approve E NOT approved E NOT approved E NOT approved to the consideration of time for the consideration of	Signature and Verification  Signature and Verification  Signature and Verification  Signature and Verification  Clare that I have examined this form, including accompanying schedules and statements, and to the best of my knowled complete; and that I am authorized to prepare this form.  COPY. The IRS will show below whether or not your pplktion is pproved and will an authorized by the IRS and your application. Please attach this form to your return.  Troved your application. However, we have granted a 10-day grace period from the later of the due date of your return (including any prior extensions). This grace period is considered to be relections otherwise required to be made on a timely return. Please attach this form to you proved your application. After considering the reasons stated in item 4, we cannot grant you metofile. We am not granting the 10-day grace period.  By:  Director  The PCPA, As authorized agent period agent provided and provided agent period and will are the state of the state of the return for which an extension of the provided agent period after the due date of the return for which an extension of the returned to an address other than that shown above, please enter the address to which the complete that the provided agent period is a state of the return for which an extension of the returned to an address other than that shown above, please enter the address to which the complete that the provided agent period is a considered to the return for which the complete that the provided agent period is a considered to the return for which the complete that the provided agent period is a considered to the return for which the complete that the provided agent period is a considered to the returned to an address other than that shown above, please enter the address to which the complete that the provided agent period is a considered to the period agent perio	the date be a valid ur return. ur request for soon was  Paragraphy should be sent
Under penalties of and belief, it is true  Signature  FILE ORIGINAL  Notice to Appl  We HAV  shown be extension  We HAV  an exte  We can requeste  Other  H you want a cop	AND ONE licant - To below or the nof time for E NOT approved E NOT	Signature and Verification  Signature and Verification  Signature and Verification  Clare that I have examined this form, including accompanying schedules and statements, and to the best of my knowled complete; and that I am authorized to prepare this form.  Tribe CPA, As authorized agent pare  COPY. The IRS will show below whether or not your pplktion is proved and willing the Gompleted by the IRS and your application. Please attach this form to your return.  Indeed your application, Please attach this form to your return.  Indeed date of your return (including any pnor extensions). This grace period is considered to provide your application. After considering the reasons stated in item 4, we cannot grant your metofile. We aim not granting the 10-day grace period.  By:  Director  Indeed to an address other than that shown above, please enter the address to which the contact of the return for which an extension to be returned to an address other than that shown above, please enter the address to which the contact in the provided property of the return for which an extension to be returned to an address other than that shown above, please enter the address to which the contact in the provided property of the return for which an extension to be returned to an address other than that shown above, please enter the address to which the contact in the provided property of the return for which an extension to be returned to an address other than that shown above, please enter the address to which the contact in the provided property of the property of the provided property of the property of the provided provided provided property of the provided provi	the date be a valid ur return. ur request for ston was  VARIAND VENTOR
Signature  Signature FILE ORIGINAL  Notice to Appl  We HAV  shown be extension  We HAV  an exte  We can  requeste  Other	AND ONE licant - To VE approve E NOT app below or the n of time for E NOT app consist of time and consist and by of this for sime PMG Pea umber street, 45 Park	Signature and Verification  Signature and Verification  Clare that I have examined this form, including accompanying schedules and statements, and to the best of my knowled complete; and that I am authorized to prepare this form.  Title CPA, As authorized agent period.  COPY. The IRS will show below whether or not your pellistion is period and willing the dyour application. Please attach this form to your return.  Indee due date of your return (including any pnor extensions). This grace period is considered to prefer the due date of your return (including any pnor extensions). This grace period is considered to prevent your application. After considering the reasons stated in item 4, we cannot grant you proved your application. After considering the reasons stated in item 4, we cannot grant you metofile. We aim not granting the 10-day grace period.  By:  Director  In the be returned to an address other than that shown above, please enter the address to which the considering of the return for which an extension to be returned to an address other than that shown above, please enter the address to which the considering of the return for which an extension to be returned to an address other than that shown above, please enter the address to which the considering the reasons above, please enter the address to which the considering the return for which an extension to be returned to an address other than that shown above, please enter the address to which the considering the returned to street eddress.  CODEN STI	the date be a valid ur return. ur request for soon was  Paragraphy should be sent
Belence coupon d  Under penalties of and belief, it is true  Signature  FILE ORIGINAL  Notice to Appl  We HAV  shown be extension  We HAV  an exte  We can requeste  Other  H you want a cop  Na  Please  Type  Nu  Or  Print  Or  Print  Or  Critical	AND ONE licant - To pelow or the not time for the not consided.  To you of this for the period of the not consided.	Signature and Verification  Signature and Verification  Signature and Verification  Clare that I have examined this form, including accompanying schedules and statements, and to the best of my knowled complete; and that I am authorized to prepare this form.  Tribe CPA, As authorized agent pare  COPY. The IRS will show below whether or not your pplktion is proved and willing the Gompleted by the IRS and your application. Please attach this form to your return.  Indeed your application, Please attach this form to your return.  Indeed date of your return (including any pnor extensions). This grace period is considered to provide your application. After considering the reasons stated in item 4, we cannot grant your metofile. We aim not granting the 10-day grace period.  By:  Director  Indeed to an address other than that shown above, please enter the address to which the contact of the return for which an extension to be returned to an address other than that shown above, please enter the address to which the contact in the provided property of the return for which an extension to be returned to an address other than that shown above, please enter the address to which the contact in the provided property of the return for which an extension to be returned to an address other than that shown above, please enter the address to which the contact in the provided property of the return for which an extension to be returned to an address other than that shown above, please enter the address to which the contact in the provided property of the property of the provided property of the property of the provided provided provided property of the provided provi	the date be a valid ur return. ur request for ston was  VARIAND VENTOR

: :000

	Functional Expenses and se		(A) Total	(B) Program	(C) Management	(D) Fundressing
	6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	tervices	and general	1-7.5
22	Grants and allocations (attach schedule)					
	(cash noncash I	22				
	Specific assistance to individuals (attach schedule)	23			1	
	Benefits paid to or for members (attachschedule)	24	NONE	NONE	NONE	NONE
25	Compensation of officers, directors, • tc	25	350,552.	301.475.1	28,044.	21,033.
26 27	Other salaries and wages	26	330,332.	301.473.1	20,044.	21,033.
28	Pension plan contributions Other employee benefits	28	84,184.	72.398.1	6,735.	5.051.
	Payroli taxes	29		72.000.1	0,,00.	0.0011
30	Professional fundraising fees	30				
	Accounting fees	31	1,323.	1,323.	NONE	NONE
32	Legal fees	32				
	Supplies	33	3,763.	3,270.	191.	302.
34	Telephone	34	8,689.	7,552.	441.	696.
35	Postage and shipping	35	1,474.	1,281.	75.	118.
36	Occupancy	36	50,719.	44,083.	2,571.	4,065.
37	Equipment rental and maintenance.	37	7,778.	6,761.	394.	623.
38	Printing and publications	38	62,282.	62,282.		
39	Travel	39	30,610.	30,610.	NONE	NONE
40	Conferences. conventions, and meetings.	40	13,153.	13,153.	NONE	NONE
41	Interest	41			,	
	Depreciation, depletion, etc (attach schedule),	42				
	Other expenses (itemize): a STMT 2	43a	<u>29,760.</u>	29,227.	206.	327.
b		43b				
C -1		43c	<del></del>			
a		43d				
44	Totalfunctional • xpqnsu (addlines 22 through	43e				
	43) Organizations completing columns(β)(D).	4 4 2	8 7 .	5 7	3 38,6574	1 325215
Re	carry these totals to Oines 13-95 4				•	
	cational campaign and fundraising solic					Y.s NO
	es.' enter (i) the aggregate amount of these jo					
	he amount allocated to Management and gen					`s
	t III Statement of Program Ser					16.)
_	t is the organization's primary exempt purp		•			Program Service
	organizations must describe their exer				of clients served.	Required for 501(c)(3) and
pub	ications issued. etc. Discuss achievement	s tha	t ace not measurable.	(Section 501 (c)(3) an	d (4) organizations	(4) orgs., and 4947(a)(1) trusts; but optional for
and	4947(a)(1) nonexempt chantable trusts	must	also enter the amount	of grants and allocation	ons to others.)	others)
	UPPORT OF THE NATIONAL	CE	NTER ON PHILA	<u>ANTHROPY AND</u>	THE LAW	
	ACTIVITIES					
			(Grants a	nd allocations \$	)	573,415.
h						<u></u>
						<u> </u>
	There is a place of many and the second					
c			(Grants a	ind allocations \$	<u> </u>	
С	** ************************************					
	<del></del>					T
			(Cronto o	and allocations ¢	1	<u> </u>
d			(Grants a	and allocations \$	,	
	1					†
			(Grants a	and allocations \$	)	†
	Other program services (attach schedule)			and allocations \$	1	

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

573,415.

# Part IV Balance Sheets (See Specific Instructions on page 16.)

-	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	NONE	45	878,166.
	46	Savings and temporary cash investments	, vove	46	070,100.
		Accounts receivable	NONE	47c	NONE
		Pledges receivable		48c	
		Grants receivable	NONE		3,636,658.
	50	Receivables from officers, directors, vustees, and key employees	NONE	7.5	3,030,038.
s	51a	(attach schedule) Other notes and loans receivable (attach schedule) 51a		50	<del></del>
Assets	b	Less: allowance for doubtful accounts 51b		51c	
As	52	Inventories for sale or use		52 53	
	54	Prepaid expenses and deferred charges			329,486.
		equipment: basis		55c	
	! 56	Investments other (attach schedule)		56	
		Land. buildings. and equipment basis 57a			
	l I	Less: accumulated depreciation (attach schedule) 57b	<b>=</b> 	5/C	
		Other assets (describe >		58	
	159	Total assets (add lines 45 through 58) (must equal line 74)	NONE	59	4.844.310.
	160	Accounts payable and accrued expenses	NONE	60	13,350.
	£ 61	Grants payable		61	
	62	Deferred revenue		62	
es.	63	Loans from officers. directors. trustees, and key employees (anach schedule)		63	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)		64a	
ig	b	Mortgages and other notes payable (anach schedule)		64b	
_	65	Other liabilities (describe ►)		65	
	66	Total liabilities (add lines 60 through 65)	NONE	66	13,350.
		anizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74.			
es	67	Unrestricted	NONE NONE	<del>67 -</del>	258,283.
3nc		Temporarily restricted			4.317.677.
Sala	69	Permanently restricted	NONE	69	255,000.
or Fund Balances	Org	anizations that do not follow SFAS 117, check here ▶ and complete lines 70 through 74.			
4	70	Capital stock, trust principal, or current funds		70	
0 5	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
set	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)	NONE	7.	4 820 000
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)	NONE NONE		4,830,960. 4,844,310.

Part IV-A Reconciliation of Revenue per Audited			f Expenses per nents <b>with</b> Expe	
Financial Statements with Revenue per			ionio with Expe	nioco pei
Return (See Specific Instruction page 18.)		Return	1	
Total revenue, gains, and other support		xponsos and losses	· I I	044.007
per audited financial statements > 5.475.247		financial states	7 - 7	644.287.
Amounts included on line a but not on		included on line	a but not	
line 12. Form 990:		17. Form 990:		
(1) Net unrealized gains	(1) Donated			
o n investments \$		of facilities \$		
(2) Donated services and	(2) Prior year	druuctmentr		
use of facilities \$	reported	on line 20,		
(3) Recoveries of prior	Form 9	90 <u>\$</u>		
year grants \$	(3) Losses re	ported on	] ]	
(4) Other (specify):	line 20. F	orm 990 <u>\$</u>		
	(4) Other (spe	cify):		
Add amounts on lines (1) through (4) ▶ b		\$		
		ounts on lines (1) t		
Line a minus line b.		inus line <b>b</b>		644,287.
d Amounts included on line 12,		included on line		
Form 990 but not on line a:		0 but not on line a	:	
(1) Investment expenses	(1) investme	ent expenses		
not included on line		ided on line		
6bForm 990 \$		m 990 <u>. <b>\$</b> </u>		
(2) Other (specify):	(Z) Other (spe	city):		
<u> </u>		<u> </u>		
Add amounts on lines (1) and (2)		ounts on lines (1)		
e Total revenue per line 12. Form 990		penses per line 17	1 1	
(line c plus line d) ▶ e 5.475.247	7.   (line C	plus line d)		644,287.
Deat V. Liet of Officers Discotors T		pide into di		
Part V List of Officers, Directors, Trus es, and Key E	m oyees (List	each one even if r	not compensated; s	
Instructions on page 18.)	miloyees (List	each one even if r	not compensated; s	ee Specific
Instructions on page 18.)	(B) Title and average hours per week	(CI Compensation (if not paid, enter	(D) Contributions to employee benefit plans &	(E) Expense
Instructions on page 18.) (A) Name and address	M Oyees (List	each one even if r	not compensated; s	ee Specific
Instructions on page 18.)  (A) Name and address  STATEMENT 5	(B) Title and average hours per week devoted to position	(CI Compensation (if not paid, enter	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and ocher nowanc'r
Instructions on page 18.)  (A) Name and address  STATEMENT 5	(B) Title and average hours per week	(CI Compensation (if not paid, enter	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and ocher nowanc'r
Instructions on page 18.)  (A) Name and address  STATEMENT 5	(B) Title and average hours per week devoted to position	(CI Compensation (if not paid, enter	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and ocher nowanc'r
Instructions on page 18.)  (A) Name and address  STATEMENT 5	(B) Title and average hours per week devoted to position	(CI Compensation (if not paid, enter	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and ocher nowanc'r
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Instructions on page 18.)  (A) Name and address  STATEMENT 5	(B) Title and average hours per week devoted to position	(CI Compensation (if not paid, enter	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and ocher nowanc*r
Instructions on page 18.)  (A) Name and address  STATEMENT 5	(B) Title and average hours per week devoted to position	(CI Compensation (if not paid, enter	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and ocher nowanc*r
Instructions on page 18.)  (A) Name and address  STATEMENT 5	(B) Title and average hours per week devoted to position	(CI Compensation (if not paid, enter	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and ocher nowanc*r
Instructions on page 18.)  (A) Name and address  STATEMENT 5	(B) Title and average hours per week devoted to position	(CI Compensation (if not paid, enter	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and ocher nowanc*r
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Instructions on page 18.)  (A) Name and address  STATEMENT 5	(B) Title and average hours per week devoted to position	(CI Compensation (if not paid, enter	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and ocher nowanc*r
Instructions on page 18.)  (A) Name and address  STATEMENT 5	(B) Title and average hours per week devoted to position	(CI Compensation (if not paid, enter	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and ocher nowanc*r
Instructions on page 18.)  (A) Name and address  STATEMENT 5	(B) Title and average hours per week devoted to position	(CI Compensation (if not paid, enter	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and ocher nowanc*r
Instructions on page 18.)  (A) Name and address  STATEMENT 5	(B) Title and average hours per week devoted to position	(CI Compensation (if not paid, enter	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and ocher nowanc*r
Instructions on page 18.)  (A) Name and address  STATEMENT 5	(B) Title and average hours per week devoted to position	(CI Compensation (if not paid, enter	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and ocher nowanc*r
Instructions on page 18.)  (A) Name and address  STATEMENT 5	(B) Title and average hours per week devoted to position	(CI Compensation (if not paid, enter	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and ocher nowanc'r
Instructions on page 18.)  (A) Name and address  STATEMENT 5	(B) Title and average hours per week devoted to position	(CI Compensation (if not paid, enter	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and ocher nowanc'r
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Instructions on page 18.)  (A) Name and address  STATEMENT 5	(B) Title and average hours per week devoted to position  AS NEEDED	each one even if r  (CI Compensation (if not paid, enter -0  NONE	(D) Contributions to employee benefit plans & deferred compensation  NONE	(E) Expense account and ocher nowanc*r
Instructions on page 18.)  (A) Name and address  STATEMENT 5	(B) Title and average hours per week devoted to position  AS NEEDED	each one even if r  (CI Compensation (if not paid, enter -0  NONE	(D) Contributions to employee benefit plans & deferred compensation  NONE	(E) Expense eccount and ocher nowanc*r

orin 990 ( 1996)	13-39	954405		ge 5
Part VI Other Information (See Specific Instructions on page 19.)			Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes.' attach a detailed des	cription of each	ctivny 76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS?	,			X
If "Yes." attach a conformed copy of the changes		•	I	
78 a Did tha organization have unrelated business gross income of \$1,000 or more during the year covered by the	nis return?	78:	a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	,	781	b N	/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes.' attact	n a statement			X
80 a Is the organization related (other than by association or with a statewide or nationwide organization) throug	h common	ĺ		ļ
membership, governing bodies, trustees, officers, etc to any other exempt or nonexempt organi	zation?	804	• X	
b If 'Yes.' enter the name of the organization ▶ NEW YORK UNIVERSITY			İ	1
and check whether it is X exempt ORnonexempt.				
81 a Enter the amount of political expenditures, direct or indirect, as described in the	•			
instructions for line 81	81a N O	N E		
b Did the organization file Form 1120 POL for this year?		811	<u> </u>	<u>X</u>
92 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?	• • • • • • • • • •		,	<u>X</u>
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 Pan II. (See instructions for reporting in	1			
Part III.)	82b N	/ A		
8 3 a Did the organization comply with the public inspection requirements fa returns and exemption app		•		<b>-</b>
b Did the organization comply with the disclosure requirements relating to quid pro quo contribute				
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		<u>84 s</u>	ı	<u>X</u>
b If "Yes," did the organization include with every rokcitation an exprera statement that such contributions				].
or gifts were not tax deductible?				IA_
85 Section 501 (c)(4), (5), or (6) organizations. • Were ubctantially all dues nondeductible by me			N/	
b Did the organization make only In-house lobbying expenditures of \$2,000 or baa?		<u>85b</u>	V.	<u>A</u>
If 'Yes' was answered to either 85a or 85b. do not complete 85c through 85h below unless the organization	on			
received a waiver for proxy tax owed for the prior year.	1	,,		
c Dues, assessments, and similar amounts from members		/ A	ļ	
d Section 162(e) lobbying and political expenditures		/ A		
e Aggregate nondeductible amount of section 6033(e)(I)(A) dues notices		/ A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		A		
g 'Does the organization elect to pay the section 6033(e) tax on the amount in 85f?		<u>85g</u>	IN.	A_
h li section 6033(e)(I)(A) dues notices ware sent, does the organization agree to add the amount in 85f to its		851	. AI	IA
estimate of dues allocable to nondeductible lobbying and polnical expenditures for the following	tax year?		11/1	<del>-</del>
86 501(c)(7) organizations -Enter a Initiation fees and capital contributions included on	an I N	, <sub>^</sub>		
	86a N	/ A / A		
For the second s		/ A		
87501/c/(12) organizations -Enter a Gross income from members or shareholders	0/4	<i>i</i> A		
·	876 N	/ A		
88 At any timeduring the year, did the organization own a 50% or greater interestin a taxable corporation or	57 <b>5</b> N	/ A		
partnership? If 'Yes.' complete Pan IX		88		X
898501(c)(3) organizations—Enter Amount of tax paid during the year under:			-	<del>  ^</del>
section 49 1 1 ▶ NONE , section 49 12 ▶ NONE . section 4955 ▶	. No	ONE		
b 501/c)/(3) and 501/c)/(4) organizations—Did this organization engage in any section 4958 excess benefit		SILL		
transaction during the year? If "Yes," attach a statement explaining each transaction		89b		_X
cEnter Amount of taxpaid by the organization managers or disqualified parsons during the year under			+	1
4050		•	ŗ	NONE
d Enter Amount of tax in 89 c, above reimbursed by the organization				NONE
90 List the states with which a copy of this return is filed		• • •		
91 The books are in care of ► NATL CTR-PH I LANTHROPY&THE LAW	Telephone no	<u></u>		
Located at > 110 W. 3 R D STREET, RM 206AziP+4	<b>&gt;</b>		012	
92 Section 4947(a) 1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-Check here.				
and enter the amount of tax-exempt interest received or accrued duning the tax year	<u> </u>	1	N/A	

			%				
Please Sign Here	and belief it is true, correctly see General Instructions	I declare that I have examet, and complete. Direlaration page 8.)	med this return, incl n of preparer (other	uding accompanying schothan officer) is based on	information of د الدرل ۱۱ ۱۲ الرل	its, and to the best of my which preparer has any know it in the Direct	wledge
	Symature of officer			Date /	Type or pr	int name and title	
Paid	Prepare's Signature	DUZ		Date 7/2	Check self-		ssn 6-152
Preparer's	firm's name (or	KPMG PEAT MA	ARWICK, L	LP	EIN	<b>▶</b> 13-55652	07
Use Only	ours if self-emploied)	345 PARK AVE	NUE				
	and address	NEW YORK, NY	/		ZIP + 4	▶ 10154	
	DH009R E299	06/30/98	10:30:35	V607		8	

(Form 990)

(Except Private Foundation) and Section 50 1 (e), 50 1 (f), 50 1 (k), 501(n), or Section 4947(a)(l) Nonexempt Charitable Trust Supplementary Information See separate instructions.

OMB No 1545-0047

			5. and manees
		n Officers, Director	s, and musices
(b) Title and average	e are none, em	(d) Contributions to	(e) Expense
hours per week devoted to position	(c) Compensation	mpbyw benefit plant & deferred compensation	account and ocher
_			
<u> </u>			
	]		
	1		
NONE			
est Paid Indeper			
more than \$60.000	(b) Typ	e at service	(c) Compensation
			_
	NONE est Paid Indepereach one (whether	NONE est Paid Independent Contractoreach one (whether individuals or	NONE est Paid Independent Contractors for Professiona each one (whether individuals or firms). If there are

NONE\_ For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990 EZ

Schedule A (Form 990) 1996

EETTC BOOK

professional services

Total number of othersreceivingover \$50,000 for

DHO09R E 2 9 9 06/30/98 10:30:**35 V607**  9

che	13-395440	5	Page 2
Pa	rt III Statements About Activities		Yes No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any	1	
•	attempt to influence public opinion on a legislative matter or referendum?	1	Х
	If "Yes," enter the total expenses paid or incurred in connection with the bbbying activities		
	()rganizations that made an election under section 50 1(h) by filing form 5766 must complete Part VII Other		
	organizations checking "Yes," must complete Pan VI-B AN0 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 or 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 Jny such person is affiliated as an officer, director, trustee, majority owner, or principal		
	beneficiary		
J	Sales, exchange, or leasing of property?	2 8	<u> </u>
		! !	ļ
b	Lending of money or other extension of credit?	2b	X
С	Furnishing of goods, services, or facilities?	2c	X
	D		,,
d	Payment of compensation (or payment or reimbursement of expenses if more than \$ 1.000)'	2d	X
е	Transfer of any Bort of the manner or assets)		
Ü	Transfer of any Part of its income or assets?  If the answer to any question is 'Yes.' attach a detailed statement explaining the transactions.	20	X
	The answer to any question is res. attach a detailed statement explaining the transactions.		1
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
	grante tot denominate the controller of the cont		
4	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.)		
Pa	rt IV Reason for Non-Private Foundation Status (See instructions on pages 2 through 4.)		**********
	1. 1. Reason for Non-Fritate Foundation Status (see instructions on pages 2 timough 4.)		
	organization is not a private foundation because itis (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 J hospital. Section 170(b)(1)(A)(iii) Enter the hospital's name.	, crty,	
	and state >	VAVAV	
	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(t	), I KAY	<b>™)</b> .
11a			
	Section 170(b)(1)(A)(vi), (Also complete the Support Schedule in Part IV-A.)		
llb	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Pan IV-A.)		
12	Anorganization that normally receives (1) more than 33 1/3% of its support from contributions membership fees. end gros	s	
	receipts from activities related to its chantable, etc. functions-subject to certain exceptions, and (2) no more than 33 113%		
	its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acq		
	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 controlled by any disqualified persons (other than foundation managers) and supports organization	ns.	
	described in (1) lines 5 through 12 above, or (2) section 50 I(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)		
	(J) Name(s) of supported organization(s)		er
V1 L	Trom	above	<u> </u>
ΝŁ	W YORK UNIVERSITY	(	06

Appropriation of gamized 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 line10, 11, or 12.) Use cash method of accounting NOT APPLICABLE

Note: You may use the worksheet in the instructions for convening /mm the accounting to the cosh method of accounting in the cosh me

	Note: You may use the worksheet in the instruc	citons for converting	/mm the accrual lo	t <b>ne</b> casn mcrnoa or	accounting		
Cale	ndar yeer (or fiscal year beginning in) ····-▶	(2) 1995	<b>(b)</b> 1994	(c) 1993	(d) 1992	2	(e) Total
15	Gifts, grants, and contributions received (Do						
. •	not include unusual grants. See line 28.)						
16	Membership fees recerved						
17	Grossreceipts from admissions.						
	merchandise sold or services performed. or						
	furnishing of facilities in any activity that is						
	not a business unrelated to the organization's					1	
	chantable, etc., purpose				<del>                                     </del>		
18	Grossincome from interest, dividends,						
	amounts received from payments on secunties						
	loans (section 512(a)(5)), rents. royalties, and						
	unrelated business taxable income(less						
	section 5 11 taxes) from businesses acquired						
	by the organization after June 30, 1975						
19	Net income from unrelated business						
	activities not included in line 18 · · · · · · ·						
20	Tax revenues levied for the organization's						
	benefit and either paid to it or expended on						
	its behalf				<b></b>		
21	The value of services or facilities furnirhed to						
	the organization by a governmental unit						
	without charge. Do not include the value of						
	services or facilities generally furnrrhed to the						
	public without charge						
22	Other income. Attach a schedule. Do not						
	Include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22						
24	Line 23 minus line 17						
25	Enter 1% of line 23 · · · · · · · · · · · · · · · · · ·						
26	Organizations described in lines 10 or 11:	nter 2% of amount	in column (e). fine 2	24 NOT APPL	CABLE .	262	
b							
	person (other than a governmental unit or publicly si	-		•			
	1995 exceeded the amount shown in line 26a.			-		26b	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
С	Total support for section 509(a)(1) test: Enter line 24,	column (a)			•	26c	
	Add Amounts from column (e) for lines 18	19					
	22		6b		•	26d	
е	Public support (line 26c minus line 26d total) .						
f	Public support percentage (line 26e (numerator) d						%
 27	Organizations described on line 12: a For amount					261	<u>~</u>
	person,* attach a list to chow the name of. and total a		•		•		
	of such amounts for each year		PPLICABLE	nequalitied person.	inter the sum		
	11995) 11994)				/1002		
h	For any amount included in line 17 that was received to						****
	received for each year, that was more than the larger	•	· - •			.it	
				•			
	organizations described in lines 5 through 1 1. as well	•	, ,			a	
	and the larger amount described in (1) or (2), enter the		•				
	(1995) (1994)				(1992		***
C	Add Amounts from column (e) for lines 15					1 1	
	17 20						
	Add Line 27a total						
e	Public support (line 27c total minus line 27c			ı	· · · · · •	27e	
f	Total support for section 509(a)(2) test Enter amo					↓	
Σ	Public support Percentage (line 27s (numerator) divi		•		-	270	%
h	Investment income percentage (line 18, colum	nn(e) (numerator)	divided by line 2	27f (denominator))		27h	%
2.8	UnusualGrants: For an organization described in line 19 attach a list (which is not open to public inspection) for						
	grant and abrief description of the nature of the grant					ie.	
	grantation of the grant		a marity in the second	,	191		

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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 APPL I CABLE

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement inits charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
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	31		
	that makes the policy known to all parts of the general community it serves7  If Yes.' please describe if "No." please explain. (If you need more space. attach a separate statement)			
		_		
		_		
32	Does the organization maintain the following:			
	Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32a 32b		
	C Copies of all catalogues. brochures. announcements, and other written communications to the public dealing with student admissions, programs, and scholarships7	32c		
	d Copies of all material used by the organization or on its behalf to solicit contributions7	32d		
	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?	33a		
k	Admissions policies?	33b		
(	Employment of faculty or administrative staff7	33c		
(	Scholarships or other financial assistance7	33d		
•	Educational policies?	33e		
f	Use of facilities?	33f	-	
Ć	Athletic programs7	33 g		-
ı	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)			
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
I	Has the organizationsright to such aid ever been revoked or suspended?	34b		
	If you answered "les" to either 34a or b. please explainusing an attached statement			
ŞĒ	Does the organization certif, that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50 1975208 587, covering racial nondiscrimination? If 'NO.' attach an explanation	35		

13-3954405 Page 5 Schedule A (Farm 990) 1996

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 APPILCABLE if the organization belongs to an affiliated group. Check here ▶ if you checked "a" above and "limited control' provision8 apply. Ь Check here (b) To be completed for ALL • lecting Limits on Lobbying Expenditures Affiliated group totals organirationr (The term "expenditures" means amounts paid or incurred ) 36 Total lobbying expenditures to Influence public opinion (grassroots lobbying) 36 Total lobbying expenditures to Influence a legislative body (direct lobbying) 37 38 Total lobbying expenditures (add lines 36 and 37) ........ 38 39 Other exempt purpose expenditures 39 40 Total exempt purpose expenditures (add lines 38 and 39) 40 Lobbying nontaxable amount Enter the amount from the following table -The lobbying nontaxable amount is • If the amount on line 40 is -Not over \$500,000 . . . . . . . . . . . . . . . 20% of the amount on line 40 . . . . . Over 5600.000 but not over \$ 1.000.000 . . . \$100,000 plus 16% of the excess over  $5600.000 \sim 10^{-3}$ Over \$1,000,000 but not over \$ 1.600.000 , \$175,000 plus 10% of the excess over \$1,000,000 41 Over \$1,500,000 but not over S 17 000.000 5226.000 plus 6% of the excess over \$1,500,000 4 2 Grassroots nontaxable amount (enter 25% of line 41) 42 43 Subtract line 42 from line 36. Enter -Q- if line 42 is more than line 36 ..... 43 Subtract line 4 1 from line 38. Enter -Q- if line 4 1 is more than line 38 Caution: if there is an amount on either line 43 or line 44, 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 8.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal (a) (c) (d) (e) year beginning in) Total 1996 1995 1994 1993 Lobbying nontaxable .amount -Lobbying ceiling amount 4 6 (150% of line 45(e)) 4 7 Total lobbying expenditure: Grassroots nontaxable 48 amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expe nditures 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 an empt to influence national, state or local legislation, including any Yes No Amount attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers . . . . . . . . . . . . b Paid staff or management(Include compensation inexpenses reported on lines c through h )... X c Media X advertisements d Mailings to members, legislators, or the public, X X e Publications, or published or broadcast statements  $\overline{\mathsf{X}}$ f Grants tootherorganizations for lobbying purposes g Direct contact withlegislators their staffs, government officials or a legislative body X h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . . i Totallobbying 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

Schedule A (Form 990) 1996
Fart VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** 

51				wing with any other organization describe	d ius	ectio	חכ
				527. relating to political organizations?	ſī	Yes	No
а			ation to a noncharitable exempt organiza	5.4	a(i)	-	X
				· · · · · · · · · · · · · · · · · · ·	(ii)		X
h	Other tran				-		
D	(i) Sal	-	a noncharrtable exempt organiza	tion b	(i)		Χ
			a noncharrtable exempt organiza n a noncharttable exempt organi	LIOIT	(ii)		X
			nt		iii)		X
		pursement arrangements			iv)		X
	1. 4	_		<u>b</u> (			X
		ormance of services of a			vi)		X
С			mailing lists. other assets, or paid		c		X
	_			) should always show the fair market value of the	he		
		•	the reporting organization. If the organization				
			column (d) the value of the goods, other as	-			
	(a)	(b)	(c)	(d)			
	Line no.	Amount involved	Name of noncharitable • rampt organization	Description Of transfers, transactions, and sharen	garrani	semer	1ts
			T	l l			
5 2	-	•	tly affiliated with, or related to, one or i		Г	<b>1</b>	
	_		Code (other than section 501(c)(3))	or in section 5277	Yes 🖵	_	No
		complete the following sc		T			
		(a)	(b)	(c)			
_	Nar	me Of organization	Type of organization	Description of relationship			
_							
_			<u> </u>				
		<del></del>	-	<u> </u>			
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NATIONAL CENTER ON	PHI	LANTHROPY	AND	THE	LAW
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13-3954405

FORM 990, PART I - LIST OF CONTRIBUTORS

NAME AND ADDRESS	DATE 	DIRECT PUBLIC SUPPORT
ANONYMOUS CONTRIBUTORS		3,152,065.
TOTAL CONTRIBUTI	ON AMOUNTS	3,152,065.

OTATOMA

## FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
HONORAR IUM	5,000.	5,000.	NONE	NONE
REPAIRS AND MAINTENANCE	2,119.	1,842.	107.	170.
LIBRARY SERVICES	13,360.	13,360.	NONE	NONE.
STIPENDS	5,500.	5,500.	NONE	NONE
AWARDS	450.	450.	NONE	NONE
MESSENGER	1,953.	1,697.	99.	157.
MEMBERSH I PS	1,378.	1,378.	NONE	NONE
TOTALS	29,760.	29,227.	206.	327.

## 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.

STATEMENT 3

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION BOOK VALUE

MUTUAL FUNDS 329,486.

TOTALS 329.486.

STATEMENT 4

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

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

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

Ą

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

S. Andrew Schaffer, Esq.
Senior Vice President and General Counsel
New York University
office of Legal Counsel
70 Washington Square South
New York, NY 10012
(212) 998-2244

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