Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

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

C Name of organization: NATIONAL PHILANTHROPIC TRUST

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 165 TOWNSHIP LINE ROAD — Room/suite: 150

City or town, state or country, and ZIP + 4: JENKINTOWN, PA 19046

D Employer identification number: 23-7825575

E Telephone number: 215-277-3010

G Gross receipts $ 348,228,107.

F Name and address of principal officer: EILEEN R. HEISMAN
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NPTRUST.ORG

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1996 **M** State of legal domicile: PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: NPT IS A PUBLIC CHARITY DEDICATED TO INCREASING PHILANTHROPY IN OUR SOCIETY. (SEE SCHED. O)

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of employees (Part V, line 2a)	5	31
6	Total number of volunteers (estimate if necessary)	6	11
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	250,055,567.	332,751,937.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,532,241.	<14,866,915.>
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<8,037,847.>	5,189,642.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	268,549,961.	323,074,664.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	175,940,163.	165,795,870.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,898,414.	11,068,332.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 31,567,262.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	29,728,185.	45,713,871.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	212,566,762.	222,578,073.
19	Revenue less expenses. Subtract line 18 from line 12	55,983,199.	100,496,591.
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	551,327,078.	597,708,157.
21	Total liabilities (Part X, line 26)	59,086,866.	47,038,697.
22	Net assets or fund balances. Subtract line 21 from line 20	492,240,212.	550,669,460.

Part II Signature Block

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

Sign Here ▶ Eileen Heisman — President/CEO — Date 5/12/10
Signature of officer — Date

▶ EILEEN R. HEISMAN
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ [signature] — Date 5/10/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) P00734905

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ RSM MCGLADREY, INC.
512 TOWNSHIP LINE RD ONE VALLEY SQ 250
BLUE BELL PA 19422

EIN ▶ 41-1944416

Phone no. ▶ 215.641.8600

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

832001 12-18-08 LHA **For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2008)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
NATIONAL PHILANTHROPIC TRUST ("NPT") IS A PUBLIC CHARITY DEDICATED TO PROVIDING PHILANTHROPIC SERVICES AND EXPERTISE TO DONORS, FOUNDATIONS, AND FINANCIAL INSTITUTIONS, ENABLING THEM TO REALIZE THEIR PHILANTHROPIC ASPIRATIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 117332585. including grants of $ 116321557.) (Revenue $ 993,056.)
NATIONAL PHILANTHROPIC TRUST AWARDED APPROXIMATELY 6,000 GRANTS TOTALING OVER $116 MILLION TO CHARITABLE ORGANIZATIONS AND PROGRAMS.

4b (Code:) (Expenses $ 67,417,318. including grants of $ 49,474,313.) (Revenue $ 289,612.)
THE BREAST CANCER 3-DAY IS A 60-MILE WALK FOR INDIVIDUALS WHO WANT TO MAKE A PERSONAL DIFFERENCE IN THE FIGHT TO END BREAST CANCER. NET PROCEEDS FUND BREAST CANCER RESEARCH AND LOCAL COMMUNITY PROGRAMS THAT SUPPORT EDUCATION, SCREENING, AND TREATMENT. IN 2009, THE BREAST CANCER 3-DAY SERIES TOOK PLACE IN 15 CITIES NATIONWIDE AND RAISED MORE THAN $91 MILLION.

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 184,749,903. *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	27			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	X	
b	If "Yes," enter the name of the foreign country: ▶ CAYMAN ISLANDS					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		X
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	**Section 501(c)(7) organizations.** Enter: N/A					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter: N/A					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b				

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832005
12-18-08

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

			Yes	No
1a	Enter the number of voting members of the governing body	1a: 12		
b	Enter the number of voting members that are independent	1b: 11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ AK,AL,AR,AZ,CA,CO,CT,FL,GA,IL,KS,KY

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

MARGARET A. BANDERA - 215-277-3038
165 TOWNSHIP LINE RD., STE. 150, JENKINTOWN, PA 19046

SEE SCHEDULE O FOR FULL LIST OF STATES

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
EILEEN R. HEISMAN PRES/CEO & TRUSTEE	40.00	X		X				283,095.	0.	51,207.
JEFFREY LAUTERBACH SECRETARY	2.00	X		X				0.	0.	0.
HOWARD BROWNSTEIN CHAIR	2.00	X		X				0.	0.	0.
SHARON MUELLER VICE CHAIR	2.00	X		X				0.	0.	0.
DIRK JUNGE TRUSTEE	2.00	X						0.	0.	0.
ROSALYN J. MCPHERSON TRUSTEE	2.00	X						0.	0.	0.
JUNE NORONHA TRUSTEE	2.00	X						0.	0.	0.
CLARK D. PITCAIRN TRUSTEE	2.00	X						0.	0.	0.
MARGARITA ROSA TRUSTEE	2.00	X						0.	0.	0.
CECILIA MENDEZ HODES TRUSTEE	2.00	X						0.	0.	0.
JOSEPH KLUGER TRUSTEE	2.00	X						0.	0.	0.
WAYNE R. WALKER TRUSTEE	2.00	X						0.	0.	0.
DIANE L. POWELL TRUSTEE	2.00	X						0.	0.	0.
LANNY A. OPPENHEIM TRUSTEE	2.00	X						0.	0.	0.
CHRISTOPHER A. LIEDEL TRUSTEE	2.00	X						0.	0.	0.
TIMOTHY C. BOYLE TRUSTEE	2.00	X						0.	0.	0.
SHIRLEY EIS TRUSTEE	2.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
ROBERT B. HODES TRUSTEE	2.00	X						0.	0.	0.
MARGARET A. BANDERA VP/TREASURER	40.00			X				141,410.	0.	32,598.
DIANE L. FITZGERALD AVP/ASST SECRETARY	40.00			X				85,185.	0.	22,445.
M. AMANDA HIGH VP/ASST SECRETARY	40.00			X				138,263.	0.	27,065.
PATRICIA RENZULLI VP BREAST CANCER 3DAY	40.00				X			197,377.	0.	15,070.
THOMAS GRACE CHIEF OPERATING OFFICER	28.00				X			285,234.	0.	37,683.
ANDREW W. HASTINGS VP EXTERNAL AFFAIRS	40.00				X			162,170.	0.	29,198.
DONALD GOTTESMAN AVP	40.00					X		114,014.	0.	10,151.
1b Total ▶								1,406,748.	0.	225,417.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 7

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
RADARWORKS, 6100 WILSHIRE BLVD, SUITE 1500, SEATTLE, WA 98121	MARKETING	17,670,516.
EVENT 360, INC., 205 N. MICHIGAN AVE, STE 2640, CHICAGO, IL 60601	EVENT COORDINATOR	15,991,238.
EVENTCORP, INC. 1429 AVENUE D #166, SNOHOMISH, WA 98290	CATERING	4,166,322.
CONVIO, INC. PO BOX 671445, DALLAS, TX 75267	WEBSITE MANAGER	1,815,607.
PRODUCTION TRANSPORT 12133 GREENSTONE AVE., SANTA FE, CA 90670	TRANSPORTATION PROVIDER	1,301,568.

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 30

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts						
1 a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e					
f All other contributions, gifts, grants, and similar amounts not included above	1f	332751937				
g Noncash contributions included in lines 1a-1f: $ 23057744.						
h **Total.** Add lines 1a-1f ▶			332751937.			
Program Service Revenue		Business Code				
2 a						
b						
c						
d						
e						
f All other program service revenue						
g **Total.** Add lines 2a-2f ▶						
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts) ▶			10286528.			10286528.
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
	(i) Real	(ii) Personal				
6 a Gross Rents						
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss) ▶						
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses	25153443					
c Gain or (loss)	<25153443>					
d Net gain or (loss) ▶			<25153443.>			<25153443>
8 a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	a					
b Less: direct expenses	b					
c Net income or (loss) from fundraising events ▶						
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities ▶						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue		Business Code				
11 a 3 DAY WALK FEES		900099	3,906,974.	3,906,974.		
b MAINT. & HOSTING FEES		561000	922,845.	922,845.		
c MISCELLANEOUS		900099	359,823.	359,823.		
d All other revenue						
e **Total.** Add lines 11a-11d ▶			5,189,642.			
12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			323074664.	5,189,642.	0.	<14866915>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	163,989,824.	163,989,824.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,806,046.	1,806,046.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,508,000.	454,964.	374,128.	678,908.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,976,844.	2,411,938.	1,941,790.	3,623,116.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	124,099.	31,025.	75,700.	17,374.
9 Other employee benefits	367,375.	108,920.	104,565.	153,890.
10 Payroll taxes	1,092,014.	338,482.	207,779.	545,753.
11 Fees for services (non-employees):				
a Management				
b Legal	132,528.	3,579.	128,949.	
c Accounting	90,387.		90,387.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	62,500.		62,500.	
g Other	4,681,398.	1,612,258.	759,940.	2,309,200.
12 Advertising and promotion	20,070,051.	8,008,970.		12,061,081.
13 Office expenses	412,129.	104,188.	164,262.	143,679.
14 Information technology	469,166.	124,652.	203,303.	141,211.
15 Royalties				
16 Occupancy	355,470.	101,281.	129,940.	124,249.
17 Travel	495,033.	155,580.	77,833.	261,620.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30,740.	9,005.	17,381.	4,354.
20 Interest	265,960.	11,627.	231,080.	23,253.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	378,498.	118,189.	65,932.	194,377.
23 Insurance	445,523.	119,019.	86,442.	240,062.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a EQUIPMENT AND RESOURCES	3,779,337.	1,510,974.	691.	2,267,672.
b FOOD & CATERING	3,755,783.	1,502,313.	0.	2,253,470.
c BANK CHARGES	3,691,807.		777,341.	2,914,466.
d SERVICE & SUPPORT	1,645,358.	658,143.	0.	987,215.
e				
f All other expenses	4,952,203.	1,568,926.	760,965.	2,622,312.
25 **Total functional expenses.** Add lines 1 through 24f	222,578,073.	184,749,903.	6,260,908.	31,567,262.
26 **Joint Costs.** Check here ▶ [X] if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	51,591,949.	17,997,621.	2,719,808.	30,874,520.

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	1,705.	1	303.
	2	Savings and temporary cash investments	200,632,709.	2	217,944,318.
	3	Pledges and grants receivable, net	2,473,089.	3	53,004,917.
	4	Accounts receivable, net	784,375.	4	499,893.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	341,803.	9	1,216,766.
	10a	Land, buildings, and equipment: cost basis … 10a 1,698,143.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D … 10b 919,680.	612,145.	10c	778,463.
	11	Investments - publicly traded securities	303,230,225.	11	283,972,617.
	12	Investments - other securities. See Part IV, line 11	368,652.	12	13,572,008.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	42,882,375.	15	26,718,872.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	551,327,078.	16	597,708,157.
Liabilities	17	Accounts payable and accrued expenses	1,305,758.	17	3,831,826.
	18	Grants payable	56,123,899.	18	42,381,871.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	1,657,209.	25	825,000.
	26	**Total liabilities.** Add lines 17 through 25	59,086,866.	26	47,038,697.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	492,240,212.	27	550,669,460.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	492,240,212.	33	550,669,460.
	34	Total liabilities and net assets/fund balances	551,327,078.	34	597,708,157.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization
NATIONAL PHILANTHROPIC TRUST

Employer identification number
23-7825575

Part I **Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

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

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ______

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I   b [ ] Type II   c [ ] Type III - Functionally integrated   d [ ] Type III - Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box .... [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of support
Total									

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule A (Form 990 or 990-EZ) 2008

832021 12-17-08

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	82914148.	165326860	245935786	250055567	332751937	1076984298
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 - 3	82914148.	165326860	245935786	250055567	332751937	1076984298
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						18248417.
6 **Public Support.** Subtract line 5 from line 4.						1058735881

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	82914148.	165326860	245935786	250055567	332751937	1076984298
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8311022.	12033728.	14041431.	14356614.	10286528.	59029323.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	76111448.	5796951.	1667260.	1442612.	5189642.	90207913.
11 **Total support.** Add lines 7 through 10						1226221534

12 Gross receipts from related activities, etc. (see instructions) | 12 | 8,575,835.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | 86.34 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | 87.70 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 %

16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f)) 17 %

18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h 18 %

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization	Employer identification number
NATIONAL PHILANTHROPIC TRUST	23-7825575

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.** (**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

[ ] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[X] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year.) .... ▶ $ ______

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: NATIONAL PHILANTHROPIC TRUST

Employer identification number: 23-7825575

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	[redacted]	$ 42,710,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	[redacted]	$ 26,230,505.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	[redacted]	$ 8,400,414.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	[redacted]	$ 25,553,634.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	[redacted]	$ 9,992,780.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	[redacted]	$ 9,818,615.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization: NATIONAL PHILANTHROPIC TRUST

Employer identification number: 23-7825575

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	[redacted]	$ 40,037,571.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization: NATIONAL PHILANTHROPIC TRUST

Employer identification number: 23-7825575

Part II **Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	SECURITIES	$ 9,818,615.	VARIOUS
		$	
		$	
		$	
		$	
		$	

Schedule D (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Financial Statements ▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.	OMB No. 1545-0047 2008 Open to Public Inspection

Name of the organization: NATIONAL PHILANTHROPIC TRUST

Employer identification number: 23-7825575

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1279	
2	Aggregate contributions to (during year)	227,804,883.	
3	Aggregate grants from (during year)	116,321,557.	
4	Aggregate value at end of year	583,643,072.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? [X] Yes [ ] No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

[ ] Preservation of land for public use (e.g., recreation or pleasure)
[ ] Protection of natural habitat
[ ] Preservation of open space
[ ] Preservation of an historically important land area
[ ] Preservation of certified historic structure

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ ______

4 Number of states where property subject to conservation easement is located ▶ ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ ____%

b Permanent endowment ▶ ____%

c Term endowment ▶ ____%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,704.		2,704.
d Equipment		1,013,591.	549,099.	464,492.
e Other		681,848.	370,581.	311,267.
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				778,463.

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
NOTES PAYABLE	825,000.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25.)* ▶	825,000.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	323,074,664.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	222,578,073.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	100,496,591.
4	Net unrealized gains (losses) on investments	4	<42,067,312.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	<31.>
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	<42,067,343.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	58,429,248.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12.)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18.)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: NATIONAL PHILANTHROPIC TRUST

Employer identification number: 23-7825575

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .... [X] Yes [ ] No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		796,046.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		127,500.
EUROPE	0	0	GRANTMAKING		850,000.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		5,000.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	GRANTMAKING		10,000.
SOUTH ASIA	0	0	GRANTMAKING		7,500.
NORTH AMERICA	0	0	GRANTMAKING		10,000.
Totals ▶					1,806,046.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 ▶ [X]
Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	HEALTH	5,000.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	INTERNATIONAL/FO	5,000.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	RELIGION	15,000.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	RELIGION	62,056.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	RELIGION	70,000.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	RELIGION	70,919.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EDUCATION	85,000.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EDUCATION	85,000.	WIRE	0.		

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 0

3 Enter total number of other organizations or entities ▶ 20

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2: NPT REQUIRES THAT ITS OVERSEAS GRANT RECIPIENTS COMPLETE A PRE-GRANT SCREENING PROCESS, WHICH BEGINS WITH A TWO-PAGE DOCUMENT REQUESTING ORGANIZATIONAL INFORMATION SUCH AS MISSION, FINANCIALS, AND BOARD COMPOSITION. THIS DOCUMENT ALSO REQUIRES SPECIFIC DETAILS REGARDING THE PLANNED USE OF GRANT FUNDS TO ENSURE THAT THE FUNDS ARE INTENDED FOR CHARITABLE PURPOSES. NPT ALSO REVIEWS THIS DOCUMENT TO DETERMINE THAT "SPECIFICALLY DESIGNATED NATIONALS" ("SDN'S") ARE NOT PRINCIPALS OR BOARD MEMBERS OF THE RECIPIENT ORGANIZATION. THE OFFICE OF FOREIGN ASSETS CONTROL OF THE U.S. TREASURY DESIGNATES SDN'S AS INDIVIDUALS OR COMPANIES OWNED OR CONTROLLED BY, OR ACTING FOR OR ON BEHALF OF, COUNTRIES THAT ARE ECONOMICALLY SANCTIONED FOR SUCH ACTIVITIES AS TERRORISM OR NARCOTICS TRAFFICKING.

IF ALL COMPONENTS OF THE SCREENING PROCESS MEET NPT'S STANDARDS, THE GRANT IS SUBMITTED TO THE GRANT DISTRIBUTION COMMITTEE OF NPT'S BOARD OF TRUSTEES FOR REVIEW. ONCE THE GRANT IS APPROVED, THE RECIPIENT MUST AGREE IN WRITING TO FILE A REPORT WITHIN 12 MONTHS THAT DESCRIBES THE SPECIFIC USE OF THE GRANT FUNDS. IF THE RECIPIENT FAILS TO SUBMIT THE REPORT, THAT ORGANIZATION BECOMES INELIGIBLE TO RECEIVE FUTURE GRANTS FROM NPT.

Part II **Continuation of Grants and Other Assistance or Entities Outside the United States.** (Schedule F (Form 990), Part II)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	EDUCATION	100,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EDUCATION	108,071.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EDUCATION	200,000.	CHECK	0.		
		NORTH AMERICA	HUMAN SERVICES	10,000.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	INTERNATIONAL/FO	100,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	OTHER	7,500.	CHECK	0.		
		SOUTH ASIA	HEALTH	7,500.	CHECK	0.		
		RUSSIA AND THE NEWLY INDEPENDENT STATES	OTHER	5,000.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	OTHER	5,000.	CHECK	0.		

Part II **Continuation of Grants and Other Assistance or Entities Outside the United States.** (Schedule F (Form 990), Part II)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	OTHER	50,000.	CHECK	0.		
		EUROPE	INTERNATIONAL/FO	7,500.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	OTHER	10,000.	CHECK	0.		
		EUROPE	INTERNATIONAL/FO	200,000.	CHECK	0.		
		EUROPE	HUMAN SERVICES	250,000.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	EDUCATION	5,000.	CHECK	0.		
		EUROPE		7,500.	CHECK	0.		
		EUROPE	EDUCATION	10,000.	CHECK	0.		
		EUROPE	INTERNATIONAL/FO	35,000.	CHECK	0.		

Part II **Continuation of Grants and Other Assistance or Entities Outside the United States.** (Schedule F (Form 990), Part II)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	OTHER	100,000.	CHECK	0.		
		EUROPE	OTHER	100,000.	CHECK	0.		
		EUROPE	OTHER	20,000.	CHECK	0.		
		EUROPE	HUMAN SERVICES	70,000.	CHECK	0.		

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**
▶ **Attach to Form 990.**

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: NATIONAL PHILANTHROPIC TRUST

Employer identification number 23-7825575

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ... ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
92ND STREET Y AVAILABLE UPON REQUEST NEW YORK, NY 10128			2,500.	0.			RELIGION
92ND STREET Y AVAILABLE UPON REQUEST NEW YORK, NY 10128			7,000.	0.			RELIGION
92ND STREET Y AVAILABLE UPON REQUEST NEW YORK, NY 10128			50,000.	0.			RELIGION
A BETTER CHANCE AVAILABLE UPON REQUEST NEW YORK, NY 10001			1,000.	0.			OTHER
A BETTER CHANCE AVAILABLE UPON REQUEST NEW YORK, NY 10001			5,000.	0.			HUMAN SERVICES
A NOISE WITHIN AVAILABLE UPON REQUEST GLENDALE, CA 91208			10,000.	0.			OTHER

2 Enter total number of section 501(c)(3) and government organizations ▶ 1,654.

3 Enter total number of other organizations ▶ 0.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) 2008**

832101 12-18-08

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: FOR DOMESTIC GRANTS, NPT REVIEWS EACH GRANT REQUEST TO DETERMINE THAT GRANT FUNDS ARE BEING GIVEN ONLY TO 501(C)(3) PUBLIC CHARITIES OR ORGANIZATIONS WITH CHARITABLE INTENT, SUCH AS CHURCHES, SYNAGOGUES, PUBLIC SCHOOLS, AND U.S. GOVERNMENT ENTITIES. GRANTS MAY BE USED ONLY FOR CHARITABLE PURPOSES AND MAY NOT BE USED TO SATISFY PRE-EXISTING PLEDGES, IN EXCHANGE FOR GOODS OR SERVICES, OR FOR OTHER PERSONAL BENEFIT TO THE DONOR(S). IF THE DONOR DOES NOT SUGGEST A CHARITABLE PURPOSE, NPT AWARDS THE GRANT AS "UNRESTRICTED." NPT ALSO SPECIFIES GRANT FUND RESTRICTIONS IN WRITING (CONTINUED ON PAGE 429)

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: NATIONAL PHILANTHROPIC TRUST

Employer identification number 23-7825575

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A PLACE CALLED HOME AVAILABLE UPON REQUEST LOS ANGELES, CA 90036			25,000.	0.			HUMAN SERVICES
ABINGTON MEMORIAL HOSPITAL AVAILABLE UPON REQUEST ABINGTON, PA 19001-3788			500.	0.			HEALTH
ABINGTON MEMORIAL HOSPITAL AVAILABLE UPON REQUEST ABINGTON, PA 19001-3788			2,000.	0.			HEALTH
ABINGTON MEMORIAL HOSPITAL AVAILABLE UPON REQUEST ABINGTON, PA 19001-3788			2,500.	0.			HEALTH
ABINGTON MEMORIAL HOSPITAL AVAILABLE UPON REQUEST ABINGTON, PA 19001			5,000.	0.			HEALTH
ABINGTON MEMORIAL HOSPITAL AVAILABLE UPON REQUEST ABINGTON, PA 19001			10,000.	0.			HEALTH
ABINGTON MEMORIAL HOSPITAL AVAILABLE UPON REQUEST ABINGTON, PA 19001-3788			29,115.	0.			EDUCATION
ABRAMS HEBREW ACADEMY AVAILABLE UPON REQUEST YARDLEY, PA 19067			10,000.	0.			RELIGION

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: NATIONAL PHILANTHROPIC TRUST

Employer identification number 23-7825575

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZION LUTHERAN CHURCH AVAILABLE UPON REQUEST OMAHA, NE 68142			4,500.	0.			RELIGION
ZION LUTHERAN CHURCH AVAILABLE UPON REQUEST OMAHA, NE 68142			7,500.	0.			RELIGION
ZOOLOGICAL SOCIETY OF SAN DIEGO AVAILABLE UPON REQUEST SAN DIEGO, CA 92112			5,000.	0.			ANIMALS
92ND STREET Y AVAILABLE UPON REQUEST NEW YORK, NY 10128			250.	0.			RELIGION
92ND STREET Y AVAILABLE UPON REQUEST NEW YORK, NY 10128			500.	0.			RELIGION
92ND STREET Y AVAILABLE UPON REQUEST NEW YORK, NY 10128			1,000.	0.			RELIGION
92ND STREET Y AVAILABLE UPON REQUEST NEW YORK, NY 10128			2,500.	0.			RELIGION
92ND STREET Y AVAILABLE UPON REQUEST NEW YORK, NY 10128			2,500.	0.			RELIGION

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

Part IV Supplemental Information

TO ENSURE THAT THE RECIPIENT COMPLIES WITH THE DONOR ADVISED FUND PROVISIONS OF THE INTERNAL REVENUE SERVICE CODE.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization
NATIONAL PHILANTHROPIC TRUST

Employer identification number
23-7825575

Part I Questions Regarding Compensation

		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)			
b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☐ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee			
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
a Receive a severance payment or change of control payment?	4a		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?	5a		X
b Any related organization?	5b		X
If "Yes," to line 5a or 5b, describe in Part III.			
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?	6a		X
b Any related organization?	6b		X
If "Yes" to line 6a or 6b, describe in Part III.			
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
EILEEN R. HEISMAN	(i)	253,123.	0.	29,972.	24,496.	26,711.	334,302.	150,896.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARGARET A. BANDERA	(i)	123,070.	2,750.	15,590.	10,459.	22,139.	174,008.	72,667.
	(ii)	0.	0.	0.	0.	0.	0.	0.
M. AMANDA HIGH	(i)	120,903.	1,800.	15,560.	9,926.	17,139.	165,328.	69,500.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PATRICIA RENZULLI	(i)	161,481.	15,000.	20,896.	13,805.	1,265.	212,447.	91,109.
	(ii)	0.	0.	0.	0.	0.	0.	0.
THOMAS GRACE	(i)	252,746.	16,250.	16,238.	16,100.	21,583.	322,917.	147,500.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ANDREW W. HASTINGS	(i)	140,360.	6,250.	15,560.	11,687.	17,511.	191,368.	79,771.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 4B: EILEEN R. HEISMAN - $8,396

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

NonCash Contributions

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: NATIONAL PHILANTHROPIC TRUST

Employer identification number: 23-7825575

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	300	23,057,744.	PUBLISHED FAIR VALUES
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.			

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: NATIONAL PHILANTHROPIC TRUST

Employer identification number: 23-7825575

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NPT IS AN INDEPENDENT, NATIONALLY-RECOGNIZED, PUBLIC CHARITY. ITS MISSION IS TO INCREASE PHILANTHROPY IN OUR SOCIETY. TO ACCOMPLISH THIS MISSION, IT PROVIDES PRODUCTS AND SERVICES THAT HELP BOTH INDIVIDUAL DONORS AND FINANCIAL ADVISORS TO MANAGE CHARITABLE GIVING. NPT ALSO PROVIDES INFORMATION TO THE GENERAL PUBLIC REGARDING PHILANTHROPIC ISSUES AND TRENDS. BY REMOVING ADMINISTRATIVE BURDENS AND INCREASING OVERALL AWARENESS, NPT ALLOWS INDIVIDUALS, FAMILIES, COMPANIES, AND ORGANIZATIONS TO BETTER PURSUE THEIR PHILANTHROPIC INTERESTS.

FORM 990, PART VI, SECTION A, LINE 7A: THE NOTE HOLDER MAY APPOINT TWO MEMBERS TO THE BORROWER'S BOARD OF TRUSTEES. ONE OF THESE APPOINTED MEMBERS WILL BE DESIGNATED AS A MEMBER OF THE BORROWER'S EXECUTIVE COMMITTEE. AT PRESENT, THERE ARE 12 BOARD MEMBERS.

FORM 990, PART VI, SECTION A, LINE 10: FORM 990 IS COMPLETED BY NPT'S FINANCE DEPARTMENT WITH ASSISTANCE FROM AN INDEPENDENT CONTRACTED TAX FIRM. ONCE A WORKING DRAFT IS COMPLETE, IT IS REVIEWED BY NPT'S SENIOR MANAGEMENT TEAM FOR REVISIONS. NPT'S TREASURER APPROVES THE FINAL DOCUMENT, WHICH IS THEN SUBMITTED TO THE AUDIT COMMITTEE OF NPT'S BOARD OF TRUSTEES PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: THROUGH RESPONSES TO A WRITTEN QUESTIONNAIRE, NPT REQUIRES THAT OFFICERS, DIRECTORS, TRUSTEES, AND RELATED PARTIES ANNUALLY DISCLOSE ANY TRANSACTIONS OR RELATIONSHIPS THAT COULD PRESENT A CONFLICT OF INTEREST. NPT'S DEFINITION OF "CONFLICT OF INTEREST"

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: NATIONAL PHILANTHROPIC TRUST

Employer identification number: 23-7825575

IS AVAILABLE BY REQUEST.

FORM 990, PART VI, SECTION B, LINE 15: TO ENSURE REASONABLE COMPENSATION AND BENEFITS FOR THE NPT PRESIDENT/CEO, THE NPT BOARD OF TRUSTEES' HUMAN RESOURCES COMMITTEE MANAGES A PROCESS THAT BEGINS WITH THE SELECTION OF A QUALIFIED INDEPENDENT CONSULTANT WHO CONDUCTS A SURVEY OF PRESIDENT/CEO COMPENSATION AT COMPARABLE ORGANIZATIONS. THE COMMITTEE CREATES A PROPOSED COMPENSATION PACKAGE BASED ON THE SURVEY RESULTS. INDEPENDENT LEGAL COUNSEL THEN REVIEWS THE RECOMMENDED PACKAGE TO DETERMINE IF THE COMPENSATION AND BENEFITS WOULD BE SUBJECT TO "INTERMEDIATE SANCTIONS", AN IRS PENALTY FOR NOT-FOR-PROFIT MANAGERS WHO RECEIVE EXCESS COMPENSATION. THE COMPENSATION AND BENEFITS ARE PRESENTED TO THE PRESIDENT/CEO AND UPON AGREEMENT ARE THEN APPROVED BY THE EXECUTIVE AND FINANCE COMMITTEE AND FINALLY BY THE ENTIRE BOARD OF TRUSTEES.

THE PRESIDENT/CEO HAS BEEN GIVEN THE AUTHORITY BY THE BOARD OF TRUSTEES TO DETERMINE COMPENSATION FOR ALL NPT EMPLOYEES, INCLUDING OFFICERS. IN DETERMINING FAIR AND REASONABLE COMPENSATION, THE PRESIDENT/CEO REVIEWS POSITION-SPECIFIC COMPENSATION SURVEYS AS WELL AS ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE FOR THE PRECEDING YEAR.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AK,AL,AR,AZ,CA,CO,CT,FL,GA,IL,KS,KY,LA,MA,MD,ME,MI,MN,MS,NH,NJ,NM,NY,NC,ND
OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI,DC

FORM 990, PART VI, SECTION C, LINE 19: NPT POSTS ITS FORM 990 ON ITS WEB

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: NATIONAL PHILANTHROPIC TRUST

Employer identification number: 23-7825575

SITE ALONG WITH ITS BALANCE SHEET AND INCOME STATEMENT. ALL OTHER GOVERNING DOCUMENTS FILED WITH FORM 1023 ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IV, LINE 12: ALTHOUGH NPT DOES NOT RECEIVE A STAND-ALONE GAAP FINANCIAL STATEMENT AUDIT, IT DOES RECEIVE A CONSOLIDATED-ENTITY GAAP FINANCIAL STATEMENT AUDIT. THIS STATEMENT IS REVIEWED ANNUALLY AND INCLUDES INFORMATION ON BOTH NPT AND ITS AFFILIATES.

FORM 990, PART V, LINES 7G AND 7H: THE INTERNAL REVENUE SERVICE HAS INSTRUCTED ORGANIZATIONS TO ANSWER "NO" TO THESE QUESTIONS IF THEY DO NOT APPLY. NPT DOES NOT ENGAGE IN ANY ACTIVITIES THAT WOULD REQUIRE A RESPONSE TO THESE QUESTIONS. THEREFORE, NPT HAS ANSWERED "NO" TO BOTH.

FORM 990, PART XI, LINE 2B & 2C: ALTHOUGH NPT DOES NOT RECEIVE A STAND-ALONE GAAP FINANCIAL STATEMENT AUDIT, IT IS PART OF THE CONSOLIDATED ENTITY GAAP FINANCIAL STATEMENT AUDIT OF NPT. THIS STATEMENT IS REVIEWED ANNUALLY AND INCLUDES INFORMATION ON BOTH NPT AND ALL OF NPT'S AFFILIATES. THE AUDIT COMMITTEE OF NPT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT AUDITOR.

FORM 990, SCHEDULE I, PART I: NPT'S GRANT RECIPIENT LIST INCLUDES NAME, AMOUNTS PAID, AND PURPOSE. IT ALSO INCLUDES THE RECIPIENT'S CITY, STATE, AND ZIP CODE. STREET ADDRESSES AND EIN'S ARE NOT PROVIDED (FOR TECHNICAL REASONS) BUT ARE AVAILABLE UPON REQUEST.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: NATIONAL PHILANTHROPIC TRUST

Employer identification number: 23-7825575

TECHNICAL REASONS) BUT ARE AVAILABLE UPON REQUEST.

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization NATIONAL PHILANTHROPIC TRUST

Employer identification number 23-7825575

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
NPT BREAST CANCER 3-DAY, LLC - 23-7825575 165 TOWNSHIP LINE ROAD, SUITE 150 JENKINTOWN, PA 19046	CHARITABLE	TENNESSEE	109371875.	10046025.	N/A

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
NPT SUPPORTING ORGANIZATION - 31-1622013 165 TOWNSHIP LINE ROAD SUITE 150 JENKINTOWN, PA 19046	SUPPORTING ORGANIZATION OF NPT	PENNSYLVANIA	501(C)(3)	11	
DR. ROBERT C. AND VERONICA ATKINS FOUNDATION - 26-0012965, 165 TOWNSHIP LINE ROAD SUITE 150, JENKINTOWN, PA 19046	SUPPORTING ORGANIZATION OF NPT / INVEST IN THE SCIENCE OF NUTRITION	PENNSYLVANIA	501(C)(3)	11	
FOUNDATIONAL QUESTIONS IN PHYSICS AND COSMOLOGY - 31-1712813, 165 TOWNSHIP LINE ROAD SUITE 150, JENKINTOWN, PA 19046	SUPPORTING ORGANIZATION OF NPT	PENNSYLVANIA	501(C)(3)	11	
NPT DONOR FUND NUMBER THREE - 26-0012966 165 TOWNSHIP LINE ROAD SUITE 150 JENKINTOWN, PA 19046	SUPPORTING ORGANIZATION OF NPT	PENNSYLVANIA	501(C)(3)	11	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

		Line	Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o		X
p	Reimbursement paid by other organization for expenses	1p	X	
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)	FOUNDATIONAL QUESTIONS IN PHYSICS AND COSMOLOGY	P	87,737.
(2)	FOUNDATIONAL QUESTIONS IN PHYSICS AND COSMOLOGY	K	282,200.
(3)	DR. ROBERT C. AND VERONICA ATKINS FOUNDATION	K	242,788.
(4)	DR. ROBERT C. AND VERONICA ATKINS FOUNDATION	O	28,582.
(5)	NPT SUPPORTING ORGANIZATION	K	175,000.
(6)			

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Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Dispropor-tionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
NPT DONOR FUND NUMBER FOUR - 31-1702105 165 TOWNSHIP LINE ROAD SUITE 150 JENKINTOWN, PA 19046	SUPPORTING ORGANIZATION OF NPT	PENNSYLVANIA	501(C)(3)	11	