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CANNED NOV 2 2 2010

Return of Private Foundation

			n <mark>of Private F</mark> 7(a)(1) Nonexer			-	st		OMB No 154				
Depa	rtment o	f the Treasury	Note T		Treate	ed as a Private F	ounda	ation				200	9
						and ending 06/			te reporting	requirements		<u> </u>	
		Il that apply:	X Initial return		Τ'	turn of a former publ				Final return			
0	ilicun a	ii tilat appiy.	Amended re	_		ress change			change	Final retuir	•		
	the IRS	S Name of found		Starr	T T Add	ress change	<u>!!</u>	vanie	A Emp	loyer identificati		nber	
	erwise	NS CHA	RITABLE :	FOUNDAT	rion			- 1		hone number (se		10 of the instruction	ons)
	orint	· ——	treet (or P O box nu			d to street address)	Room/s	suite		3-692-28			,
•	type.		NCHESTER			- · · · · · · · · · · · · · · · · · · ·				mption application		dına, check here	ightharpoonup
See	Specifi		tate, and ZIP code							reign organizatioi	-	=	ightharpoonup
Instr	uctions	s. LAWREN	ICE		NY	11559			2. Fo	reign organizatioi	ns meet	ing the	_
H C	heck ty	pe of organization	on [.] X Section 5	01(c)(3) exer	npt private	foundation				% test, check her			` ▶ 🔲
	Section	4947(a)(1) none	xempt charitable	trust 0	ther taxab	le private foundation			E If priv	ate foundation sta	itus was	terminated unde	er —
I Fa	ıır mark	et value of all as	sets at end J	Accounting	method:	Cash X A	crual		section	on 507(b)(1)(A), cl	neck he	re .	▶ □
of	year (fi	rom Part II, col ((specify)			1	F If the	foundation is in a	60-mon	th termination	. \Box
	e 16) 🕨					be on cash basis.)			unde	section 507(b)(1)(B), che	eck here	<u> </u>
Pa	ırt <u>l</u>		Revenue and	•	•	(a) Revenue and	/	A l=4 .=		(a) Advisa		(d) Disburser	
			lumns (b), (c), and (d) ma		equa!	expenses per books	(0)	INCO	estment me	(c) Adjusted income		for charital purpose	
	T		n (a) (see page 11 of the			75 10	. 					(cash basis	only)
			, grants, etc., receive	•	•	75,10	٧						
	1		the foundation is not	-		, ,	 		\$		•	-	
			ngs and temporary		ments						-	<u> </u>	
		Gross rents	nterest from secur	iues .									
٠.		Net rental incom	or (loss)							·		1	
ĭ			sale of assets not on line	10			+		* ^	*			
Revenue	l	Gross sales price for al				, , , <u>,</u>	1	,		•		s *	
Š	_	•	income (from Par	t IV. line 2)			1		0			<u> </u>	
_	1	Net short-term of		,	•						0		•
	1	Income modifica	. •		•		1					i.	, 1
	10a	Gross sales less re	eturns & allowances										ł
	b	Less: Cost of go	ods sold					•					
	С	Gross profit or (I	loss) (attach sche	dule)			ļ						[
	11	Other income (a	ttach schedule)				ļ						
	12	Total. Add lines		· · · · · · · · · · · · · · · · · · ·		75,10	<u> </u>		0		0		
S	l	·	of officers, director	•	etc								
JS(I		salaries and wag	•			- 						
be	ŀ		employee benefits	•			+					·	
Ĕ	I	Legal fees (attac			•							-	-
× ×	I	_	(attach schedule fees (attach schedul					RE	CEIV				
ati	i .	Interest	ices (attach schedu	· .						S			
str	ı		e) (see page 14 of the ins	Inictions)				NOV	152				
ΞΞ			ch schedule) and dep		•		4	1 C		\$\frac{1}{2}			•
Ę	i	Occupancy		•			<u> </u>		251				
Operating and Administrative Expenses			ices, and meeting	s				$\overline{\mathbb{Q}}$	<u>DEN,</u>	<u>ui</u>			
JE S	22	Printing and pub	lications	•				·					
ğ	23	Other expenses (att so	ch) .	•									
zti n	24	Total operating	and administrati	ve expenses	3.								
erê		Add lines 13 thro	-				0	,	0				0
О		Contributions, gi				5,00							5,000
			ind disbursements	. Add lines 24	and 25	5,00	<u> </u>		0		0		5,000
		Subtract line 26											,
	4		ue over expenses a		•	70,10	<u> </u>			·			<u> </u>
	b	Net investment	income (if negati	ve, enter -0-)	}	1	1		0			l	•

c Adjusted net income (if negative, enter -0-)

end-of-year figure reported on pnor year's return) ... 2 Enter amount from Part I, line 27a 70,100 3 Other increases not included in line 2 (itemize) ▶ 3 70,100 Add lines 1, 2, and 3 4 Decreases not included in line 2 (itemize) ▶ 5 70,100 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6

Form 990-PF (2009)

Part IV Capital Gains a	nd Losses for Tax on Investm	ent Income			
	pe the kind(s) of property sold (e.g., real estate shouse, or common stock, 200 shs. MLC Co)	,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a N/A					
b					
С				···	
d		·			
е	(0.0)	(-) ()		(1) (2	(1)
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale	(h) Gain (e) plus (f)	
a					
b					
С					
d		ļ			
6		inventation on 42/24/6	·		
Complete only for assets snowin	g gain in column (h) and owned by the f			(I) Gains (Col	(h) gain minus ess than -0-) or
(i) F M V as of 12/31/69	(J) Adjusted basis as of 12/31/69	1 ''	s of col (ı) (ı), ıf any	Losses (fro	,
a					
b					
С					
d					
0					
2 Capital gain net income or (net c	apital loss) If gain, also enter in If (loss), enter -0- in			2	
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) and (6):			
If gain, also enter in Part I, line 8	, column (c) (see pages 13 and 17 of the	e instructions)		,	
If (loss), enter -0- in Part I, line 8				3	
	nder Section 4940(e) for Reduc			ome	
	e foundations subject to the section 4940	u(a) tax on net invest	ment income.)		
If section 4940(d)(2) applies, leave the	nis part blank.		_		N/A
Was the foundation liable for the sec	tion 4942 tax on the distributable amoui	nt of any year in the b	pase period? 📙 Ye	es 📙 No	
	lify under section 4940(e). Do not comp				
	each column for each year; see page 18	B of the instructions b	efore making any en	tries	(4)
(a) Base penod years Calendar year (or tax year beginning	(b) Adjusted qualifying distribution	ns Net value	(c) of nonchantable-use ass		(d) ibution ratio ivided by col (c))
2008					
2007					
2006					
2005 2004					
2004	<u> </u>		<u> </u>		
2 Total of line 1, column (d)				2	
3 Average distribution ratio for the	5-year base period—divide the total on	line 2 by 5, or by the			
number of years the foundation i	nas been in existence if less than 5 year	rs		. 3	
4 Enter the net value of noncharita	ble-use assets for 2009 from Part X, lin	e5		4	
E Markataka A katika 2				5	
5 Multiply line 4 by line 3			i	-	
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)			. 6	
7 Add lines 5 and 6		,		. 7	
	•			_	
8 Enter qualifying distributions from				8	
	n line 7, check the box in Part VI, line 1	b, and complete that	part using a 1% tax i	ate. See the	
Part VI instructions on page 18.					Form 990-PF (2009)

	990-PF (2009) NS CHARITABLE FOUNDATION 27-0625067				Р	Page 4
Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the	instr	uctions)	<u> </u>		
1a	· · · · · · · · · · · · · · · · · · ·	7	w, = *	** \$	•	,
	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)	,		-		
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1				
	here and enter 1% of Part I, line 27b		*			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of		- •-			• ~
_	Part I, line 12, col. (b)	_				^
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				0
3	Add lines 1 and 2	3				0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				
6	Credits/Payments 2009 estimated tax payments and 2008 overpayment credited to 2009 6a 6a					×
a b	Exempt foreign organizations—tax withheld at source 6b		٠			
c	Tax paid with application for extension of time to file (Form 8868) 6c					
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d	7		*	- ^	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ Refunded ▶	11				
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	participate or intervene in any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	•				
	of the instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			/. \$	1	ļ, '
	published or distributed by the foundation in connection with the activities.					ļ:
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			۵.	1/2	
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	_		l	,	
8	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			3	,	ľ
	on foundation managers. \$			1		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	•		2		X
_	If "Yes," attach a detailed description of the activities.			1 "		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					X
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3 4a		X
4a b	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		 ^
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		14/11	5		X
•	If "Yes," attach the statement required by General Instruction T.			<u> </u>	14.	12
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			١,		a ;
•	By language in the governing instrument, or			-		* (
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				ζ- <u>.</u>	1.
	conflict with the state law remain in the governing instrument?			6	X	-
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Pa	rt XV	•	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the		·		, , , , , , , , , , , , , , , , , , ,	, .
	ınstructions) ► NONE			· -	· *^	Ĭ.
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					_
	4942(J)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page					
	27)? If "Yes," complete Part XIV			9	<u> </u>	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				[
	names and addresses			10	<u> </u>	X

om 990-PF (2009) NS CHAR	TTABLE FOUNDATION	27-0	1625067		Page 6
Part VII-B Statements F	Regarding Activities for Which Form 4	1720 May Be R	Required (cont	inued)	
5a During the year did the foundat	ion pay or incur any amount to.				
(1) Carry on propaganda, or ot	herwise attempt to influence legislation (section 4	945(e))?	🗌 እ	′es 🛚 No	
(2) Influence the outcome of a	ny specific public election (see section 4955); or t	o carry on,	_		
directly or indirectly, any vo	ter registration drive?		\	′es 🏻 No	'
(3) Provide a grant to an indivi	dual for travel, study, or other similar purposes?		\	′es X No	
=	ization other than a charitable, etc., organization	described in	· · · · · —	_	
section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instr	uctions)		es X No	
(5) Provide for any purpose oth	ner than religious, chantable, scientific, literary, or	educational			
purposes, or for the preven	tion of cruelty to children or animals?		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	′es 🏻 No	
b If any answer is "Yes" to 5a(1)-	(5), did any of the transactions fail to qualify unde	r the exceptions de	escribed in		
Regulations section 53.4945 or	in a current notice regarding disaster assistance	(see page 22 of th	e instructions)?	_N/A	5b
Organizations relying on a curre	ent notice regarding disaster assistance check he	re		▶ 🗒	
c If the answer is "Yes" to question	on 5a(4), does the foundation claim exemption fro	m the tax		_	
because it maintained expendit	ure responsibility for the grant?		N/A 🗌 Y	es No	
If "Yes," attach the statement re	equired by Regulations section 53 4945-5(d).				[
	ear, receive any funds, directly or indirectly, to pa	y premiums			
on a personal benefit contract?			. 🔲 \	'es 🏻 No	
	ear, pay premiums, directly or indirectly, on a per	sonal benefit contr	act?	_	6b X
If "Yes" to 6b, file Form 8870.			_		1
7a At any time dunng the tax year,	was the foundation a party to a prohibited tax she	elter transaction?	l 📙 🗎	′es 🗓 No	
	e any proceeds or have any net income attributat			N/A	7b
Part VIII Information Al	oout Officers, Directors, Trustees, Fo	undation Mana	agers, Highly	Paid Employ	ees,
and Contracto					
 List all officers, directors, trust 	es, foundation managers and their compensa	ion (see page 22	of the instruction	s).	
(a) 1	Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NATHAN KAPLAN	LAWRENCE	TRUSTEE			
123 WINCHESTER PLACE	NY 11559	0.50	0	0	0
125 WINCHBSTER TEREB	11 12007				
•					
		-			
2 Compensation of five highest If none, enter "NONE."	-paid employees (other than those included on	line 1—see page	23 of the instruc	tions).	
(a) Name and address of	each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE					
otal number of other employees na	d over \$50,000				▶

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orm 990-PF (20	009) NS CHARITABLE FOUNDATION		0625067	Page 7
PartiVIII	Information About Officers, Directors, Trustees	, Foundation Man	agers, Highly Paid Empl	oyees,
3 Five highe	and Contractors (continued) st-paid independent contractors for professional services (se	ee page 23 of the instru	uctions). If none, enter "NONE.	п
	(a) Name and address of each person paid more than \$50,000		(b) Type of service	(c) Compensation
NONE				
			·	
otal number of	others receiving over \$50,000 for professional services			>
Part IX-A	Summary of Direct Charitable Activities			
List the foundation organizations and	n's four largest direct charitable activities during the tax year. Include releva d other beneficianes served, conferences convened, research papers produ	ant statistical information su uced, etc	ch as the number of	Expenses
1 N/A				
2 .				
3				
Part IX-B	Summary of Program-Related Investments (se		nstructions)	
	largest program-related investments made by the foundation during the tax	x year on lines 1 and 2.	···	Amount
1 N/A	 			
2 .				
All other program	n-related investments See page 24 of the instructions			
3				

Total. Add lines 1 through 3

qualifies for the section 4940(e) reduction of tax in those years

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Form 990-PF (2009) NS CHARITABLE FOUNDATION

1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7				1,768
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only		·		
b	Total for prior years 20 , 20 , 20			·	
3	Excess distributions carryover, if any, to 2009:				,
а	From 2004				
b	From 2005				
c	From 2006				
d	From 2007				
е	From 2008				
f	Total of lines 3a through e				
4	Qualifying distributions for 2009 from Part XII,		·		
	line 4. ▶ \$5,000				
а	Applied to 2008, but not more than line 2a				
	Applied to undistributed income of prior years				" - 111
	(Election required—see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)				
d	Applied to 2009 distributable amount				1,768
ө	Remaining amount distributed out of corpus	3,232			3
5	Excess distributions carryover applied to 2009		*	`	
•	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)		•		· ·
6	Enter the net total of each column as	,	×3		Albert .
•	indicated below:			4.30	
а	O A LLL Of As and As Outstand Con C	3,232	· *	*	, ,
	Pnor years' undistributed income. Subtract	, , , , ,		. **	
_	line 4b from line 2b	se i		* *	« ,
c	Enter the amount of prior years' undistributed				
•	income for which a notice of deficiency has				,
	been issued, or on which the section 4942(a)	ŧ			٠
	tax has been previously assessed			r	,
d	Subtract line 6c from line 6b. Taxable	`	· · · · · · · · · · · · · · · · · · ·		
u	amount—see page 27 of the instructions				
_	Undistributed income for 2008 Subtract line		· · · · · · · · · · · · · · · · · · ·		
•	4a from line 2a. Taxable amount—see page				
	27 of the instructions				
•	Undistributed income for 2009. Subtract lines				
•	4d and 5 from line 1. This amount must be				
	distributed in 2010				0
7	Amounts treated as distributions out of corpus		**	-	
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
					ľ
	instructions) Excess distributions carryover from 2004 not				
8	•				
	applied on line 5 or line 7 (see page 27 of the				
	instructions)			 	
9	Excess distributions carryover to 2010.	2 222			
	Subtract lines 7 and 8 from line 6a	3,232			
10	Analysis of line 9				
a	Excess from 2005				
b	Excess from 2006				
C	Excess from 2007				
d	Excess from 2008				
е	Excess from 2009 . 3, 232	1		I	I

N/A

Rank Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year **GATEWAYS** 11 WALLENBERG CIRCLE CHARITY 5,000 MONSEY NY 10952 5,000 3a Approved for future payment N/A

▶ 3b

Total

DAA

	Analysis of Income-Producing Actions unless otherwise indicated.		d business income	Exclude	d by section 512, 513, or 514	(e)
•		(a) Business code	(b)	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1 Program se				+		the instructions)
ь ——						
c						
d						
е						
f				<u> </u>	·	
	nd contracts from government agencies					
	o dues and assessments savings and temporary cash investments			 		
	and interest from securities	-				
	ncome or (loss) from real estate.			ļ .		
	anced property			<u> </u>		
	t-financed property					
6 Net rental in	ncome or (loss) from personal property			ļ		
7 Other invest				1		
	s) from sales of assets other than inventory			.		
	or (loss) from special events			<u> </u>		
	or (loss) from sales of inventory			<u> </u>	-	<u> </u>
h	ue. a			1		· · · · · · · · · · · · · · · · · · ·
c				 		
d						
е						
2 Subtotal. Ad	dd columns (b), (d), and (e)		() 🔻 🌸	0	
	ine 12, columns (b), (d), and (e)				13	0
See worksheet Part XVI-B	In line 13 instructions on page 28 to verify calculated Relationship of Activities to the Activities t		and of Evennet D			
Line No. ▼	Explain below how each activity for which income accomplishment of the foundation's exempt purpoinstructions.)	is reported in c	olumn (e) of Part XVI	-A contrib	outed importantly to the	
N/ <u>A</u>						
						
						
						
			·			
						
		 		 -		
						
			· ·			
						
	 		······			
			· · · · · · · · · · · · · · · · · · ·			
	<u> </u>					Form 990-PF (2009)

DAA

		Exempt Organiza	ations								
1	Did the	organization directly or ind		any of the following	with any o	ther organization descr	ıbed		44	Yes	No
		on 501(c) of the Code (other							-83	2 1	725
	organiza	ations?									
а	Transfe	rs from the reporting found	ation to a nonch	iantable exempt orga	anization of	:					4
	(1) Cas	h							1a()	X
	(2) Oth	er assets	•					•	1a(2	2)	Х
b	Other tr	ansactions:				. , ,				7 0.44	138
	(1) Sale	es of assets to a nonchant	able exempt org	anization _.					1b(<u>) </u>	X
	(2) Pur	chases of assets from a no	onchantable exe	mpt organization			,		1b(2)	X
	(3) Rer	tal of facilities, equipment,	or other assets						1b(3)	X
	(4) Reii	mbursement arrangements							. 1b(4	<u>) </u>	X
		ns or loan guarantees		•					1b(<u> </u>	X
		formance of services or me		-					1b(<u>) </u>	X
		of facilities, equipment, m							_1c		X
d		swer to any of the above is									
		the goods, other assets, o									
		any transaction or sharing					•				
	(a) Line no	(b) Amount involved	(c) Name of no	nchantable exempt orga	anization	(d) Description of tra	insters, transac	tions, and	sharing arrar	gements	
<u> </u>	<u> </u>										
-											
					-						—
											
											—
								-			
								-			
											
		-									
2a	Is the fo	undation directly or indirec	tly affiliated with	, or related to, one o	r more tax-	exempt organizations					
	describe	ed in section 501(c) of the	Code (other than	section 501(c)(3)) o	or in section	1 527?				Yes X	No
b	If "Yes,"	complete the following sci	nedule.					•			
		(a) Name of organization		(b) Type of organiza	tion	(0	c) Description of	f relations	hip		
	N/A						<u> </u>				
											
				 							
	Under pe	nalties of perjury, I declare that s true, correct—and complete D	I have examined to	his return, including acc	ompanying s	chedules and statements, a	and to the best	of my know	wledge and		
	N	//11/1/			i oi iioooiai,,,	L COCCO OIT OIL MICHIGATION			iy kilowicago		
ا 🔍	Sign	ature of officer or trustee			Date	—	PRESID	ENT			
<u>ا</u> و	- Olgii	atore or oncer or trustee	·		Date		tle		Preparer's ide	tihano	
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Sign Here	ar's ary	Preparer's signature	M ROTH			10/26/10	self-employed	ı▶∐	page 30 of the		
מ	Paid Preparer's Use Only	· ABIMILE		COMPANY, LI	D	10/26/10	1 <u> </u>		P0084	<u> </u>	<u>+</u>
	Pre Us	Firm's name (or yours if self-employed), address,		CH STREET,	SUITE	: 200		EIN ▶	13-33	600 <i>6</i>	55
		and ZIP code	BROOKLY			200	- · · ·	Phone no	540		
			2.00.01	/				FIIONE NO			(2009)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2009

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

NS CHARITABLE FOUNDATION 27-0625067 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

for Form 990, 990-EZ, or 990-PF.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

of 1 of Part I

Name of organization

Employer identification number

<u> NS C</u>	HARITABLE FOUNDATION	27	<u>-0625067</u>
Pentl	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.1	NATHAN KAPLAN 123 WINCHESTER PLACE LAWRENCE NY 11559	\$ 75, <u>1</u> 00	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

9248' NS Charitable Foundation

27-06250<u>6</u>7

Federal Statements

10/26/2010 10:20 AM

FYE: 6/30/2010

Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	 Amount		
NATHAN KAPLAN	\$ 75,100		
TOTAL	\$ 75,100		