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Form **990-EZ**

Department of the Treasury Internal Revenue Service

DAA

Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150 2009

Open to Public Inspection

Α	For the	2009 calenda	ar year,	or tax year beginning $01/01/10$, a	nd e	ending	09/:	30/1	0			
В	Check if											
	Address	Giange	use IRS label or		OUTH SHORE KIWANIS CHARITABLE							
	Name ch		print or	FOUNDATION INC.							26	<u>-3879088</u>
X	Initial ret	turn	type.	Number and street (or P O box, if mail is not delivered	d to	street addre	ess)		Room/suite	E	Tele	phone number
	Termina	11OH	See Specific	42 LAKELAND RD	LAKELAND RD							
	Amende	al andreas	Instruc-	City or town, state or country, and ZIP + 4								up Exemption
	Applicati	on pending	tions.	STATEN ISLAND	N	Y 103	314			J	Nun	nber 🕨
	• Sec	tion 501(c)(3)	organiz	zations and 4947(a)(1) nonexempt charitable	trus	ts must a	ttach		G Account	ing me	ethod	X Cash Accrual
				npleted Schedule A (Form 990 or 990-EZ).				_	Other (specif			
l	Websit	te: N /2	<u> </u>						H Check	> X	If the	e organization is not nedule B (Form 990,
<u>J</u>	Tax-exe	empt status (che	eck only one	e) — X 501(c) (3) ∢ (insert no)	49	947(a)(1) o	or	527	required 990-EZ.	to atta or 990	ach Sch D-PF).	nedule B (Form 990,
K	Check	▶ □	if the org	ganization is not a section 509(a)(3) supporting	orga	nizatıon ar	nd its g	ross rec				
	Form 9	90-EZ or Form	1 990 ret	urn is not required, but if the organization choos	es to	o file a retu	ırn, be	sure to f	île a complete	retu	rn	
<u>L</u>	Add line:	s 5b, 6b, and 7b,	, to line 9	to determine gross receipts; if \$500,000 or more, file F	orm 9	990 instead	of Form	990-EZ			▶ \$	23,411
F	art I	Revenu	ue, Ex	penses, and Changes in Net Assets	or	· Fund B	Balan	ces (S	ee the inst	ruct	ions	
	1	Contributions, g	gifts, gran	its, and similar amounts received							1	23,411
	2	Program serv	vice reve	enue including government fees and contracts							2	
	3	Membership (dues an	d assessments							3	
	4	Investment in	ncome								4	
	5a	Gross amoun	nt from s	ale of assets other than inventory			5a					
	b	Less cost or	other ba	asis and sales expenses			5b					
	С	Gain or (loss) fr	rom sale	of assets other than inventory (Subtract line 5b from lin	e 5a)	١		•			5c	
9	6	Special events	and activ	ities (complete applicable parts of Schedule G). If any a	mou	ınt ıs from ga	aming,	check he	re 🕨 🗍			
Je ji	а	Gross revenu	ue (not ii	ncluding \$ of con	tnbu	itions			<u> </u>	_		
Revenue	}	reported on line 1) 6a										
	Ь											
Ő	С	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) a Gross sales of inventory, less returns and allowances 7a							6c			
SCANNED	7a											
2	b											
m	С	Gross profit o	or (loss)	from sales of inventory (Subtract line 7b from lin	e 7a	a)					7c	
U	8	Other revenue	ie (desci	nbe 🕨						_)	8	
<u>_</u>	9	Total revenu	ıe. Add l	ines 1, 2, 3, 4, 5c, 6c, 7c, and 8		RE(<u> JEI</u>	/ED		•	9	23,411
MAR.	10	Grants and si	ımilar ar	nounts paid (attach schedule)					7		10	1,500
æ	11	Benefits paid	to or fo	r members	747	FEB :	1 / 1	2 A 11	(g)		11	
€,9	12	Salaries, othe	er comp	ensation, and employee benefits	7		10	2011	民		12	
enges:	13	Professional f	fees and	d other payments to independent contractors	L	000	VIII.	1199			13	1,442
		Occupancy, r	rent, utılı	ties, and maintenance	-	OGE	ノニハ	, U I			14	
EX	15	Printing, publi	lications	, postage, and shipping								
	16	Other expens	ses (des	cribe ► SEE STATEMENT 1		·				_)	16	850
	17	Total expens	ses. Add	I lines 10 through 16						•	17	3,792
, 0	18	Excess or (de	eficit) foi	the year (Subtract line 17 from line 9)							18	19,619
sets	19	Net assets or	r fund ba	alances at beginning of year (from line 27, colum	n (A)) (must ag	gree wi	ıth				
As		end-of-year fi	igure rep	ported on prior year's return)							19	
Net Assets	20	Other change	es in net	assets or fund balances (attach explanation)							20	
	21	Net assets or	r fund ba	lances at end of year. Combine lines 18 through	120					•	21	19,619
<u>F</u>	art II	Balanc	e She	ets. If Total assets on line 25, column (B) are	1,2	50,000 or r	more, f	le Form	990 instead o	f For	m 990-	-EZ
				(See the instructions for Part II)				(A)	Beginning of ye	ar	Д.,	(B) End of year
22	Cash, s	h, savings, and investments						22	19,619			
23	Land a	nd buildings									23	
24	Other a	assets (describ	e 🕨	<u> </u>)				24	
25	Total a	ssets						L		0	25	19,619
		iabilities (desc)			0	26	
<u>27</u>	Net as:	sets or fund b	oalance:	s (line 27 of column (B) must agree with line 21)	٠					0	27	19,619
For	r Privacy	y Act and Pap	erwork	Reduction Act Notice, see the separate instr	ucti	ons.						Form 990-EZ (2009

DAA

Form 990-EZ (2009) SOUTH SHORE KIWANIS CHARITABL	<u>E 26</u>	<u>5-3879088</u>				Page 2			
Part III Statement of Program Service Accomplishments (See the instruct	ions for Part II	l.)		Ex	penses			
What is the organization's primary exempt purpose?				(Ro	equired f	for section			
SEE STATEMENT 2				50°	1(c)(3) a	nd 501(c)(4)			
Describe what was achieved in carrying out the organization's exempt purposes. In a				organizations and section					
manner, describe the services provided, the number of persons benefited, or other rel		4947(a)(1) trusts, optional							
each program title		for	others)						
28 FUNDING OF OTHER CHARITABLE ORGANIZATIONS									
(Grants \$ 1,500) If this amount includes foreign grants, che	and have	_	X	28a		1,500			
29	eck nere			208		1,500			
. ,									
(Grants \$) If this amount includes foreign grants, che	eck here	•		29a					
30									
(Grants \$) If this amount includes foreign grants, che	eck here	<u> </u>	\Box	30a					
31 Other program services (attach schedule)									
(Grants \$) If this amount includes foreign grants, che	eck here	<u>_</u>		31a					
32 Total program service expenses (add lines 28a through 31a)	T		<u> </u>	32		1,500			
Part IV List of Officers, Directors, Trustees, and Key Employees. List each	(b) Title and average	mpensated (See to (C) Compensation		Structio Contribu					
(a) Name and address	hours per week	(If not paid,	emplo	oyee bene	fit plans &	(e) Expense account and			
	devoted to position	enter -0)	defe	rred comp	ensation	other allowances			
STEVE ARGENTINE	PRESIDENT	_				_			
MARK RUSSO	VICE PRESIDE		' 		- 0	0			
MARK ROSSO	VICE PRESIDE	,			o	•			
JOSEPH BATTISTIA	SECRETARY		1						
	1 224.2.2.2	(,		0	0			
THOMAS BEYER	TREASURER	`				_			
	1		,		o	0			
FRANK GIAMBRONE	DIRECTOR								
	<u>.</u>		<u> </u>		0	0			
CHARLES BRUIJ	DIRECTOR								
			<u> </u>		0	0			
JOSEPH NERI	DIRECTOR								
			 		0	0			
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			-						
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Form 990-EZ (2009)

Other Information (Note the statement requirements in the instructions for Part V.) Part V Yes No 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed X description of each activity 33 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of X the changes 34 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported 35 on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section X 6033(e) notice, reporting, and proxy tax requirements? 35a b If "Yes," has it filed a tax return on Form 990-T for this year? 35b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 X during the year? If "Yes," complete applicable parts of Schedule N 36 37a Enter amount of political expenditures, direct or indirect, as described in the instr 37a Did the organization file Form 1120-POL for this year? X 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were X any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39 Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9 39a а Gross receipts, included on line 9, for public use of club facilities 39h Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under 40a section 4911 ▶ , section 4912 🕨 _____ , section 4955 🕨 Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit b transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 40b c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912. 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e X List the states with which a copy of this return is filed **NONE** 42a The organization's books are in care of ▶ THOMAS BEYER Telephone no 42 LAKELAND RD Located at STATEN ISLAND, NY **ZIP + 4** 10314 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 Yes No account)? 42b X If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of 44 X Form 990-EZ 44 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 45 "Yes," Form 990 must be completed instead of Form 990-EZ X 45

Form	990-EZ (2009) SOUTH SHORE KIWANIS CHARITAB	LE 26	5-3879088			Page 4
Pa	rt VI Section 501(c)(3) organizations and section 4947(a	a)(1) nonexempt	charitable tru	usts only. All se		
	501(c)(3) organizations and section 4947(a)(1) none					ı
	and complete the tables for lines 50 and 51.	•		•		
46	Did the organization engage in direct or indirect political campaign activities on	behalf of or in oppos	ition to		Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I				46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule	C, Part II			47	X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)?		hedule E		48	X
49a	Did the organization make any transfers to an exempt non-charitable related or	=			49a	X
b	If "Yes," was the related organization a section 527 organization?	•			49b	
50	Complete this table for the organization's five highest compensated employees	(other than officers,	directors, trustees	and key	<u> </u>	
	employees) who each received more than \$100,000 of compensation from the			-		
	(a) Name and address of each employee paid more	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expe	
	than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation	account a other allows	
NONE	3					
		1				
		1				
-						
		1				
		1				
		1				
f	Total number of other employees paid over \$100,000	•		•		
				_		
51	Complete this table for the organization's five highest compensated independent	nt contractors who ea	ich received more	than		
	\$100,000 of compensation from the organization. If there is none, enter "None					
	(a) Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompensation	
NOI	NE					
	•					
d	Total number of other independent contractors each receiving over \$100,000	•				
	Under prenalties of perjury, declare that have examined this return, including	accompanying schedule	s and statements, an	d to the best of my know	wledge	
	and belief, it is true, correct, and complete Declaration of preparer (other than	officer) is based on all in	formation of which pr	eparer has any knowled	lge	
Sign			1			
Here	Signature of officer	- •	Date	1 11		
	140MAS 1264AC.			*- 1-11		
	Type or print name and title				-	
	Preparer's	Date	Check if	Preparer's Ident	ıfying Number (S	See instr)
Paid		02/04	self- employed	X P0000:	3284	
Prep	parer's Firm's name (or your JACK A. DESANTIS JR.	CPA	-, employed s		7-3088	351
•	Only of self-employed), 2 TELEPORT DR SUITE				, 5000	, <u>, , , , , , , , , , , , , , , , , , </u>
-		0311-1004		Phone	-285-4	320
May t	the IRS discuss this return with the preparer shown above? See instructions	TOO4			Yes	No
	and the property of the proper				m 990-E2	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SOUTH SHORE KIWANIS CHARITABLE FOUNDATION INC.

▶ Attach to Form 990 or Form 990-EZ.

Employer identification number 26-3879088

P	art i	Reas	on for Public Charity	Status (All organizations	must c	omplete	this p	art.) S	ee ins	truction	ons.		
The	orga	nization is not a	a private foundation because	it is. (For lines 1 through 11, che	eck only o	ne box)							
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	e organization described in secti	ion 170(b)	(1)(A)(iii)							
4	П	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	on operated for the benefit of	a college or university owned or	operated	by a gove	ernmenta	al unit de	scribed	in			
		section 170(b)(1)(A)(iv). (Complete Part I	1)	,								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	П	An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
	_		section 170(b)(1)(A)(vi). (Co										
8				'0(b)(1)(A)(vi). (Complete Part II)								
9	X	•		more than 33 1/3 % of its suppo	•	ntribution	s. memb	ership f	ees, and	l aross			
		-	• • • • • • • • • • • • • • • • • • • •	ot functions—subject to certain e				•	-	•			
		· ·	· · · · · · · · · · · · · · · · · · ·	d unrelated business taxable inco		• •							
			-	, 1975 See section 509(a)(2).									
10		•	•	xclusively to test for public safety	•	•	a)(4).						
11	\sqcap	-	•	clusively for the benefit of, to pe		•		carry on	t the				
-	ш		- · · · · · · · · · · · · · · · · · · ·	d organizations described in sec				-		tion			
				e type of supporting organization	-								
		a Type		c Type III–Functions		-	ď	− ĭ	e IIIOti	ner			
е			—	nization is not controlled directly			- '						
	J			and other than one or more public				-		tion			
			section 509(a)(2)	•		•							
f		If the organiza	ation received a written deter	mination from the IRS that it is a	Type !, Ty	pe II, or T	ype III s	upportin	g				
		=	check this box			•			•				
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	on from a	ny of the							
		following per	sons?			·							
		(i) A person	who directly or indirectly cor	ntrols, either alone or together wi	th persons	s describe	d in (ii)					Yes	No
			pelow, the governing body of								11g(i)		
			member of a person describe								11g(ii)		
		(iii) A 35% c	ontrolled entity of a person de	escnbed in (ı) or (ıı) above?							11g(iii		
h		Provide the f	ollowing information about th	e supported organization(s)								•	<u>'</u>
(1)	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Did y	ou notify	(vi)	s the	(vil) Am	ount of	
	org	anization		(described on lines 1-9	1 ''	sted in your		nization in	organizat		supp	ort	
				above or IRC section governing document? col (I) of your support?			(i) organized in the US?						
				(000 men 20110.10),	Yes	No	Yes	No	Yes	No			
				<u></u>									
					 								
					 	<u> </u>							
			, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·			, , , , , , , , , , , , , , , , , , ,						
T~4~			t	I	‡	1	i .	1	1		I		

Sche	edule A (Form 990 or 990-EZ) 2009 SOU	TH SHORE	KIWANIS C	HARITABLE	E 26	5-3879088	Page 2
P	Support Schedule for O	rganizations D	escribed in Se	ections 170(b)	(1)(A)(iv) and	170(b)(1)(A)(vi	
	. (Complete only if you che	ecked the box	on line 5, 7, or	8 of Part I.)			_
Sec	tion A. Public Support				•		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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 through 3						
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)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
1	Total support. Add lines 7 through 10			······································		L	
2	Gross receipts from related activities, etc. (s					12	
3	First five years. If the Form 990 is for the o		second, third, fourth	ı, or fifth tax year a	is a section 501(c)	(3)	
200	organization, check this box and stop here tion C. Computation of Public Su						
_			<u> </u>			<u> </u>	
4	Public support percentage for 2009 (line 6,			f))		14	%_
5	Public support percentage from 2008 Sched	•				15	<u> </u>
6a	33 1/3 % support test—2009. If the organic			, and line 14 is 33	1/3 % or more, che	eck this box	
	and stop here. The organization qualifies a		-				•
þ	33 1/3 % support test—2008. If the organiz				is 33 1/3 % or more	e, check this	. —
- .	box and stop here. The organization qualifi		-				▶ ∐
7a	10%-facts-and-circumstances test—2009						
	more, and if the organization meets the "fac					V how the	. $ egin{array}{c} \end{array}$
	organization meets the "facts-and-circumsta						. ▶ 📙
b	10%-facts-and-circumstances test—2008						
	more, and if the organization meets the "factorganization meets the "facts-and-circumstates"	nces" test. The org	ganızation qualifies	as a publicly supp	orted organization		▶ □
8	Private foundation. If the organization did	not check a box on	tine 13, 16a, 16b, 1	17a, or 17b, check	this box and see in	nstructions	▶ [_]

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Section 509(a)(2) Part III

	. (Complete only if you che	ecked the box	on line 9 of Pa	rt I.)			
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")					23,411	23,411
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 through 5					23,411	23,411
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		<u> </u>				
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		ļ				
C	Add lines 7a and 7b	**************************************					
8	Public support (Subtract line 7c from line 6.)						23,411
	tion B. Total Support		,	•		,	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6					23,411	23,411
10a	Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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					0	
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,			1			
	and 12)					23,411	23,411
14	First five years. If the Form 990 is for the	-	second, third, fourt	h, or fifth tax year a	is a section 501(c)(3)	
	organization, check this box and stop here						<u> </u>
	tion C. Computation of Public Su					- T . T	
15	Public support percentage for 2009 (line 8,	• •	•	(f))		15	100.00%
16 Soc	Public support percentage from 2008 Sche			 .		16	%
	tion D. Computation of Investme						
17	Investment income percentage for 2009 (III		-	column (t))		17	<u>%</u>
18	Investment income percentage from 2008			14 and Unit 45 ::	then 00 4/0 °/		%
19a b	33 1/3 % support tests—2009. If the orga 17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2008. If the orga	ox and stop here.	The organization qu	ialifies as a publicly	supported organiz	ation	► <u>X</u>
	line 18 is not more than 33 1/3 %, check th					·	▶ □
20	Private foundation. If the organization did	not check a hox or	n line 14 19a or 19	h check this hov a	nd see instructions		▶ □

Schedule A (Form 990 or 990-EZ) 2009 SOUTH SHORE KIWANIS CHARITABLE

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Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

28788 South Shore Kiwanis Charitable

Federal Statements

FYE: 9/30/2010

26-3879088

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
FILING FEES	850
TOTAL	\$ 850

2/4/2011 11:04 AM

28788 South Shore Kiwanis Charitable

Federal Statements

FYE: 9/30/2010

26-3879088

2/4/2011 11:04 AM

Statement 2 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TOA SSIST NEEDY PERSONS PARTICULARLY YOUNG PEOPLE; TO ASSIST WORTHY YOUTH IN ATTAINING VOCATIONAL EXCELLENCE, AND TO AID HANDICAPPED PERSONS IN REGAINING HAPPY, USEFUL LIVES THROUGH THE EXPENDING OF FUNDS DIRECTLY FOR SUCH PURPOSES OR BY THE FURNISHING OF FUNDS TO OTHER ORGANIZATIONS FOR CHARITABLE, SCIENTIFIC RESEARH, OR EDUCATIONAL PURPOSES OR THE PREVENTION OF CRUELTY TO CHILDREN.