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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2003**

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

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

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

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection

**A** For the **2003** calendar year, or tax year beginning 7/01/03, 2003, and ending 6/30/04

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization <u>Give a Smile</u>		<b>D</b> Employer identification number <u>23-3066992</u>
		Number and street (or P O box, if mail is not delivered to street address) <u>306 W Waverly Rd.</u>		<b>E</b> Telephone number <u>215-692-4241</u>
		City or town, state or country, and ZIP + 4 <u>Glenview PA 19038-3333</u>		<b>F</b> Group Exemption Number . . . ▶

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method  Cash  Accrual  
Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Web site: ▶

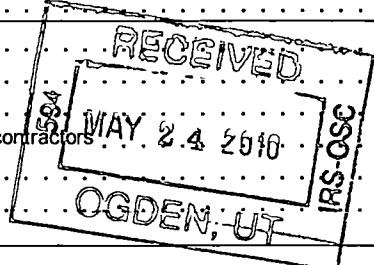
**Organization type** (check only one) -  501(c) (3) (insert no)  4947(a)(1) or  527

Check  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions)

		STATUTE UNIT RECEIVED MAY 27 2010 PR BRANCH OGDEN	
1	Contributions, gifts, grants, and similar amounts received		1
2	Program service revenue including government fees and contracts		2
3	Membership dues and assessments		3
4	Investment income		4
5 a	Gross amount from sale of assets other than inventory	5a	
5 b	Less cost or other basis and sales expenses	5b	
5 c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)		5c
6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
6 a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6 b	Less direct expenses other than fundraising expenses	6b	
6 c	Net income or (loss) from special events and activities (line 6a less line 6b)		6c
7 a	Gross sales of inventory, less returns and allowances	7a	
7 b	Less cost of goods sold	7b	
7 c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)		7c
8	Other revenue (describe ▶ <u>END OF YEAR balance on hand</u> )		8 2009
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		9 2009
10	Grants and similar amounts paid (attach schedule)		10
11	Benefits paid to or for members		11
12	Salaries, other compensation, and employee benefits		12
13	Professional fees and other payments to independent contractors		13
14	Occupancy, rent, utilities, and maintenance		14
15	Printing, publications, postage, and shipping		15 2009
16	Other expenses (describe ▶)		16
17	<b>Total expenses</b> (add lines 10 through 16)		17 2009
18	Excess or (deficit) for the year (line 9 less line 17)		18
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19 2,009
20	Other changes in net assets or fund balances (attach explanation)		20
21	Net assets or fund balances at end of year (combine lines 18 through 20)		21 -0-



## Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 40 of the instructions)

	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	22 2009
23	Land and buildings	23 -
24	Other assets (describe ▶)	24 -
25	<b>Total assets</b>	25 2009
26	<b>Total liabilities</b> (describe ▶)	26 -0-
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	27 -0-

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91 20

Part III Statement of Program Service Accomplishments (See page 41 of the instructions)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.	
28 _____ _____ (Grants \$ _____)	28a
29 _____ _____ (Grants \$ _____)	29a
30 _____ _____ (Grants \$ _____)	30a
31 Other program services (attach schedule) (Grants \$ _____)	31a
<b>32 Total program service expenses</b> (add lines 28a through 31a) <span style="float: right;">▶ <b>32</b></span>	<b>32</b> <span style="float: right;">80</span>

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Jeanne EDWARDS 306 W Worraly Rd Glenview PA 19038	CEO - 5	0	0	0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14)	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		<input checked="" type="checkbox"/>
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float: right;">▶ <b>37a</b></span>		
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved <span style="float: right;"><b>38b</b></span>		
39 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 <span style="float: right;"><b>39a</b></span>		
b Gross receipts, included on line 9, for public use of club facilities <span style="float: right;"><b>39b</b></span>		
40 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		<input checked="" type="checkbox"/>
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 <span style="float: right;">▶ _____</span>		0
d Enter Amount of tax on line 40c, above, reimbursed by the organization <span style="float: right;">▶ _____</span>		0
41 List the states with which a copy of this return is filed ▶ _____		
42 The books are in care of ▶ <u>Jeanne EDWARDS</u> Telephone no ▶ <u>215 692-4241</u> Located at ▶ <u>306 W Worraly Rd Glenview PA</u> ZIP + 4 ▶ <u>19038-3323</u>		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float: right;">▶ <b>43</b></span>		

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.

**Please Sign Here**

Signature of officer: Jeanne Edwards Date: May 16 2010

Type or print name and title: JEANNE EDWARDS CEO

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4		FIN	