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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

**2005**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2005 calendar year, or tax year beginning** 7/01/05, **2005, and ending** 6/30/06

<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 Name of organization</b> <u>Give a Smile</u>		<b>D Employer identification number</b> <u>23 3066992</u>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>306 W. Waverly Rd.</u>		<b>E Telephone number</b> <u>215 692 4241</u>
		City or town, state or country, and ZIP + 4 <u>Gilenside Pa 19038-3333</u>		<b>F Group Exemption Number</b> . . . ▶
				<b>G Accounting method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶

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

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

**I Website:** ▶  
**J Organization type** (check only one) -  501(c) ( 3 ) ◀ (insert no )  4947(a)(1) or  527

**K** 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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

**L** 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 38 of the instructions.)

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 <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	<u>MAY 27 2010</u>
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	<u>TPR BRANCH</u>
7 b	Less cost of goods sold	7b	<u>OGDEN</u>
7 c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
8	Other revenue (describe ▶ _____)	8	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	<u>- 0 -</u>
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	
16	Other expenses (describe ▶ _____)	16	
17	<b>Total expenses</b> (add lines 10 through 16)	17	<u>- 0 -</u>
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	
20	Other changes in net assets or fund balances (attach explanation)	20	
21	<b>Net assets or fund balances at end of year</b> (combine lines 18 through 20)	21	<u>- 0 -</u>

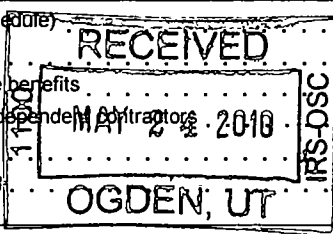
### Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 41 of the instructions)

	(A) Beginning of year	(B) End of year
22	<u>0</u>	<u>0</u>
23		
24		
25		
26		
27	<u>0</u>	<u>0</u>

SCANNED JUL 27 2010

RECEIVED  
MAY 27 2010  
OGDEN, UT  
MSOSC



91 27 ME

**Part III Statement of Program Service Accomplishments** (See page 42 of the instructions)

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 \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
29	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)	32	

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See page 42 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 E. OWARDS 19038 306 W Waverly Rd Galeside PA	CEO - 5	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 . . . . .		
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 . . . . .		
39 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9 . . . . .		
b Gross receipts, included on line 9, for public use of club facilities . . . . .		
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 Enter the amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958. . . . .		0
d Enter Amount of tax on line 40c reimbursed by the organization . . . . .		0

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.) (Continued)

- 41 List the states with which a copy of this return is filed ▶ \_\_\_\_\_
- 42a The books are in care of ▶ Jeanne Edwards Telephone no ▶ 215 692-4241  
 Located at ▶ 306 W Waverly Rd Glenside PA ZIP + 4 ▶ 19038-3333
- b 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)?  
 If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_  
 See the instructions for exceptions and filing requirements for Form TD F 90-22 1
- c 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 ▶ **43** |

	Yes	No
42b		<input checked="" type="checkbox"/>
42c		<input checked="" type="checkbox"/>

**Please Sign Here**

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

▶ Jeanne Edwards Signature of officer Date May 16, 2010

▶ Jeanne Edwards CEO Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN (See Gen Inst W) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ 1564 EUGEN HILL RD COLLEGE PARK MD 20740 EIN ▶ \_\_\_\_\_