

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



0425830663 Mar. 08, 2010 LTR 2694C 0 R 87-0575845 200910 67 00021067

SMILES FOR LIFE FOUNDATION 975 WOODOAK LN STE 200 SALT LAKE CITY UT 84117



001932

## DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

Title

001 200 00271

ma: 10 10 101001mij

**Transactions With Interested Persons** 

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047 2009

Open To Public

Inspection

Creatment of the Treasury Internal Revenue Service Name of the organization

SCHEDULE L

(Form 990 or 990-EZ)

Employer identification number

SMILES FOR LIFE FOUNDAT	LES FOR LIFE FOUNDATION				87-0575845					
Part I Excess Benefit Transactions(: Complete if the organization and			-	n 990-EZ P24	tV line 4	40b				
					( 0, 1410		Согте	cted		
(a) Name of disqualified person		(t	(b) Description of transaction				PS	No		
2 Enter the amount of tax imposed on the under section 4958 3 Enter the amount of tax, if any, on line 2 Part II Loans to and/or From Interest Complete if the organization and	above, reimburs ed Persons.	ed by the organization		<b>•</b>	\$			<del></del>		
(a) Name of interested person and purpose	(b) Loan to or from the organization?		(d) Balance due	(e) In default?	(f) App			Mritten meni?		
	To From			Yes No	Yes	No	Yes	No		
otal	L	<b>&gt; \$</b>		+	+		-	<u> </u>		
Part III Grants or Assistance Benefittl Complete if the organization ans	ng interested Pe	FBORA.	27.		-1		<u></u>			
(a) Name of interested person	(b) Relationship between interested person and the organization (c) Amount and type of assistance									
Part IV Business Transactions Involvi	_			<del></del>						
Complete if the organization ans  (a) Name of interested person	(b) Relationship			escription of the		7				

transaction

12,000

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

STUART PERFORMED

CONTRACTED SERVICES

AND RECEIVED A 1099

organization's

revenues? Yes

No

X

X

STUART ANDERSON

interested person and the

organization

SON OF DIRECTOR