

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2016

**Open to Public Inspection**

**A** For the **2016** calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 2017

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>SMILE TRAIN, INC.</u>			<b>D</b> Employer identification number <u>13-3661416</u>		
	Doing Business As			<b>E</b> Telephone number <u>(212) 689-9199</u>		
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	City or town, state or province, country, and ZIP or foreign postal code		
	<u>41 MADISON AVENUE</u>		<u>28TH FL</u>			
<b>F</b> Name and address of principal officer: <u>SUSANNAH SCHAEFER</u> <u>41 MADISON AVENUE NEW YORK, NY 10010</u>			<b>G</b> Gross receipts \$ <u>387,991,790.</u>			
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>J</b> Website: ▶ <u>WWW.SMILETRAIN.ORG</u>			<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <u>1992</u>			
			<b>M</b> State of legal domicile: <u>NY</u>			

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SMILE TRAIN, INC. PROVIDES FREE CLEFT SURGERY AND COMPREHENSIVE CLEFT CARE TO CHILDREN IN THE DEVELOPING WORLD AND FREE CLEFT-RELATED TRAINING FOR LOCAL MEDICAL PROFESSIONALS.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>8.</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>6.</u>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<u>76.</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<u>0.</u>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>0.</u>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<u>0.</u>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>82,795,125.</u>	<u>87,579,568.</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>0.</u>	<u>0.</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>2,886,366.</u>	<u>14,301,767.</u>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>319,904.</u>	<u>226,348.</u>
		<u>86,001,395.</u>	<u>102,107,683.</u>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>38,788,646.</u>	<u>42,715,758.</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u>	<u>0.</u>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>7,052,535.</u>	<u>7,895,755.</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<u>1,359,551.</u>	<u>1,168,470.</u>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>19,634,793.</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>28,221,889.</u>	<u>30,981,394.</u>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>75,422,621.</u>	<u>82,761,377.</u>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>10,578,774.</u>	<u>19,346,306.</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<u>264,874,254.</u>	<u>301,485,584.</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>5,120,138.</u>	<u>5,751,973.</u>
	<u>259,754,116.</u>	<u>295,733,611.</u>	

**COPY FOR PUBLIC INSPECTION**

## Part II Signature Block

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.

<b>Sign Here</b>	Signature of officer	Date
	<u>SUSANNAH SCHAEFER</u> Type or print name and title	<u>EXE VICE CHAIR &amp; CEO</u>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>SCOTT THOMPSETT</u>	<u>Scott Thompson</u>	<u>5/14/2018</u>		<u>P00741490</u>
	Firm's name ▶ <u>GRANT THORNTON LLP</u>	Firm's EIN ▶ <u>36-6055558</u>	Firm's address ▶ <u>757 THIRD AVENUE, 4TH FLOOR NEW YORK, NY 10017-2013</u>		
				Phone no.	<u>212-599-0100</u>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2016)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

ATTACHMENT 1

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 49,303,672. including grants of \$ 41,651,211. ) (Revenue \$ 0. )

ATTACHMENT 2

**4b** (Code: ) (Expenses \$ 9,726,056. including grants of \$ 509,499. ) (Revenue \$ 0. )

ATTACHMENT 3

**4c** (Code: ) (Expenses \$ 1,215,347. including grants of \$ 555,048. ) (Revenue \$ 0. )

ATTACHMENT 4

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 60,245,075.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-19 with various questions about organization activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 20a through 38 regarding hospital facilities, financial statements, grants, compensation, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [X]

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8899, Form 1098-C, Form 720, and Form 700J.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (8), 1b (6), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 6
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: BEATRIZ GONZALEZ 41 MADISON AVENUE NEW YORK, NY 10010 212-689-9199

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII.  X

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSANNAH SCHAEFER EXECUTIVE VICE CHAIR AND CEO	40.00 0.	X		X				372,736.	0.	35,872.
(2) CHARLES B. WANG FOUNDER AND CHAIRMAN	4.00 0.	X						0.	0.	0.
(3) ROBERT T. BELL BOARD MEMBER	4.00 0.	X						0.	0.	0.
(4) MICHAEL DOWLING BOARD MEMBER	1.00 0.	X						0.	0.	0.
(5) ED GOREN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(6) ARTHUR J. MCCARTHY BOARD MEMBER	4.00 0.	X						0.	0.	0.
(7) ROY E REICHBACH SECRETARY	5.00 0.	X		X				0.	0.	0.
(8) RICHARD RUDERMAN BOARD MEMBER	4.00 0.	X						0.	0.	0.
(9) MOHAMED FAKHRELDIN CHIEF PROGRAMS OFFICER	40.00 0.			X				215,000.	0.	0.
(10) BEATRIZ GONZALEZ VP, FINANCE	40.00 0.			X				179,992.	0.	29,143.
(11) DR. SHELL XUE SR. VP & REGIONAL DIR. N. ASIA	40.00 0.				X			466,193.	0.	17,500.
(12) WILLIAM HORAN VP, PRINCIPAL & PLANNED GIVING	40.00 0.					X		172,869.	0.	23,516.
(13) TROY REINHART VP, DEVELOPMENT	40.00 0.					X		172,860.	0.	17,509.
(14) ERIN STIEBER VP, STRATEGIC PARTNERSHIPS	40.00 0.					X		147,362.	0.	32,220.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) MARCIA FEIGUINOVA ----- SR. DIR., CORP. PARTNERSHIPS	40.00 0.					X		140,417.	0.	16,669.
( 16) SHARI LEVINE ----- VP, MARKETING COMMUNICATIONS	40.00 0.					X		137,716.	0.	18,812.
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
-----										
<b>1b Sub-total</b> .....								1,727,012.	0.	155,760.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								278,133.	0.	35,481.
<b>d Total (add lines 1b and 1c)</b> .....								2,005,145.	0.	191,241.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 21

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 7		
-----		
-----		
-----		
-----		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 21



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII.

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	16,330.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>	7,327,498.				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	80,235,740.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		3,795,882.				
	<b>h Total.</b> Add lines 1a-1f . . . . .			87,579,568.			
<b>Program Service Revenue</b>	<b>2a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f . . . . .			0.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .			10,100,424.			10,100,424.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0.			
	<b>5</b> Royalties . . . . .			229,723.			229,723.
		(i) Real	(ii) Personal				
	<b>6a</b> Gross rents . . . . .						
	<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . .			0.			
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
		289,720,311.	355,824.				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .			285,514,792.	360,000.		
	<b>c</b> Gain or (loss) . . . . .			4,205,519.	-4,176.		
	<b>d</b> Net gain or (loss) . . . . .			4,201,343.			4,201,343.
	<b>8a</b> Gross income from fundraising events (not including \$ 16,330. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		5,940.			
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>		9,315.			
<b>c</b> Net income or (loss) from fundraising events . . . . .			-3,375.			-3,375.	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>		0.				
<b>b</b> Less: direct expenses . . . . .	<b>b</b>		0.				
<b>c</b> Net income or (loss) from gaming activities . . . . .			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		0.				
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>		0.				
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0.				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			0.				
<b>12 Total revenue.</b> See instructions. . . . .			102,107,683.				14,528,115.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	113,050.	113,050.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	42,602,708.	42,602,708.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	825,000.	375,350.	272,350.	177,300.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	5,416,514.	1,871,890.	800,519.	2,744,105.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	272,181.	94,063.	40,226.	137,892.
9 Other employee benefits . . . . .	808,784.	279,507.	119,532.	409,745.
10 Payroll taxes . . . . .	573,276.	198,118.	84,726.	290,432.
11 Fees for services (non-employees):				
a Management . . . . .	367,147.	367,147.		
b Legal . . . . .	252,908.		55,134.	197,774.
c Accounting . . . . .	2,144,653.	2,061,353.	18,997.	64,303.
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	1,168,470.			1,168,470.
f Investment management fees . . . . .	1,150,063.		1,150,063.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	112,871.		12,711.	100,160.
12 Advertising and promotion . . . . .	4,328,716.	281,236.		4,047,480.
13 Office expenses . . . . .	938,663.	554,660.	80,441.	303,562.
14 Information technology . . . . .	149,788.		34,170.	115,618.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	1,149,435.	584,254.	126,680.	438,501.
17 Travel . . . . .	761,308.	621,272.	1,332.	138,704.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	145,326.		810.	144,516.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	365,699.	179,819.	41,663.	144,217.
23 Insurance . . . . .	123,575.		27,691.	95,884.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>PRINTED PROGRAM MATERIAL</u>	16,999,990.	8,133,927.		8,866,063.
b <u>EQUIPMENT EXPENSE</u>	1,546,430.	1,546,430.		
c <u>REPAIRS &amp; MAINTENANCE</u>	307,980.	243,449.	14,464.	50,067.
d <u>MEDICAL ADVISORY BOARD</u>	136,842.	136,842.		
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	82,761,377.	60,245,075.	2,881,509.	19,634,793.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	14,258,981.	8,119,238.		6,139,743.

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X. . . . .

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	41,251.	<b>1</b>	41,357.
	<b>2</b> Savings and temporary cash investments . . . . .	15,818,858.	<b>2</b>	5,798,364.
	<b>3</b> Pledges and grants receivable, net . . . . .	355,766.	<b>3</b>	901,741.
	<b>4</b> Accounts receivable, net . . . . .	0.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,093,287.	<b>9</b>	1,814,435.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 18,698,014.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 1,539,552.	935,836.	<b>10c</b> 17,158,462.
	<b>11</b> Investments - publicly traded securities . . . . .	239,852,220.	<b>11</b>	269,695,901.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	6,698,836.	<b>12</b>	6,043,163.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	78,200.	<b>15</b>	32,161.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	264,874,254.	<b>16</b>	301,485,584.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,091,159.	<b>17</b>	2,858,696.
	<b>18</b> Grants payable . . . . .	1,971,715.	<b>18</b>	2,863,470.
	<b>19</b> Deferred revenue . . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	57,264.	<b>25</b>	29,807.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	5,120,138.	<b>26</b>	5,751,973.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	259,159,481.	<b>27</b>	295,112,919.
	<b>28</b> Temporarily restricted net assets . . . . .	594,635.	<b>28</b>	620,692.
	<b>29</b> Permanently restricted net assets . . . . .	0.	<b>29</b>	0.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	259,754,116.	<b>33</b>	295,733,611.
<b>34</b> Total liabilities and net assets/fund balances . . . . .	264,874,254.	<b>34</b>	301,485,584.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI.

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	102,107,683.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	82,761,377.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	19,346,306.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	259,754,116.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	16,503,159.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	130,030.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	295,733,611.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII.

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one 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 (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  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 operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations. . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2016

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 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; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2016 (92.14%); 15 Public support percentage from 2015 Schedule A, Part II, line 14 (93.51%); 16a 33 1/3% support test - 2016; 16b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; 17b 10%-facts-and-circumstances test - 2015; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2016, 2015. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2015 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2016, 2015. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

**7**  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7:                   \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
OTHER INCOME		121,286.	617,433.	11,060.		749,779.
OTHER INC. FROM FUND EVENTS						
FUNDRAISING EVENTS		74,375.	20,849.	26,167.	5,940.	127,331.
TOTALS		<u>195,661.</u>	<u>638,282.</u>	<u>37,227.</u>	<u>5,940.</u>	<u>877,110.</u>

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **SMILE TRAIN, INC.**

Employer identification number  
13-3661416

**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 5,228,523.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 2,098,975.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SMILE TRAIN, INC.

Employer identification number

13-3661416

**Part II** Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

Name of organization SMILE TRAIN, INC.

Employer identification number  
13-3661416

**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
_____ _____ _____		_____ _____ _____	



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

SMILE TRAIN, INC.

13-3661416

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement with Yes/No checkboxes.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures, followed by questions about monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include questions about reporting art and historical treasures, and amounts required to be reported under SFAS 116 (ASC 958).

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2016

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with 3 columns: (i) unrelated organizations, (ii) related organizations, b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. Sub-columns: Yes, No.

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT	28,632.	
(3) DUE TO AFFILIATES	1,175.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 102,107,683.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 82,761,377.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

PART X, LINE 2

INCOME TAX

SMILE TRAIN, INC. FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE COMBINED FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

SMILE TRAIN, INC. IS EXEMPT FROM INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. SMILE TRAIN HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE TAX YEARS ENDED JUNE 30, 2014, 2015, 2016 AND 2017 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. SMILE TRAIN HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS.

**Part XIII** Supplemental Information (continued)

FORM 990, SCHEDULE D, PARTS XI & XII

CONSOLIDATED FINANCIAL STATEMENTS

SMILE TRAIN DOES NOT RECEIVE STANDALONE FINANCIAL STATEMENTS; ITS OPERATIONS ARE CONSOLIDATED WITH AFFILIATED ORGANIZATIONS. THE PARTS XI AND XII RECONCILIATIONS ON SCHEDULE D TIE BACK TO SMILE TRAIN, INC.'S FINANCIAL INFORMATION IN THE SUPPLEMENTARY INFORMATION SECTION OF THE AUDITED FINANCIAL STATEMENTS AND NOT TO THE CONSOLIDATED NUMBERS.

FORM 990, SCHEDULE D, PART XI, LINE 2(D)

OTHER CHANGES IN REVENUE

FOREIGN EXCHANGE CURRENCY LOSS	\$ (25,365)
REFUNDED GRANTS AND OTHER WRITEOFFS	\$ 59,895
	-----
TOTAL.....	\$ 34,530
	=====

FORM 990, SCHEDULE D, PART XI, LINE 4(B)

OTHER CHANGES IN REVENUE

FUNDRAISING EXPENSES RECLASSIFIED TO OFFSET

SPECIAL EVENT INCOME IN PART VIII	\$ (9,315)
	-----
TOTAL.....	\$ (9,315)
	=====

**Part XIII** Supplemental Information (continued)

FORM 990, SCHEDULE D, PART XII, LINE 2(D)

OTHER CHANGES IN REVENUE

FUNDRAISING EXPENSES RECLASSIFIED TO OFFSET

SPECIAL EVENT INCOME IN PART VIII \$9,315

-----

TOTAL..... \$9,315

=====

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES		183,400.
(2) EAST ASIA AND THE PACIFIC	2.	8.	PROGRAM SERVICES		10,867,812.
(3) EUROPE			PROGRAM SERVICES		59,080.
(4) MIDDLE EAST AND NORTH AFRICA	1.	2.	PROGRAM SERVICES		998,000.
(5) NORTH AMERICA		2.	PROGRAM SERVICES		695,965.
(6) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES		107,075.
(7) SOUTH AMERICA		3.	PROGRAM SERVICES		2,161,071.
(8) SOUTH ASIA			PROGRAM SERVICES		3,493,333.
(9) SUB-SAHARAN AFRICA	1.	11.	PROGRAM SERVICES		5,450,947.
(10) EUROPE			GRANTMAKING		2,911,025.
(11) SOUTH ASIA			GRANTMAKING		11,315,000.
(12) EAST ASIA AND THE PACIFIC			GRANTMAKING		4,310,000.
(13) SOUTH AMERICA			GRANTMAKING		50,000.
(14) EUROPE			INVESTMENTS		6,043,163.
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	4.	26.			48,645,871.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> Totals (add lines 3a and 3b)	4.	26.			48,645,871.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2016



**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	CLEFT PALATE	12,250.	CHECK/WIRE			
(2)			CENT. AMERICA/CARIBBEAN	CLEFT PALATE	25,500.	CHECK/WIRE			
(3)			CENT. AMERICA/CARIBBEAN	CLEFT PALATE	54,900.	CHECK/WIRE			
(4)			CENT. AMERICA/CARIBBEAN	CLEFT PALATE	11,250.	CHECK/WIRE			
(5)			CENT. AMERICA/CARIBBEAN	CLEFT PALATE	6,300.	CHECK/WIRE			
(6)			CENT. AMERICA/CARIBBEAN	CLEFT PALATE	13,800.	CHECK/WIRE			
(7)			CENT. AMERICA/CARIBBEAN	CLEFT PALATE	7,800.	CHECK/WIRE			
(8)			CENT. AMERICA/CARIBBEAN	CLEFT PALATE	20,650.	CHECK/WIRE			
(9)			CENT. AMERICA/CARIBBEAN	CLEFT PALATE	19,750.	CHECK/WIRE			
(10)			CENT. AMERICA/CARIBBEAN	CLEFT PALATE	5,950.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC	CLEFT PALATE	12,237.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC	CLEFT PALATE	13,774.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC	CLEFT PALATE	49,324.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC	CLEFT PALATE	8,543.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC	CLEFT PALATE	14,807.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC	CLEFT PALATE	17,267.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	CLEFT PALATE	8,087.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC	CLEFT PALATE	11,769.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC	CLEFT PALATE	8,275.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC	CLEFT PALATE	9,242.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC	CLEFT PALATE	20,647.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC	CLEFT PALATE	33,407.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC	CLEFT PALATE	383,600.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC	CLEFT PALATE	7,962.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC	CLEFT PALATE	38,214.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC	CLEFT PALATE	32,873.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC	CLEFT PALATE	75,500.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC	CLEFT PALATE	72,826.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC	CLEFT PALATE	7,243.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC	CLEFT PALATE	96,306.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC	CLEFT PALATE	44,700.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC	CLEFT PALATE	152,660.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	CLEFT PALATE	18,550.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC	CLEFT PALATE	58,500.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC	CLEFT PALATE	29,800.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC	CLEFT PALATE	38,550.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC	CLEFT PALATE	18,800.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC	CLEFT PALATE	11,065.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC	CLEFT PALATE	117,713.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC	CLEFT PALATE	9,100.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC	CLEFT PALATE	71,350.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC	CLEFT PALATE	17,445.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC	CLEFT PALATE	5,270.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC	CLEFT PALATE	5,623.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC	CLEFT PALATE	13,123.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC	CLEFT PALATE	77,958.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC	CLEFT PALATE	52,584.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC	CLEFT PALATE	78,016.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	CLEFT PALATE	39,344.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC	CLEFT PALATE	6,695.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC	CLEFT PALATE	17,600.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC	CLEFT PALATE	12,000.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC	CLEFT PALATE	112,600.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC	CLEFT PALATE	26,000.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC	CLEFT PALATE	7,216.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC	CLEFT PALATE	13,369.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC	CLEFT PALATE	26,083.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC	CLEFT PALATE	21,000.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC	CLEFT PALATE	12,981.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC	CLEFT PALATE	23,600.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC	CLEFT PALATE	9,534.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC	CLEFT PALATE	108,231.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC	CLEFT PALATE	25,589.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC	CLEFT PALATE	12,354.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	CLEFT PALATE	58,212.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC	CLEFT PALATE	29,477.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC	CLEFT PALATE	172,063.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC	CLEFT PALATE	30,616.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC	CLEFT PALATE	16,674.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC	CLEFT PALATE	56,433.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC	CLEFT PALATE	42,963.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC	CLEFT PALATE	34,441.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC	CLEFT PALATE	8,689.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC	CLEFT PALATE	9,980.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC	CLEFT PALATE	221,962.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC	CLEFT PALATE	40,726.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC	CLEFT PALATE	34,344.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC	CLEFT PALATE	17,513.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC	CLEFT PALATE	6,518.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC	CLEFT PALATE	18,027.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	CLEFT PALATE	7,036.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC	CLEFT PALATE	30,842.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC	CLEFT PALATE	10,864.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC	CLEFT PALATE	5,400.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC	CLEFT PALATE	42,816.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC	CLEFT PALATE	15,046.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC	CLEFT PALATE	203,343.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC	CLEFT PALATE	15,449.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC	CLEFT PALATE	20,203.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC	CLEFT PALATE	46,742.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC	CLEFT PALATE	137,312.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC	CLEFT PALATE	71,343.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC	CLEFT PALATE	35,016.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC	CLEFT PALATE	54,962.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC	CLEFT PALATE	13,379.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC	CLEFT PALATE	6,806.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	CLEFT PALATE	69,100.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC	CLEFT PALATE	39,400.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC	CLEFT PALATE	5,201.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC	CLEFT PALATE	16,253.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC	CLEFT PALATE	21,142.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC	CLEFT PALATE	12,800.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC	CLEFT PALATE	23,310.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC	CLEFT PALATE	19,600.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC	CLEFT PALATE	8,650.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC	CLEFT PALATE	7,200.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC	CLEFT PALATE	148,350.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC	CLEFT PALATE	6,000.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC	CLEFT PALATE	34,850.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC	CLEFT PALATE	10,050.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC	CLEFT PALATE	157,400.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC	CLEFT PALATE	5,200.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	CLEFT PALATE	235,200.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC	CLEFT PALATE	14,000.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC	CLEFT PALATE	10,400.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC	CLEFT PALATE	122,000.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC	CLEFT PALATE	65,065.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC	CLEFT PALATE	35,090.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC	CLEFT PALATE	79,812.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC	CLEFT PALATE	248,827.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC	CLEFT PALATE	52,250.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC	CLEFT PALATE	21,233.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC	CLEFT PALATE	36,248.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC	CLEFT PALATE	78,400.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC	CLEFT PALATE	23,600.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC	CLEFT PALATE	10,750.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC	CLEFT PALATE	101,000.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC	CLEFT PALATE	275,200.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_



**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	CLEFT PALATE	5,250.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC	CLEFT PALATE	7,632.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC	CLEFT PALATE	11,067.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC	CLEFT PALATE	708,670.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC	CLEFT PALATE	12,450.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC	CLEFT PALATE	39,250.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC	CLEFT PALATE	6,719.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC	CLEFT PALATE	14,411.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC	CLEFT PALATE	5,270.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC	CLEFT PALATE	19,095.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC	CLEFT PALATE	5,531.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC	CLEFT PALATE	26,800.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC	CLEFT PALATE	18,300.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC	CLEFT PALATE	7,967.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC	CLEFT PALATE	55,758.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC	CLEFT PALATE	55,599.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	CLEFT PALATE	17,759.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC	CLEFT PALATE	13,197.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC	CLEFT PALATE	10,288.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC	CLEFT PALATE	35,325.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC	CLEFT PALATE	49,291.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC	CLEFT PALATE	13,268.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC	CLEFT PALATE	23,521.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC	CLEFT PALATE	102,616.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC	CLEFT PALATE	116,436.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC	CLEFT PALATE	61,717.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC	CLEFT PALATE	6,411.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC	CLEFT PALATE	248,625.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC	CLEFT PALATE	5,288.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC	CLEFT PALATE	55,150.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC	CLEFT PALATE	10,200.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC	CLEFT PALATE	24,900.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	CLEFT PALATE	11,200.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC	CLEFT PALATE	13,050.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC	CLEFT PALATE	18,400.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC	CLEFT PALATE	34,427.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC	CLEFT PALATE	17,575.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC	CLEFT PALATE	48,590.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC	CLEFT PALATE	15,830.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC	CLEFT PALATE	137,473.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC	CLEFT PALATE	66,260.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC	CLEFT PALATE	15,145.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC	CLEFT PALATE	11,802.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC	CLEFT PALATE	7,909.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC	CLEFT PALATE	64,197.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC	CLEFT PALATE	12,062.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC	CLEFT PALATE	6,993.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC	CLEFT PALATE	16,484.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	CLEFT PALATE	94,399.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC	CLEFT PALATE	5,472.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC	CLEFT PALATE	19,403.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC	CLEFT PALATE	12,696.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC	CLEFT PALATE	5,200.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC	CLEFT PALATE	15,428.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC	CLEFT PALATE	9,078.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC	CLEFT PALATE	755,659.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC	CLEFT PALATE	30,482.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC	CLEFT PALATE	89,385.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC	CLEFT PALATE	22,569.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC	CLEFT PALATE	32,519.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC	CLEFT PALATE	45,309.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC	CLEFT PALATE	9,727.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC	CLEFT PALATE	89,814.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC	CLEFT PALATE	8,358.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	CLEFT PALATE	24,300.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC	CLEFT PALATE	16,320.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC	CLEFT PALATE	115,725.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC	CLEFT PALATE	7,252.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC	CLEFT PALATE	11,874.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC	CLEFT PALATE	25,754.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC	CLEFT PALATE	23,400.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC	CLEFT PALATE	52,986.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC	CLEFT PALATE	11,871.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC	CLEFT PALATE	124,901.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC	CLEFT PALATE	70,114.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC	CLEFT PALATE	33,943.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC	CLEFT PALATE	163,624.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC	CLEFT PALATE	37,045.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC	CLEFT PALATE	13,743.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC	CLEFT PALATE	260,072.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	CLEFT PALATE	55,007.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC	CLEFT PALATE	110,996.	CHECK/WIRE			
(3)			EUROPE	CLEFT PALATE	34,080.	CHECK/WIRE			
(4)			EUROPE	CLEFT PALATE	25,000.	CHECK/WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	CLEFT PALATE	45,600.	CHECK/WIRE			
(6)			MIDDLE EAST/NORTH AFRICA	CLEFT PALATE	5,200.	CHECK/WIRE			
(7)			MIDDLE EAST/NORTH AFRICA	CLEFT PALATE	33,600.	CHECK/WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	CLEFT PALATE	431,940.	CHECK/WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	CLEFT PALATE	58,800.	CHECK/WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	CLEFT PALATE	41,070.	CHECK/WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	CLEFT PALATE	51,840.	CHECK/WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	CLEFT PALATE	16,500.	CHECK/WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	CLEFT PALATE	199,650.	CHECK/WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	CLEFT PALATE	52,400.	CHECK/WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	CLEFT PALATE	21,000.	CHECK/WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	CLEFT PALATE	39,200.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	CLEFT PALATE	9,750.	CHECK/WIRE			
(2)			NORTH AMERICA	CLEFT PALATE	37,000.	CHECK/WIRE			
(3)			NORTH AMERICA	CLEFT PALATE	10,500.	CHECK/WIRE			
(4)			NORTH AMERICA	CLEFT PALATE	40,800.	CHECK/WIRE			
(5)			NORTH AMERICA	CLEFT PALATE	60,600.	CHECK/WIRE			
(6)			NORTH AMERICA	CLEFT PALATE	12,000.	CHECK/WIRE			
(7)			NORTH AMERICA	CLEFT PALATE	36,260.	CHECK/WIRE			
(8)			NORTH AMERICA	CLEFT PALATE	29,000.	CHECK/WIRE			
(9)			NORTH AMERICA	CLEFT PALATE	10,400.	CHECK/WIRE			
(10)			NORTH AMERICA	CLEFT PALATE	9,500.	CHECK/WIRE			
(11)			NORTH AMERICA	CLEFT PALATE	5,100.	CHECK/WIRE			
(12)			NORTH AMERICA	CLEFT PALATE	7,000.	CHECK/WIRE			
(13)			NORTH AMERICA	CLEFT PALATE	11,700.	CHECK/WIRE			
(14)			NORTH AMERICA	CLEFT PALATE	6,000.	CHECK/WIRE			
(15)			NORTH AMERICA	CLEFT PALATE	30,750.	CHECK/WIRE			
(16)			NORTH AMERICA	CLEFT PALATE	12,350.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	CLEFT PALATE	40,250.	CHECK/WIRE			
(2)			NORTH AMERICA	CLEFT PALATE	8,500.	CHECK/WIRE			
(3)			NORTH AMERICA	CLEFT PALATE	6,600.	CHECK/WIRE			
(4)			NORTH AMERICA	CLEFT PALATE	11,100.	CHECK/WIRE			
(5)			NORTH AMERICA	CLEFT PALATE	12,750.	CHECK/WIRE			
(6)			NORTH AMERICA	CLEFT PALATE	21,900.	CHECK/WIRE			
(7)			NORTH AMERICA	CLEFT PALATE	43,140.	CHECK/WIRE			
(8)			RUSSIA AND NEIGHBORING S	CLEFT PALATE	15,750.	CHECK/WIRE			
(9)			RUSSIA AND NEIGHBORING S	CLEFT PALATE	28,800.	CHECK/WIRE			
(10)			RUSSIA AND NEIGHBORING S	CLEFT PALATE	36,675.	CHECK/WIRE			
(11)			RUSSIA AND NEIGHBORING S	CLEFT PALATE	7,800.	CHECK/WIRE			
(12)			RUSSIA AND NEIGHBORING S	CLEFT PALATE	18,800.	CHECK/WIRE			
(13)			SOUTH AMERICA	CLEFT PALATE	88,750.	CHECK/WIRE			
(14)			SOUTH AMERICA	CLEFT PALATE	77,660.	CHECK/WIRE			
(15)			SOUTH AMERICA	CLEFT PALATE	17,500.	CHECK/WIRE			
(16)			SOUTH AMERICA	CLEFT PALATE	65,550.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_



**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	CLEFT PALATE	5,500.	CHECK/WIRE			
(2)			SOUTH AMERICA	CLEFT PALATE	15,750.	CHECK/WIRE			
(3)			SOUTH AMERICA	CLEFT PALATE	17,700.	CHECK/WIRE			
(4)			SOUTH AMERICA	CLEFT PALATE	63,520.	CHECK/WIRE			
(5)			SOUTH AMERICA	CLEFT PALATE	26,100.	CHECK/WIRE			
(6)			SOUTH AMERICA	CLEFT PALATE	41,650.	CHECK/WIRE			
(7)			SOUTH AMERICA	CLEFT PALATE	92,510.	CHECK/WIRE			
(8)			SOUTH AMERICA	CLEFT PALATE	5,515.	CHECK/WIRE			
(9)			SOUTH AMERICA	CLEFT PALATE	53,260.	CHECK/WIRE			
(10)			SOUTH AMERICA	CLEFT PALATE	10,000.	CHECK/WIRE			
(11)			SOUTH AMERICA	CLEFT PALATE	7,050.	CHECK/WIRE			
(12)			SOUTH AMERICA	CLEFT PALATE	34,400.	CHECK/WIRE			
(13)			SOUTH AMERICA	CLEFT PALATE	24,655.	CHECK/WIRE			
(14)			SOUTH AMERICA	CLEFT PALATE	7,500.	CHECK/WIRE			
(15)			SOUTH AMERICA	CLEFT PALATE	6,270.	CHECK/WIRE			
(16)			SOUTH AMERICA	CLEFT PALATE	17,700.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	CLEFT PALATE	6,250.	CHECK/WIRE			
(2)			SOUTH AMERICA	CLEFT PALATE	7,250.	CHECK/WIRE			
(3)			SOUTH AMERICA	CLEFT PALATE	13,550.	CHECK/WIRE			
(4)			SOUTH AMERICA	CLEFT PALATE	236,000.	CHECK/WIRE			
(5)			SOUTH AMERICA	CLEFT PALATE	12,000.	CHECK/WIRE			
(6)			SOUTH AMERICA	CLEFT PALATE	25,000.	CHECK/WIRE			
(7)			SOUTH AMERICA	CLEFT PALATE	28,300.	CHECK/WIRE			
(8)			SOUTH AMERICA	CLEFT PALATE	54,300.	CHECK/WIRE			
(9)			SOUTH AMERICA	CLEFT PALATE	53,000.	CHECK/WIRE			
(10)			SOUTH AMERICA	CLEFT PALATE	8,750.	CHECK/WIRE			
(11)			SOUTH AMERICA	CLEFT PALATE	7,750.	CHECK/WIRE			
(12)			SOUTH AMERICA	CLEFT PALATE	8,000.	CHECK/WIRE			
(13)			SOUTH AMERICA	CLEFT PALATE	23,000.	CHECK/WIRE			
(14)			SOUTH AMERICA	CLEFT PALATE	19,200.	CHECK/WIRE			
(15)			SOUTH AMERICA	CLEFT PALATE	23,100.	CHECK/WIRE			
(16)			SOUTH AMERICA	CLEFT PALATE	38,000.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	CLEFT PALATE	9,750.	CHECK/WIRE			
(2)			SOUTH AMERICA	CLEFT PALATE	85,700.	CHECK/WIRE			
(3)			SOUTH AMERICA	CLEFT PALATE	9,000.	CHECK/WIRE			
(4)			SOUTH AMERICA	CLEFT PALATE	5,500.	CHECK/WIRE			
(5)			SOUTH AMERICA	CLEFT PALATE	14,400.	CHECK/WIRE			
(6)			SOUTH AMERICA	CLEFT PALATE	89,300.	CHECK/WIRE			
(7)			SOUTH AMERICA	CLEFT PALATE	5,250.	CHECK/WIRE			
(8)			SOUTH AMERICA	CLEFT PALATE	6,250.	CHECK/WIRE			
(9)			SOUTH AMERICA	CLEFT PALATE	24,250.	CHECK/WIRE			
(10)			SOUTH AMERICA	CLEFT PALATE	13,300.	CHECK/WIRE			
(11)			SOUTH AMERICA	CLEFT PALATE	20,500.	CHECK/WIRE			
(12)			SOUTH AMERICA	CLEFT PALATE	33,500.	CHECK/WIRE			
(13)			SOUTH AMERICA	CLEFT PALATE	33,000.	CHECK/WIRE			
(14)			SOUTH AMERICA	CLEFT PALATE	5,900.	CHECK/WIRE			
(15)			SOUTH AMERICA	CLEFT PALATE	18,900.	CHECK/WIRE			
(16)			SOUTH AMERICA	CLEFT PALATE	78,640.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	CLEFT PALATE	15,600.	CHECK/WIRE			
(2)			SOUTH AMERICA	CLEFT PALATE	18,250.	CHECK/WIRE			
(3)			SOUTH AMERICA	CLEFT PALATE	20,010.	CHECK/WIRE			
(4)			SOUTH AMERICA	CLEFT PALATE	11,000.	CHECK/WIRE			
(5)			SOUTH AMERICA	CLEFT PALATE	86,450.	CHECK/WIRE			
(6)			SOUTH AMERICA	CLEFT PALATE	56,250.	CHECK/WIRE			
(7)			SOUTH AMERICA	CLEFT PALATE	26,000.	CHECK/WIRE			
(8)			SOUTH AMERICA	CLEFT PALATE	18,600.	CHECK/WIRE			
(9)			SOUTH AMERICA	CLEFT PALATE	19,600.	CHECK/WIRE			
(10)			SOUTH AMERICA	CLEFT PALATE	66,690.	CHECK/WIRE			
(11)			SOUTH AMERICA	CLEFT PALATE	20,200.	CHECK/WIRE			
(12)			SOUTH AMERICA	CLEFT PALATE	15,050.	CHECK/WIRE			
(13)			SOUTH AMERICA	CLEFT PALATE	6,500.	CHECK/WIRE			
(14)			SOUTH AMERICA	CLEFT PALATE	9,100.	CHECK/WIRE			
(15)			SOUTH ASIA	CLEFT PALATE	21,150.	CHECK/WIRE			
(16)			SOUTH ASIA	CLEFT PALATE	8,750.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	CLEFT PALATE	141,710.	CHECK/WIRE			
(2)			SOUTH ASIA	CLEFT PALATE	38,720.	CHECK/WIRE			
(3)			SOUTH ASIA	CLEFT PALATE	24,750.	CHECK/WIRE			
(4)			SOUTH ASIA	CLEFT PALATE	14,520.	CHECK/WIRE			
(5)			SOUTH ASIA	CLEFT PALATE	16,650.	CHECK/WIRE			
(6)			SOUTH ASIA	CLEFT PALATE	18,980.	CHECK/WIRE			
(7)			SOUTH ASIA	CLEFT PALATE	184,944.	CHECK/WIRE			
(8)			SOUTH ASIA	CLEFT PALATE	296,570.	CHECK/WIRE			
(9)			SOUTH ASIA	CLEFT PALATE	12,000.	CHECK/WIRE			
(10)			SOUTH ASIA	CLEFT PALATE	188,370.	CHECK/WIRE			
(11)			SOUTH ASIA	CLEFT PALATE	8,280.	CHECK/WIRE			
(12)			SOUTH ASIA	CLEFT PALATE	65,350.	CHECK/WIRE			
(13)			SOUTH ASIA	CLEFT PALATE	21,423.	CHECK/WIRE			
(14)			SOUTH ASIA	CLEFT PALATE	30,140.	CHECK/WIRE			
(15)			SOUTH ASIA	CLEFT PALATE	34,980.	CHECK/WIRE			
(16)			SOUTH ASIA	CLEFT PALATE	9,250.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	CLEFT PALATE	44,375.	CHECK/WIRE			
(2)			SOUTH ASIA	CLEFT PALATE	11,782.	CHECK/WIRE			
(3)			SOUTH ASIA	CLEFT PALATE	458,030.	CHECK/WIRE			
(4)			SOUTH ASIA	CLEFT PALATE	160,283.	CHECK/WIRE			
(5)			SOUTH ASIA	CLEFT PALATE	36,740.	CHECK/WIRE			
(6)			SOUTH ASIA	CLEFT PALATE	48,600.	CHECK/WIRE			
(7)			SOUTH ASIA	CLEFT PALATE	6,564.	CHECK/WIRE			
(8)			SOUTH ASIA	CLEFT PALATE	96,075.	CHECK/WIRE			
(9)			SOUTH ASIA	CLEFT PALATE	22,320.	CHECK/WIRE			
(10)			SOUTH ASIA	CLEFT PALATE	53,360.	CHECK/WIRE			
(11)			SOUTH ASIA	CLEFT PALATE	41,360.	CHECK/WIRE			
(12)			SOUTH ASIA	CLEFT PALATE	229,820.	CHECK/WIRE			
(13)			SOUTH ASIA	CLEFT PALATE	20,900.	CHECK/WIRE			
(14)			SOUTH ASIA	CLEFT PALATE	10,340.	CHECK/WIRE			
(15)			SOUTH ASIA	CLEFT PALATE	22,775.	CHECK/WIRE			
(16)			SOUTH ASIA	CLEFT PALATE	76,950.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	CLEFT PALATE	74,500.	CHECK/WIRE			
(2)			SOUTH ASIA	CLEFT PALATE	137,770.	CHECK/WIRE			
(3)			SOUTH ASIA	CLEFT PALATE	13,920.	CHECK/WIRE			
(4)			SOUTH ASIA	CLEFT PALATE	271,302.	CHECK/WIRE			
(5)			SOUTH ASIA	CLEFT PALATE	51,000.	CHECK/WIRE			
(6)			SOUTH ASIA	CLEFT PALATE	426,400.	CHECK/WIRE			
(7)			SUB-SAHARAN AFRICA	CLEFT PALATE	50,150.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA	CLEFT PALATE	22,400.	CHECK/WIRE			
(9)			SUB-SAHARAN AFRICA	CLEFT PALATE	14,425.	CHECK/WIRE			
(10)			SUB-SAHARAN AFRICA	CLEFT PALATE	127,660.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA	CLEFT PALATE	14,800.	CHECK/WIRE			
(12)			SUB-SAHARAN AFRICA	CLEFT PALATE	12,800.	CHECK/WIRE			
(13)			SUB-SAHARAN AFRICA	CLEFT PALATE	119,150.	CHECK/WIRE			
(14)			SUB-SAHARAN AFRICA	CLEFT PALATE	11,000.	CHECK/WIRE			
(15)			SUB-SAHARAN AFRICA	CLEFT PALATE	8,000.	CHECK/WIRE			
(16)			SUB-SAHARAN AFRICA	CLEFT PALATE	18,800.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	CLEFT PALATE	19,600.	CHECK/WIRE			
(2)			SUB-SAHARAN AFRICA	CLEFT PALATE	56,400.	CHECK/WIRE			
(3)			SUB-SAHARAN AFRICA	CLEFT PALATE	7,600.	CHECK/WIRE			
(4)			SUB-SAHARAN AFRICA	CLEFT PALATE	5,600.	CHECK/WIRE			
(5)			SUB-SAHARAN AFRICA	CLEFT PALATE	25,600.	CHECK/WIRE			
(6)			SUB-SAHARAN AFRICA	CLEFT PALATE	20,240.	CHECK/WIRE			
(7)			SUB-SAHARAN AFRICA	CLEFT PALATE	18,200.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA	CLEFT PALATE	18,200.	CHECK/WIRE			
(9)			SUB-SAHARAN AFRICA	CLEFT PALATE	16,000.	CHECK/WIRE			
(10)			SUB-SAHARAN AFRICA	CLEFT PALATE	46,400.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA	CLEFT PALATE	15,600.	CHECK/WIRE			
(12)			SUB-SAHARAN AFRICA	CLEFT PALATE	7,650.	CHECK/WIRE			
(13)			SUB-SAHARAN AFRICA	CLEFT PALATE	177,310.	CHECK/WIRE			
(14)			SUB-SAHARAN AFRICA	CLEFT PALATE	11,500.	CHECK/WIRE			
(15)			SUB-SAHARAN AFRICA	CLEFT PALATE	28,000.	CHECK/WIRE			
(16)			SUB-SAHARAN AFRICA	CLEFT PALATE	8,075.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_



**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	CLEFT PALATE	12,000.	CHECK/WIRE			
(2)			SUB-SAHARAN AFRICA	CLEFT PALATE	21,400.	CHECK/WIRE			
(3)			SUB-SAHARAN AFRICA	CLEFT PALATE	6,400.	CHECK/WIRE			
(4)			SUB-SAHARAN AFRICA	CLEFT PALATE	9,800.	CHECK/WIRE			
(5)			SUB-SAHARAN AFRICA	CLEFT PALATE	29,070.	CHECK/WIRE			
(6)			SUB-SAHARAN AFRICA	CLEFT PALATE	15,000.	CHECK/WIRE			
(7)			SUB-SAHARAN AFRICA	CLEFT PALATE	16,872.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA	CLEFT PALATE	108,856.	CHECK/WIRE			
(9)			SUB-SAHARAN AFRICA	CLEFT PALATE	95,220.	CHECK/WIRE			
(10)			SUB-SAHARAN AFRICA	CLEFT PALATE	7,389.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA	CLEFT PALATE	60,800.	CHECK/WIRE			
(12)			SUB-SAHARAN AFRICA	CLEFT PALATE	59,976.	CHECK/WIRE			
(13)			SUB-SAHARAN AFRICA	CLEFT PALATE	16,800.	CHECK/WIRE			
(14)			SUB-SAHARAN AFRICA	CLEFT PALATE	31,200.	CHECK/WIRE			
(15)			SUB-SAHARAN AFRICA	CLEFT PALATE	17,360.	CHECK/WIRE			
(16)			SUB-SAHARAN AFRICA	CLEFT PALATE	10,625.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	CLEFT PALATE	14,400.	CHECK/WIRE			
(2)			SUB-SAHARAN AFRICA	CLEFT PALATE	16,800.	CHECK/WIRE			
(3)			SUB-SAHARAN AFRICA	CLEFT PALATE	46,075.	CHECK/WIRE			
(4)			SUB-SAHARAN AFRICA	CLEFT PALATE	7,650.	CHECK/WIRE			
(5)			SUB-SAHARAN AFRICA	CLEFT PALATE	18,700.	CHECK/WIRE			
(6)			SUB-SAHARAN AFRICA	CLEFT PALATE	145,800.	CHECK/WIRE			
(7)			SUB-SAHARAN AFRICA	CLEFT PALATE	16,000.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA	CLEFT PALATE	12,000.	CHECK/WIRE			
(9)			SUB-SAHARAN AFRICA	CLEFT PALATE	22,100.	CHECK/WIRE			
(10)			SUB-SAHARAN AFRICA	CLEFT PALATE	30,910.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA	CLEFT PALATE	10,800.	CHECK/WIRE			
(12)			SUB-SAHARAN AFRICA	CLEFT PALATE	26,800.	CHECK/WIRE			
(13)			SUB-SAHARAN AFRICA	CLEFT PALATE	9,125.	CHECK/WIRE			
(14)			SUB-SAHARAN AFRICA	CLEFT PALATE	133,735.	CHECK/WIRE			
(15)			SUB-SAHARAN AFRICA	CLEFT PALATE	178,800.	CHECK/WIRE			
(16)			SUB-SAHARAN AFRICA	CLEFT PALATE	15,685.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	CLEFT PALATE	162,375.	CHECK/WIRE			
(2)			SUB-SAHARAN AFRICA	CLEFT PALATE	36,550.	CHECK/WIRE			
(3)			SUB-SAHARAN AFRICA	CLEFT PALATE	30,230.	CHECK/WIRE			
(4)			SUB-SAHARAN AFRICA	CLEFT PALATE	10,000.	CHECK/WIRE			
(5)			SUB-SAHARAN AFRICA	CLEFT PALATE	57,400.	CHECK/WIRE			
(6)			SUB-SAHARAN AFRICA	CLEFT PALATE	10,200.	CHECK/WIRE			
(7)			SUB-SAHARAN AFRICA	CLEFT PALATE	65,400.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA	CLEFT PALATE	11,600.	CHECK/WIRE			
(9)			SUB-SAHARAN AFRICA	CLEFT PALATE	30,635.	CHECK/WIRE			
(10)			SUB-SAHARAN AFRICA	CLEFT PALATE	29,200.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA	CLEFT PALATE	44,667.	CHECK/WIRE			
(12)			SUB-SAHARAN AFRICA	CLEFT PALATE	13,600.	CHECK/WIRE			
(13)			SUB-SAHARAN AFRICA	CLEFT PALATE	10,200.	CHECK/WIRE			
(14)			SUB-SAHARAN AFRICA	CLEFT PALATE	135,200.	CHECK/WIRE			
(15)			SUB-SAHARAN AFRICA	CLEFT PALATE	74,800.	CHECK/WIRE			
(16)			SUB-SAHARAN AFRICA	CLEFT PALATE	11,200.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	CLEFT PALATE	6,800.	CHECK/WIRE			
(2)			SUB-SAHARAN AFRICA	CLEFT PALATE	28,250.	CHECK/WIRE			
(3)			SUB-SAHARAN AFRICA	CLEFT PALATE	79,196.	CHECK/WIRE			
(4)			SUB-SAHARAN AFRICA	CLEFT PALATE	21,600.	CHECK/WIRE			
(5)			SUB-SAHARAN AFRICA	CLEFT PALATE	14,400.	CHECK/WIRE			
(6)			SUB-SAHARAN AFRICA	CLEFT PALATE	21,200.	CHECK/WIRE			
(7)			SUB-SAHARAN AFRICA	CLEFT PALATE	306,400.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA	CLEFT PALATE	213,225.	CHECK/WIRE			
(9)			SUB-SAHARAN AFRICA	CLEFT PALATE	52,225.	CHECK/WIRE			
(10)			SUB-SAHARAN AFRICA	CLEFT PALATE	41,200.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA	CLEFT PALATE	5,950.	CHECK/WIRE			
(12)			SUB-SAHARAN AFRICA	CLEFT PALATE	8,800.	CHECK/WIRE			
(13)			SUB-SAHARAN AFRICA	CLEFT PALATE	5,800.	CHECK/WIRE			
(14)			SUB-SAHARAN AFRICA	CLEFT PALATE	6,400.	CHECK/WIRE			
(15)			SUB-SAHARAN AFRICA	CLEFT PALATE	43,350.	CHECK/WIRE			
(16)			SUB-SAHARAN AFRICA	CLEFT PALATE	6,800.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	CLEFT PALATE	5,600.	CHECK/WIRE			
(2)			SUB-SAHARAN AFRICA	CLEFT PALATE	31,600.	CHECK/WIRE			
(3)			SUB-SAHARAN AFRICA	CLEFT PALATE	17,675.	CHECK/WIRE			
(4)			SUB-SAHARAN AFRICA	CLEFT PALATE	249,350.	CHECK/WIRE			
(5)			SUB-SAHARAN AFRICA	CLEFT PALATE	7,200.	CHECK/WIRE			
(6)			SUB-SAHARAN AFRICA	CLEFT PALATE	27,360.	CHECK/WIRE			
(7)			SUB-SAHARAN AFRICA	CLEFT PALATE	62,905.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA	CLEFT PALATE	15,600.	CHECK/WIRE			
(9)			SUB-SAHARAN AFRICA	CLEFT PALATE	18,000.	CHECK/WIRE			
(10)			SUB-SAHARAN AFRICA	CLEFT PALATE	22,075.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA	CLEFT PALATE	94,800.	CHECK/WIRE			
(12)			SUB-SAHARAN AFRICA	CLEFT PALATE	7,650.	CHECK/WIRE			
(13)			SUB-SAHARAN AFRICA	CLEFT PALATE	24,800.	CHECK/WIRE			
(14)			SUB-SAHARAN AFRICA	CLEFT PALATE	14,000.	CHECK/WIRE			
(15)			SUB-SAHARAN AFRICA	CLEFT PALATE	29,200.	CHECK/WIRE			
(16)			SUB-SAHARAN AFRICA	CLEFT PALATE	155,800.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	CLEFT PALATE	40,700.	CHECK/WIRE			
(2)			SUB-SAHARAN AFRICA	CLEFT PALATE	14,000.	CHECK/WIRE			
(3)			SUB-SAHARAN AFRICA	CLEFT PALATE	12,000.	CHECK/WIRE			
(4)			SUB-SAHARAN AFRICA	CLEFT PALATE	6,800.	CHECK/WIRE			
(5)			SUB-SAHARAN AFRICA	CLEFT PALATE	6,800.	CHECK/WIRE			
(6)			SUB-SAHARAN AFRICA	CLEFT PALATE	310,096.	CHECK/WIRE			
(7)			SUB-SAHARAN AFRICA	CLEFT PALATE	6,800.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA	CLEFT PALATE	31,600.	CHECK/WIRE			
(9)			SUB-SAHARAN AFRICA	CLEFT PALATE	8,375.	CHECK/WIRE			
(10)			SUB-SAHARAN AFRICA	CLEFT PALATE	7,600.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA	CLEFT PALATE	8,650.	CHECK/WIRE			
(12)			SUB-SAHARAN AFRICA	CLEFT PALATE	8,738.	CHECK/WIRE			
(13)			SUB-SAHARAN AFRICA	CLEFT PALATE	10,200.	CHECK/WIRE			
(14)			SUB-SAHARAN AFRICA	CLEFT PALATE	95,250.	CHECK/WIRE			
(15)			SUB-SAHARAN AFRICA	CLEFT PALATE	23,044.	CHECK/WIRE			
(16)			SUB-SAHARAN AFRICA	CLEFT PALATE	12,320.	CHECK/WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	CLEFT PALATE	74,400.	CHECK/WIRE			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . **▶** 481.

3 Enter total number of other organizations or entities. . . . . **▶**

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) CLEFT PALATE TRAINING	EAST ASIA/PACIFIC	136.	114,571.	CHECK/WIRE			
(2) CLEFT PALATE TRAINING	MIDDLE EAST/NORTH AFRICA	3.	1,200.	CHECK/WIRE			
(3) CLEFT PALATE TRAINING	NORTH AMERICA	16.	7,390.	CHECK/WIRE			
(4) CLEFT PALATE TRAINING	SOUTH AMERICA	29.	26,080.	CHECK/WIRE			
(5) CLEFT PALATE TRAINING	SOUTH ASIA	45.	30,834.	CHECK/WIRE			
(6) CLEFT PALATE TRAINING	SUB-SAHARAN AFRICA	46.	58,130.	CHECK/WIRE			
(7) CLEFT PALATE TRAINING	EUROPE/ICELAND/GREENLAND	1.	400.	CHECK/WIRE			
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* . . . . .  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

## PROCEDURES FOR MONITORING THE USE OF GRANTS

SCHEDULE F, PART I, LINE 2

GRANT RECIPIENTS ARE REQUIRED TO SUBMIT FINAL GRANT REPORTS DESCRIBING OUTCOMES AND HOW FUNDS WERE USED. GRANT RECIPIENTS ARE ALSO REQUIRED TO USE FUNDS ONLY FOR DIRECT PROGRAM COSTS AND KEEP SEPARATE ACCOUNTING RECORDS OF SMILE TRAIN GRANTS. SMILE TRAIN UNDERTAKES PERIODIC FINANCIAL AUDITS TO ENSURE ACCURACY OF THESE RECORDS. ADDITIONALLY, ORGANIZATIONS RECEIVING SURGICAL GRANTS MUST UPLOAD PATIENT RECORDS WITH PRE- AND POST-OPERATIVE PHOTOS FOR EVERY SURGERY PERFORMED WITH SMILE TRAIN FUNDING TO A SECURE WEBSITE THAT CONTAINS SMILE TRAIN'S ONLINE PATIENT RECORD DATABASE. PATIENT RECORDS ARE REVIEWED REGULARLY BY SMILE TRAIN STAFF FOR COMPLETENESS AND ACCURACY, AND A MEMBER OF THE SMILE TRAIN MEDICAL ADVISORY BOARD REGULARLY REVIEWS RANDOMLY SELECTED RECORDS FOR MEDICAL QUALITY.

## PROGRAM SERVICE EXPENDITURES

SCHEDULE F, PART I, LINE 3

AMOUNTS LISTED AS PROGRAM SERVICE EXPENDITURES ON SCHEDULE F, PART I, REPRESENT FUNDING TO ORGANIZATIONS PERFORMING CLEFT SURGERIES. THESE PAYMENTS ARE ESSENTIALLY GRANTS TO FOREIGN ORGANIZATIONS, AND SINCE THE ACTIVITY REPRESENTS SMILE TRAIN'S PRIMARY EXEMPT MISSION, FOR SCHEDULE F PURPOSES, IT IS BEING CODED AS PROGRAMMATIC ACTIVITY.

THE GRANTS REPORTED AS HAVING BEEN MADE IN EUROPE, EAST ASIA AND SOUTH AMERICA REPRESENT FUNDING TO RELATED PARTIES SMILE TRAIN STIFTUNG IN

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

GERMANY, SMILE TRAIN INDONESIA AND THE ASSOCIACAO SMILE TRAIN BRAZIL  
(RESPECTIVELY) TO ASSIST THOSE ORGANIZATIONS WITH THEIR OPERATING,  
FUNDRAISING AND PROGRAM EXPENSES. THESE GRANTS INCLUDE FUNDING FOR CLEFT  
SURGERIES.

PART IV, LINE 4

SMILE TRAIN, INC. INVESTS IN ONE FOREIGN CORPORATION; NEVERTHELESS, SMILE  
TRAIN'S OWNERSHIP INTEREST IN THAT INVESTMENT MAY NOT RISE TO THE  
THRESHOLD OF FILING EITHER THE FORM 926 OR FORM 5471. TO THE EXTENT THE  
ORGANIZATION HAS COMPLETED SUCH A FILING, IT IS ATTACHED TO A FORM 990-T.

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....				1,276,713.	1,168,470.	108,243.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL,  
KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH,  
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		WORLD SMILE DAY (event type)	(event type)	(total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	22,270.		22,270.	
	2	Less: Contributions . . . . .	16,330.		16,330.	
	3	Gross income (line 1 minus line 2) . . . . .	5,940.		5,940.	
Direct Expenses	4	Cash prizes . . . . .				
	5	Noncash prizes . . . . .				
	6	Rent/facility costs . . . . .				
	7	Food and beverages . . . . .	8,215.		8,215.	
	8	Entertainment . . . . .	300.		300.	
	9	Other direct expenses . . . . .	800.		800.	
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				9,315.
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-3,375.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue . . . . .				
Direct Expenses	2	Cash prizes . . . . .				
	3	Noncash prizes . . . . .				
	4	Rent/facility costs . . . . .				
	5	Other direct expenses . . . . .				
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

PROFESSIONAL FUNDRAISER COMPENSATION

SCHEDULE G, PART I, LINE 2B COLUMN V

THE COMPENSATION REPORTED IN SCHEDULE G FOR INFOCISION REPRESENTS AMOUNTS

PAID ON A FISCAL YEAR BASIS. INFOCISION IS AMONG SMILE TRAIN'S TOP FIVE

HIGHEST PAID VENDORS; AMOUNTS DISCLOSED ON PART VII ARE REPORTED ON A

CALENDAR YEAR BASIS.

## 990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
INFOCISION, INC. 325 SPRINGSIDE DR AKRON OH 44333	CONSULTING		X	1,139,462.	821,983.	317,479.
DONOR SERVICES GROUP, LLC 6715 SUNSET BLVD LOS ANGELES CA 90028	CONSULTING		X	82,711.	129,794.	-47,083.
DONORWORX 8720 GEORGIA AVE., SUITE 1000 SILVER SPRING MD 20910	CONSULTING		X	54,540.	216,693.	-162,153.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PLASTIC SURGERY FOUNDATION 444 E. ALGONQUIN RD.	59-6144450	501(C)(3)	33,550.				TRAINING
(2) UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUN 220 MONTGOMERY SAN FRANCISCO, CA 94104	94-2829914	501(C)(3)	8,000.				U.S. CLEFT CARE
(3) STOP CLEFT - INTERNATIONAL ALLIANCE 780 LYNNHAVEN PARKWAY, SUITE 400	54-1639160	501(C)(3)	52,000.				TREATMENT PARTNER
(4) NEW MEXICO MEDICAL FOUNDATION 316 OSUNA ROAD NE ALBUQUERQUE, NM 87107	85-0474774	501(C)(3)	7,500.				U.S. CLEFT CARE
(5) TEACHERS COLLEGE COLUMBIA UNIVERSITY 525 W. 120TH ST. NEW YORK, NY 10027	13-1624202	501(C)(3)	7,000.				TRAINING
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 5.

3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

GRANT RECIPIENTS ARE REQUIRED TO SUBMIT FINAL GRANT REPORTS DESCRIBING OUTCOMES AND HOW FUNDS WERE USED. GRANT RECIPIENTS ARE REQUIRED TO USE FUNDS ONLY FOR DIRECT PROGRAM COSTS AND KEEP SEPARATE ACCOUNTING RECORDS OF SMILE TRAIN GRANTS. SMILE TRAIN UNDERTAKES PERIODIC FINANCIAL AUDITS TO ENSURE ACCURACY OF THESE RECORDS. ADDITIONALLY, ORGANIZATIONS RECEIVING SURGICAL GRANTS MUST UPLOAD PATIENT RECORDS WITH PRE- AND POST-OPERATIVE PHOTOS FOR EVERY SURGERY PERFORMED WITH SMILE TRAIN FUNDING TO WWW.SMILETRAINEXPRESS.ORG, SMILE TRAIN'S ONLINE PATIENT RECORD DATABASE. PATIENT RECORDS ARE REVIEWED DAILY BY SMILE TRAIN STAFF FOR

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

COMPLETENESS AND ACCURACY, AND A MEMBER OF THE SMILE TRAIN MEDICAL

ADVISORY BOARD REGULARLY REVIEWS RANDOMLY SELECTED RECORDS FOR MEDICAL

QUALITY.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

SMILE TRAIN, INC.

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

13-3661416

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |   |
|---|---|
| <input type="checkbox"/> First-class or charter travel                        | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence    |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. . . . .

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SUSANNAH SCHAEFER EXECUTIVE VICE CHAIR AND CEO	(i)	312,736.	60,000.	0.	15,874.	19,998.	408,608.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 MOHAMED FAKHRELDIN CHIEF PROGRAMS OFFICER	(i)	190,000.	25,000.	0.	0.	0.	215,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 BEATRIZ GONZALEZ VP, FINANCE	(i)	164,992.	15,000.	0.	10,950.	18,193.	209,135.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 DR. SHELL XUE SR. VP & REGIONAL DIR. N. ASIA	(i)	273,793.	10,000.	182,400.	16,109.	1,391.	483,693.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 WILLIAM HORAN VP, PRINCIPAL & PLANNED GIVING	(i)	167,869.	5,000.	0.	10,380.	13,136.	196,385.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 TROY REINHART VP, DEVELOPMENT	(i)	162,860.	10,000.	0.	10,350.	7,159.	190,369.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 ERIN STIEBER VP, STRATEGIC PARTNERSHIPS	(i)	137,362.	10,000.	0.	9,150.	23,070.	179,582.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 MARCIA FEIGUINOVA SR. DIR., CORP. PARTNERSHIPS	(i)	135,417.	5,000.	0.	8,433.	8,236.	157,086.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 SHARI LEVINE VP, MARKETING COMMUNICATIONS	(i)	127,716.	10,000.	0.	8,250.	10,562.	156,528.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## SCHEDULE J, LINE 1A

SMILE TRAIN INC. MADE A GROSS UP FOR CHINA INCOME TAX PAYMENTS TO SENIOR VICE PRESIDENT AND REGIONAL DIRECTOR, DR. SHELL XUE IN CALENDAR YEAR 2016; THESE CHINA INCOME TAX GROSS-UP PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(III).

## SCHEDULE J, LINE 7

ALL BONUSES ISSUED BY SMILE TRAIN TO THE INDIVIDUALS REPORTED IN FORM 990, SCHEDULE J, PART II, WERE RECOMMENDED BY MANAGEMENT AND APPROVED BY THE ORGANIZATION'S COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. ALL BONUSES ARE PERFORMANCE BASED AND NONE OF THE INDIVIDUALS WHO RECEIVED COMPENSATION HAD ANY INPUT INTO THE DECISION-MAKING PROCESS AUTHORIZING THE BONUSES.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2016**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 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.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization, . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

Total . . . . . ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990 or 990-EZ) 2016

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JASMINE WANG	DAUGHTER OF CHAIRMAN	48,025.	SALARY		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV, LINE 1

THE CHAIRMAN OF THE BOARD, CHARLES WANG, HAS A DAUGHTER THAT IS EMPLOYED BY SMILE TRAIN. HER W-2, BOX 5 WAGES IN CALENDAR YEAR 2016 TOTALED \$48,025.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

**Part I** Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	144.	2,121,552.	FAIR MARKET VALUE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .	X	1.	1,546,430.	FAIR MARKET VALUE
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (ATCH 1)		1.	127,900.	
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2016)

JSA

6E1298 1.000

7773CT 700J

V 16-7.17

0183055-00003

PAGE 80



**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

---

FORM 990, SCHEDULE M, LINE 32(B)

TO THE EXTENT THAT SMILE TRAIN RECEIVES NON-CASH CONTRIBUTIONS OF  
SECURITIES, IT TASKS ITS INVESTMENT BROKER WITH LIQUIDATING THOSE  
SECURITIES.

IN THE EVENT SMILE TRAIN RECEIVES NON-STANDARD CONTRIBUTIONS OTHER THAN  
SECURITIES, SMILE TRAIN WILL RETAIN THE SERVICES OF CONSULTANTS TO  
LIQUIDATE THOSE ITEMS OR DONATE THEM TO ITS PARTNER HOSPITALS.

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
DONATED SOFTWARE	X	1.	127,900.	FAIR MARKET VALUE
TOTALS		<u>1.</u>	<u>127,900.</u>	

**SCHEDULE O  
(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

SMILE TRAIN, INC.

13-3661416

FORM 990, PART VI, LINE 2

BOARD MEMBER ROBERT T. BELL AND CHAIRMAN OF THE BOARD, CHARLES B. WANG  
HAVE A BUSINESS RELATIONSHIP.

BOARD MEMBERS ARTHUR MCCARTHY AND ROY E. REICHBACH HAVE A BUSINESS  
RELATIONSHIP WITH THE CHAIRMAN OF THE BOARD, CHARLES B. WANG.

FORM 990, PART VI, LINE 11

THE FORM 990 WAS PREPARED BY AN INTERNATIONAL ACCOUNTING FIRM IN  
CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. A COPY OF THE  
FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS  
AND THE FORM 990 WAS DISTRIBUTED TO ALL ACTIVE BOARD MEMBERS BEFORE  
FILING.

FORM 990, PART VI, LINE 12C

EACH OFFICER, DIRECTOR, TRUSTEE AND KEY EMPLOYEE OF THE ORGANIZATION IS  
REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST THAT ARISE BY  
VIRTUE OF EMPLOYMENT, BOARD SERVICE, OR POSITION WITH THE ORGANIZATION.  
THE ORGANIZATION MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY  
THROUGH AN ANNUAL QUESTIONNAIRE/DISCLOSURE STATEMENT THAT IS DISTRIBUTED  
TO THESE INDIVIDUALS. ALSO, WHEN NEW DIRECTORS OR STAFF JOIN THE CHARITY,  
THEY ARE REQUIRED TO COMPLETE THE QUESTIONNAIRE. POTENTIAL CONFLICTS ARE  
INVESTIGATED IMMEDIATELY. COMPLETED QUESTIONNAIRES ARE AVAILABLE FOR  
INSPECTION BY ANY BOARD MEMBER AND MAY BE REVIEWED BY THE ORGANIZATION'S

Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
---	--

LEGAL COUNSEL. THE SENIOR MANAGEMENT MONITOR NEW CONTRACTS AND INVOICE PAYMENTS TO ASCERTAIN THAT THESE POLICIES ARE ADHERED TO.

FORM 990 PART VI, LINE 15A

THE BOARD OF DIRECTORS PERIODICALLY UTILIZES THE SERVICES OF INDEPENDENT COMPENSATION CONSULTANTS TO PROVIDE COMPARATIVE DATA AND OPINE ON THE REASONABLENESS OF THE EXECUTIVE DIRECTOR'S AND OTHER EMPLOYEES' COMPENSATION AS WELL AS TOP EXECUTIVES. ALL COMPENSATION DECISIONS MUST BE APPROVED BY SMILE TRAIN'S COMPENSATION COMMITTEE AND ALL DECISIONS ARE MEMORIALIZED IN COMMITTEE MEETING MINUTES.

FORM 990, PART VI, LINE 15B

THE COMPENSATION OF ALL EMPLOYEES IS PROPOSED BY THE DEPARTMENT HEADS AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ALSO USES COMPARATIVE COMPENSATION DATA FROM OUTSIDE SOURCES. PERIODICALLY, AN OUTSIDE COMPENSATION CONSULTANT IS RETAINED TO OPINE ON THE REASONABLENESS OF THE COMPENSATION OF THE HIGHEST PAID EXECUTIVES, INCLUDING THE TOP 5 HIGHEST PAID COMPARED TO A SELECTED PEER GROUP OF CHARITABLE ORGANIZATIONS. ALL COMPENSATION DECISIONS MUST BE APPROVED BY SMILE TRAIN'S COMPENSATION COMMITTEE AND ALL DECISIONS ARE MEMORIALIZED IN COMMITTEE MEETING MINUTES.

FORM 990, PART VI, LINE 19

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS. THE FORM 990 IS ALSO PUBLISHED ON THE

Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
---	--

INTERNET AT WWW.GUIDESTAR.ORG AND ON THE ORGANIZATION'S WEBSITE. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE POSTED ON ITS WEBSITE (WWW.SMILETRAIN.ORG). COPIES OF DOCUMENTS ARE ALSO PROVIDED TO THE PUBLIC AT THE ORGANIZATION'S HEADQUARTERS IN NEW YORK CITY UPON REQUEST.

FORM 990, PART XI, LINE 9

RECONCILIATION OF NET ASSETS

FOREIGN EXCHANGE CURRENCY LOSS	\$(25,365)
REFUNDED GRANTS AND OTHER WRITEOFFS	\$ 59,895
CAPITALIZED SOFTWARE	\$ 95,500
	-----
TOTAL.....	\$130,030
	=====

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

SMILE TRAIN, INC.'S PRIMARY PURPOSE IS TO PROVIDE POOR CHILDREN BORN WITH A CLEFT THE SAME OPPORTUNITIES IN LIFE AS A CHILD BORN WITHOUT A CLEFT. SMILE TRAIN'S VISION IS TO:

1. PROVIDE FREE CLEFT SURGERY FOR CHILDREN IN DEVELOPING COUNTRIES.
2. PROVIDE FREE CLEFT-RELATED TRAINING FOR LOCAL DOCTORS AND OTHER MEDICAL PROFESSIONALS IN DEVELOPING COUNTRIES.
3. TREAT THE WHOLE CHILD WITH COMPREHENSIVE CARE INCLUDING: SPEECH THERAPY, NUTRITIONAL SUPPORT, DENTAL CARE AND ORTHODONTICS.

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

SMILE TRAIN IS AN INTERNATIONAL CHILDREN'S CHARITY WITH A SUSTAINABLE APPROACH TO A SINGLE, SOLVABLE PROBLEM: CLEFT LIP AND PALATE. THROUGH TRAINING LOCAL DOCTORS AND EMPOWERING PARTNER HOSPITALS AROUND THE WORLD, SMILE TRAIN ADVANCES A SUSTAINABLE SOLUTION AND SCALABLE MODEL TO TREAT CLEFTS, DRASTICALLY IMPROVING CHILDREN'S LIVES INCLUDING THEIR ABILITY TO EAT, BREATHE AND SPEAK OVER TIME. OUR SUSTAINABLE MODEL PROVIDES TRAINING, FUNDING, AND RESOURCES TO EMPOWER LOCAL DOCTORS IN 85+ DEVELOPING COUNTRIES TO PROVIDE 100%-FREE CLEFT REPAIR SURGERY AND COMPREHENSIVE CLEFT CARE IN THEIR OWN COMMUNITIES.

WE USE THE "TEACH A MAN TO FISH" MODEL FOCUSING ON TRAINING LOCAL DOCTORS TO PERFORM CLEFT REPAIRS IN THEIR COMMUNITIES. THOSE DOCTORS THEN GO ON TO TRAIN OTHER DOCTORS CREATING A LONG-TERM, SUSTAINABLE SYSTEM. PATIENTS SEE THEIR SMILE FOR THE FIRST TIME, PARENTS CRY TEARS OF JOY, LIVES AND COMMUNITIES ARE CHANGED FOREVER.

AS A RESULT OF OUR EFFICIENCY AND WITH THE SUPPORT OF DONORS AND PARTNERS AROUND THE WORLD, SMILE TRAIN HAS TRANSFORMED THE LIVES OF MORE THAN ONE MILLION CHILDREN BY GIVING THEM THE POWER OF A SMILE.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

TREATMENT PROGRAM: FREE CLEFT SURGERIES - WHILE OUR COST PER SURGERY VARIES ACROSS THE 85+ DIFFERENT COUNTRIES WHERE WE HAVE

Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
---	--

---



---

ATTACHMENT 2 (CONT'D)

---



---

WORKED, OUR CONTRIBUTION PER SURGERY CAN BE AS LOW AS \$250. THIS AMOUNT REFLECTS THE CONTRIBUTION PER SURGERY THAT WE PROVIDE OUR PARTNER HOSPITALS. THEY ALSO COVER A SIGNIFICANT PORTION OF EACH SURGERY AS PART OF OUR COST-SHARING AGREEMENT WITH OUR MEDICAL PARTNERS.

FREE MEDICAL EQUIPMENT SUPPORT - FOR MANY OF OUR PARTNERS, ACCESS TO SAFE OPERATING ROOMS IS A CHALLENGE. MANY STRUGGLE WITH OLD AND INADEQUATE EQUIPMENT SUCH AS ANESTHESIA MACHINES AND A LACK OF OTHER ESSENTIAL EQUIPMENT AND SUPPLIES. SMILE TRAIN PROVIDES FINANCIAL SUPPORT THAT HAS BEEN USED FOR IMPROVING OPERATING ROOMS TO SUPPLYING CRUCIAL SAFETY EQUIPMENT SUCH AS PULSE OXIMETERS AND CLEFT SURGICAL INSTRUMENTS. ALL OF THESE INVESTMENTS WORK TO ENSURE A SIGNIFICANT NUMBER OF INCREMENTAL SURGERIES, BUT ALSO RESULT IN SAFER AND HIGHER QUALITY OUTCOMES FOR THE PATIENTS WE SERVE.

FREE COMPREHENSIVE CARE - EVERY CHILD WITH CLEFT NEEDS MORE THAN JUST SURGERY. OFTEN THEY ALSO NEED ORTHODONTIC CARE AND SPEECH THERAPY. WHERE THESE SERVICES ARE AVAILABLE, WE DO EVERYTHING WE CAN TO MAKE THEM ACCESSIBLE TO OUR PATIENTS. WE PAY FOR SPEECH THERAPY SESSIONS, ORTHODONTIC WORK AND MUCH MORE.

FINANCIAL AID FOR POOR PATIENTS - SOME OF OUR PATIENTS ARE SO MALNOURISHED THEY ARE NOT HEALTHY ENOUGH TO BE SAFELY OPERATED ON

Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
---	--

ATTACHMENT 2 (CONT'D)

AND ARE PROVIDED NUTRITIONAL SUPPORT IN THE WEEKS BEFORE SURGERY.  
SOME OF OUR PATIENTS ARE SO POOR THEY HAVE NO MONEY TO GET TO THE HOSPITAL OR TO TRAVEL HOME AFTER SURGERY. WE HAVE SPECIAL PROGRAMS THAT PROVIDE SMALL STIPENDS FOR THESE POOREST OF THE POOR TO ENSURE THEY CAN ACCESS CLEFT CARE SAFELY.

THESE EXPENSES EXCLUDE \$42,563,424 DONATED TIME AND SERVICES FROM DOCTORS, NURSES, ANESTHESIOLOGISTS, ORGANIZATIONS, COMPANIES, OTHER MEDICAL PROFESSIONALS AND MEDICAL FACILITIES AND SUPPLIES.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4B

PUBLIC EDUCATION PROGRAM: EVERY YEAR PEOPLE IN DEVELOPING COUNTRIES ISOLATE OR ABANDON THEIR NEWBORN BABIES BECAUSE THEY DON'T KNOW A CLEFT IS A SIMPLE BIRTH DEFECT AND NOT A "CURSE FROM GOD." THOUSANDS OF CHILDREN WITH CLEFTS ARE NEVER BROUGHT TO HOSPITALS FOR TREATMENT BECAUSE THEIR PARENTS DON'T KNOW CLEFTS ARE TREATABLE. THOUSANDS OF PEOPLE IN DEVELOPING COUNTRIES COME TO SMILE TRAIN FOR INFORMATION ON HOW TO FIND A GOOD CLEFT TEAM AND HOW TO TAKE CARE OF THEIR NEWBORN BABIES WITH CLEFTS.

THROUGH DIRECT MAIL, WEBSITES, NEWSPAPERS, RADIO, TV, PUBLIC SERVICE ANNOUNCEMENTS, DOCUMENTARIES, PUBLIC RELATIONS, SOCIAL MEDIA, ETC., WE RAISE PUBLIC AWARENESS ABOUT CLEFTS IN DEVELOPING COUNTRIES AND IN THE UNITED STATES.



Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
---	--

---



---

ATTACHMENT 4

---



---

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

TRAINING PROGRAM - SMILE TRAIN PROVIDES FREE TRAINING AND EDUCATION TO CLEFT CARE PROFESSIONALS AROUND THE WORLD. ACCESS TO EDUCATION AND TRAINING OPPORTUNITIES IS CRITICAL TO SMILE TRAIN'S MISSION OF EMPOWERING LOCAL MEDICAL TEAMS TO PROVIDE SAFE, HIGH-QUALITY CLEFT CARE. OVER THE PAST 15 YEARS, WE HAVE PROVIDED SUPPORT FOR MORE THAN 1,500 MEDICAL CONFERENCES AND TRAINING OPPORTUNITIES TO IMPROVE CLEFT TREATMENT IN THE DEVELOPING WORLD.

SMILE TRAIN SUPPORTS HANDS-ON AND WORKSHOP-BASED TRAINING OPPORTUNITIES TO IMPROVE THE SKILL LEVEL OF CLEFT CARE PROFESSIONALS IN THE DEVELOPING WORLD. RECENT INITIATIVES HAVE FOCUSED ON SUPPORTING TRAINING PROGRAMS FOR SPEECH THERAPY PROVIDERS, CLEFT CARE NURSES AND ANESTHESIOLOGISTS, INCLUDING SMILE TRAIN'S SAFE NURSING CARE SAVES LIVES PROGRAM IN AFRICA THAT HAS NOW BEEN SCALED AND IMPLEMENTED FOR SMILE TRAIN PARTNERS AROUND THE WORLD.

SMILE TRAIN IS INNOVATIVE IN ITS APPROACH TO PROVIDE QUALITY TRAINING TO MEDICAL PROFESSIONALS WORLDWIDE. IN THE DEVELOPING WORLD, SURGEONS OFTEN DO NOT HAVE ACCESS TO THE LATEST TECHNIQUES AND UPDATED PROTOCOLS FOR CLEFT SURGERY. SMILE TRAIN PARTNERS HAVE CONDUCTED OVER ONE MILLION SURGERIES WORLDWIDE AND LACKING ACCESS TO SUCH RESOURCES CAN BE A BARRIER TO THEIR CONTINUING EDUCATION AND QUALITY IMPROVEMENT. SMILE TRAIN RECOGNIZED THIS PROBLEM AND SINCE 1999 HAS DISTRIBUTED FREE VIRTUAL SURGERY TRAINING MATERIALS

Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
---	--

ATTACHMENT 4 (CONT'D)

TO 40,000+ MEDICAL PROFESSIONALS IN 149 COUNTRIES AROUND THE WORLD. SMILE TRAIN TOOK THIS TECHNOLOGY TO THE NEXT LEVEL AND LAUNCHED THE FIRST OPEN-ACCESS, WEB-BASED, INTERACTIVE VIRTUAL SURGERY SIMULATOR DESIGNED TO ENHANCE TRAINING FOR SURGEONS ON HOW TO REPAIR CLEFTS. THE SIMULATOR LINKS STATE-OF-ART SURGICAL RESOURCES TO THE MOST REMOTE PARTS OF THE WORLD, AND CHANGES THE PARADIGM OF SURGICAL TRAINING INTERNATIONALLY. THE SIMULATOR HAS BEEN DISTRIBUTED TO 1,100+ SMILE TRAIN PARTNER SURGEONS WORLDWIDE. SINCE THE LAUNCH OF THE SIMULATOR, SMILE TRAIN CONFIRMED USERS OF THE SYSTEM IN MORE THAN 100 COUNTRIES AROUND THE WORLD, INCLUDING PLACES WHERE OVER HALF THE POPULATION LIVES BELOW THE POVERTY LEVEL AND WHERE THE PER CAPITAL ANNUAL INCOME IS LESS THAN \$500 PER YEAR. THROUGH THIS UNIQUE APPROACH SMILE TRAIN HAS LEVERAGED TECHNOLOGY TO CHANGE THE COURSE OF MEDICAL EDUCATION WHILE ALSO IMPROVING THE LIVES OF CHILDREN BORN WITH CLEFT IN THE DEVELOPING WORLD.

ATTACHMENT 5FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

INDIA

CHINA

INDONESIA

PHILIPPINES

BRAZIL

UNITED ARAB EMIRATES

GERMANY

UNITED KINGDOM

Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
---	--

ATTACHMENT 6FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, AA, CA, CT, DE,  
 DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, MD, MA, MI,  
 MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OK, OR, PA,  
 RI, SC, SD, TN, TX, UT, VT, VA, WV, WI, WY

ATTACHMENT 7990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
INFOCISION 325 SPRINGSIDE DRIVE AKRON, OH 44333	FUNDRAISING/CONSLTNG	1,015,573.
MARKETEAM LLC 600 NORTHPARK TOWN CENTER SUITE 1600 ATLANTA, GA 30328	CONSULTING	707,911.
DIRECT MAIL PROCESSORS 1150 CONRAD COURT HAGERSTOWN, MD 21740	CONSULTING	464,428.
BLACKBAUD P.O. BOX 930256 ATLANTA, GA 31193	CONSULTING	455,799.
SHEPARDSON STERN & KAMINSKY 88 PINE STREET, 30TH FLOOR NEW YORK, NY 10005	CONSULTING	157,389.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SMILE TRAIN INTERNATIONAL, LLC 41 MADISON AVENUE NEW YORK, NY 10010	INACTIVE	DE	157.	100,423.	SMILE TRAIN
(2) SMILE TRAIN REAL ESTATE, LLC 41 MADISON AVENUE NEW YORK, NY 10010	REAL ESTATE	NY	0.	0.	SMILE TRAIN
(3)					
(4)					
(5)					
(6)					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE SMILE TRAIN UK 10 QUEEN STREET PLACE LONDON, UK EC4R 1BE	SEE PART VI	UK	N/A		SMILE TRAIN	X	
(2) THE SMILE TRAIN STIFTUNG GANGHOFERSTRABE 31 80339 MUNCHEN, GM	SEE PART VI	GM	N/A		SMILE TRAIN	X	
(3) THE SMILE TRAIN FRANCE 41 MADISON AVENUE NEW YORK, NY 10010	SEE PART VI	FR	N/A		SMILE TRAIN	X	
(4) THE SMILE TRAIN INDIA PLOT NO 3, LSC, SECTOR C POCKET 6/7, VASANT KUNJ, N	SEE PART VI	IN	N/A		SMILE TRAIN	X	
(5) YAYASAN SMILE TRAIN INDONESIA JI. TB SIMATUPANG KAV 22-26 TA JAKARTA, ID 12430	SEE PART VI	ID	N/A		SMILE TRAIN	X	
(6) SMILE TRAIN PHILIPPINES FOUNDATION, INC. 3/F ANNEX BUILDING, 22 EAST AV QUEZON CITY, RP	SEE PART VI	RP	N/A		SMILE TRAIN	X	
(7) ASSOCIACAO SMILE TRAIN BRASIL RUA VINTE E QUATRO, NO.159, LO SAO PAULO, BR 13.141-064	SEE PART VI	BR	N/A		SMILE TRAIN	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Table with 6 columns: (a) Name, address, and EIN (if applicable) of disregarded entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Rows 1-6 are empty.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

Table with 9 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Exempt Code section; (e) Public charity status (if section 501(c)(3)); (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Rows 1-2 contain data for FUNDACION SMILE TRAIN MEXICO, AC and THE SMILE TRAIN CANADA.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SMILE TRAIN UK TRADING COMPANY LIMITED FOREIGNUS 10 QUEEN STREET PLACE LONDON, UK EC4R 1BE	SEE PART VI	UK	SMILE TRAIN	C-CORP	0.	0.	100.0000	X	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

---

PART II, LINE 2

THE MISSION OF SMILE TRAIN UK, SMILE TRAIN CANADA, SMILE TRAIN INDIA, SMILE TRAIN STIFTUNG, SMILE TRAIN INDONESIA, SMILE TRAIN PHILIPPINES, SMILE TRAIN BRASIL AND SMILE TRAIN MEXICO IS TO PROVIDE FREE CLEFT SURGERY AND COMPREHENSIVE CLEFT CARE TO CHILDREN IN THE DEVELOPING WORLD AND FREE CLEFT-RELATED TRAINING FOR LOCAL MEDICAL PROFESSIONALS.

THESE OBJECTIVES ARE ACHIEVED THROUGH AN ONGOING MARKETING CAMPAIGN USED TO RAISE AWARENESS AND RECEIVE DONATIONS WITHIN THE UNITED KINGDOM, CANADA, INDIA, GERMANY, INDONESIA AND PHILIPPINES. DONATIONS, NET OF RELATED COSTS, ARE THEN MADE TO SMILE TRAIN, WHICH HAS THE INFRASTRUCTURE IN PLACE TO CARRY OUT THE COLLECTIVE MISSION.

SMILE TRAIN FRANCE AND SMILE TRAIN MEXICO DID NOT HAVE ANY OPERATING ACTIVITIES DURING THE CURRENT YEAR.

THE SMILE TRAIN UK TRADING COMPANY LIMITED WAS INCORPORATED IN JUNE 2014 UNDER THE COMPANIES ACT 2006 AS A PRIVATE COMPANY THAT IS LIMITED BY SHARES WITH UK AS THE SOLE MEMBER.