

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.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07/01, 2019**, and ending **06/30, 2020**

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

C Name of organization: **SMILE TRAIN, INC.**
 Doing Business As: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **633 THIRD AVENUE 9TH FL.**
 City or town, state or province, country, and ZIP or foreign postal code: **NEW YORK, NY 10017**

D Employer identification number: **13-3661416**

E Telephone number: **(212) 689-9199**

F Name and address of principal officer: **SUSANNAH SCHAEFER**
633 THIRD AVENUE, 9TH FL., NEW YORK, NY 10017

G Gross receipts \$: **417,583,078.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.SMILETRAIN.ORG**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **1992** **M** State of legal domicile: **NY**

H(c) Group exemption number ▶ _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SMILE TRAIN, INC. EMPOWERS LOCAL MEDICAL PROFESSIONALS WITH TRAINING, FUNDING, AND RESOURCES TO PROVIDE FREE CLEFT SURGERY AND COMPREHENSIVE CLEFT CARE TO CHILDREN GLOBALLY.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 6.
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 90.
	6 Total number of volunteers (estimate if necessary) 6 0.
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 8 79,765,267.
	9 Program service revenue (Part VIII, line 2g) 9 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 16,534,533.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 432,684.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 96,732,484.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 39,084,157.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 8,855,087.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 1,282,333.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 21,247,829.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 27,802,613.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 77,024,190.
19 Revenue less expenses. Subtract line 18 from line 12 19 19,708,294.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 20 342,781,080.
	21 Total liabilities (Part X, line 26) 21 5,844,743.
	22 Net assets or fund balances. Subtract line 21 from line 20. 22 336,936,337.

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.

Sign Here

Signature of officer: _____ Date: _____

Type or print name and title: _____

Paid Preparer Use Only

Print/Type preparer's name: **SCOTT THOMPSETT** Preparer's signature: *Scott Thompson* Date: **05/14/2021** Check if self-employed PTIN: **P00741490**

Firm's name ▶ **GRANT THORNTON LLP** Firm's EIN ▶ **36-6055558**

Firm's address ▶ **757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013** Phone no. **212-599-0100**

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** (2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. SMILE TRAIN, INC.	Taxpayer identification number (TIN) 13-3661416
	Number, street, and room or suite no. If a P.O. box, see instructions. 633 THIRD AVENUE 9TH FL.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10017	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

BEATRIZ GONZALEZ

• The books are in the care of ► 633 THIRD AVENUE NEW YORK NY 10017

Telephone No. ► 212 689-9199 Fax No. ►

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20__ or
► tax year beginning 07/01, 2019, and ending 06/30, 2020.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SMILE TRAIN, INC.'S PRIMARY PURPOSE IS TO PROVIDE CHILDREN BORN WITH A CLEFT THE SAME OPPORTUNITIES IN LIFE AS A CHILD BORN WITHOUT A CLEFT. (CONT'D ON SCH. O).

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 [X] No

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

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 \$ 46,004,327. including grants of \$ 39,999,393.) (Revenue \$ 0.)

TREATMENT PROGRAM: FREE CLEFT SURGERIES - WHILE OUR COST PER SURGERY VARIES ACROSS THE 90+ DIFFERENT COUNTRIES WHERE WE HAVE 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 AND PARTNERSHIP WITH OUR MEDICAL PARTNERS. (CONT'D ON SCH. O).

4b (Code:) (Expenses \$ 9,104,390. including grants of \$ 538,431.) (Revenue \$ 0.)

PUBLIC EDUCATION PROGRAM - AROUND THE WORLD, MANY PEOPLE ARE UNFAMILIAR WITH CLEFT LIP AND PALATE. FOR MANY OF THE FAMILIES WE SUPPORT, THE FIRST TIME THEY SEE A CLEFT IS WHEN THEY FIRST LOOK AT THE FACE OF THEIR NEWBORN CHILD. THIS LACK OF AWARENESS, COUPLED WITH STIGMA AND MYTHS AROUND LIP AND PALATE, OFTEN LEADS TO BABIES WITH CLEFTS BEING ABANDONED, ISOLATED, OR SIMPLY NEVER BROUGHT TO A HOSPITAL FOR TREATMENT BECAUSE FAMILIES AND COMMUNITIES DON'T KNOW THAT TREATMENT IS AVAILABLE. NO MATTER WHERE THEY LIVE, IT IS ESSENTIAL THAT EVERY FAMILY IS AWARE OF CLEFT LIP AND PALATE AND THE CARE THAT THEIR CHILD WILL NEED AS THEY GROW AND DEVELOP. (CONT'D ON SCH. O).

4c (Code:) (Expenses \$ 1,812,587. including grants of \$ 1,213,541.) (Revenue \$ 0.)

TRAINING PROGRAMS - 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 21 YEARS, WE HAVE PROVIDED MORE THAN 40,000 TRAINING OPPORTUNITIES TO IMPROVE CLEFT TREATMENT IN COUNTRIES AROUND THE WORLD. (CONT'D ON SCH. O).

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses 56,921,304.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, Yes, No. Rows 22-38 covering various organizational requirements.

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 []

Table with 3 columns: Question number, Question text, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on 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 (6), 1b (5), 2, 3, 4, 5, 6, 7a, 7b, 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 2
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on 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

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

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. See instructions for the order in which to list the persons above.

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				454,163.	0.	40,654.
(2) DR. SHELL XUE SR VP & REGIONAL DIR. N. ASIA	40.00 0.					X		441,094.	0.	14,032.
(3) WILLIAM HORAN CHIEF OPERATING OFFICER	40.00 0.			X				234,194.	0.	29,449.
(4) TROY REINHART SENIOR VP, DEVELOPMENT	40.00 0.					X		215,360.	0.	20,444.
(5) ERIN STIEBER SENIOR VP, PROGRAMS	40.00 0.					X		193,216.	0.	40,258.
(6) BEATRIZ GONZALEZ VP, FINANCE	40.00 0.					X		207,645.	0.	21,207.
(7) ASHLEY OCHS SECRETARY/GENERAL COUNSEL	40.00 0.			X				180,085.	0.	25,397.
(8) ELYSE TAUB SENIOR VP, DEV. & MARKETING	40.00 0.					X		178,722.	0.	19,790.
(9) ROBERT T. BELL BOARD MEMBER	4.00 0.	X						0.	0.	0.
(10) ED GOREN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(11) ARTHUR J. MCCARTHY TREASURER	4.00 0.	X		X				0.	0.	0.
(12) ROY E REICHBACH CHAIRPERSON	5.00 0.	X		X				0.	0.	0.
(13) RICHARD RUDERMAN BOARD MEMBER	4.00 0.	X						0.	0.	0.
(14)										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (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. Includes sub-totals for lines 1b, 1c, and 1d.

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 28

Table with 3 columns: Question number, Question text, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'ATTACHMENT 3'.

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 18

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	26,096.				
	d	Related organizations	1d	7,171,735.				
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	84,844,737.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 621,402.				
	h	Total. Add lines 1a-1f		92,042,568.				
	Program Service Revenue	2a	Business Code					
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		0.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		6,686,140.			6,686,140.	
	4	Income from investment of tax-exempt bond proceeds .		0.				
	5	Royalties		122,493.			122,493.	
	6a	Gross rents	(i) Real					
			(ii) Personal					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)		0.				
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
	b	Less: cost or other basis and sales expenses . .	7b	319,282,923.				
	c	Gain or (loss)	7c	-625,568.				
	d	Net gain or (loss)		-625,568.			-625,568.	
8a	Gross income from fundraising events (not including \$ 26,096. of contributions reported on line 1c). See Part IV, line 18							
		8a	10,190.					
		8b	39,604.					
c	Net income or (loss) from fundraising events.		-29,414.			-29,414.		
9a	Gross income from gaming activities. See Part IV, line 19							
		9a	0.					
		9b	0.					
c	Net income or (loss) from gaming activities.		0.					
10a	Gross sales of inventory, less returns and allowances							
		10a	0.					
		10b	0.					
c	Net income or (loss) from sales of inventory.		0.					
Miscellaneous Revenue	11a	MISCELLANEOUS INCOME	Business Code	900099	64,332.		64,332.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d		64,332.				
12	Total revenue. See instructions		98,260,551.			6,217,983.		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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	105,100.	105,100.		
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	41,646,265.	41,646,265.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	868,441.	196,712.	470,475.	201,254.
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	6,593,818.	1,629,060.	1,155,828.	3,808,930.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	321,456.	87,495.	65,913.	168,048.
9 Other employee benefits	1,152,147.	810,963.	41,685.	299,499.
10 Payroll taxes	545,766.	172,235.	76,408.	297,123.
11 Fees for services (nonemployees):				
a Management	173,392.	173,392.		
b Legal	418,090.	189,805.	42,647.	185,638.
c Accounting	229,651.	128,320.	22,775.	78,556.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	747,841.			747,841.
f Investment management fees	1,143,416.		1,143,416.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,702,571.	1,398,582.	29,479.	274,510.
12 Advertising and promotion	4,049,532.	134,393.		3,915,139.
13 Office expenses	845,732.	403,481.	88,859.	353,392.
14 Information technology.	426,825.	216,156.	47,349.	163,320.
15 Royalties.	0.			
16 Occupancy	291,050.	159,905.	29,359.	101,786.
17 Travel	481,596.	384,491.	4,815.	92,290.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	381,584.	285,543.	2,000.	94,041.
20 Interest	0.			
21 Payments to affiliates.	0.			
22 Depreciation, depletion, and amortization	946,002.	449,102.	111,615.	385,285.
23 Insurance	197,507.	82,301.	25,893.	89,313.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTED PROGRAM MATERIAL	17,671,900.	7,655,090.	127,890.	9,888,920.
b REPAIRS & MAINTENANCE	617,994.	485,421.	29,629.	102,944.
c MEDICAL ADVISORY BOARD	127,492.	127,492.		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	81,685,168.	56,921,304.	3,516,035.	21,247,829.
26 Joint costs. 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)	0.	6,987,897.		6,162,789.

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	46,718.	1	48,465.
	2 Savings and temporary cash investments.	14,003,023.	2	22,586,470.
	3 Pledges and grants receivable, net	943,982.	3	761,705.
	4 Accounts receivable, net.	0.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	1,684,377.	9	1,433,752.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 22,654,808.		
	b Less: accumulated depreciation.	10b 2,207,492.	20,262,248.	10c 20,447,316.
	11 Investments - publicly traded securities.	298,628,379.	11	315,132,058.
	12 Investments - other securities. See Part IV, line 11	7,148,292.	12	6,548,505.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	64,061.	15	56,248.
16 Total assets. Add lines 1 through 15 (must equal line 33)	342,781,080.	16	367,014,519.	
Liabilities	17 Accounts payable and accrued expenses.	2,999,201.	17	5,576,371.
	18 Grants payable	2,842,234.	18	3,988,816.
	19 Deferred revenue.	0.	19	0.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 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	3,308.	25	0.
	26 Total liabilities. Add lines 17 through 25.	5,844,743.	26	9,565,187.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions.	336,313,498.	27	352,039,992.
	28 Net assets with donor restrictions.	622,839.	28	5,409,340.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	336,936,337.	32	357,449,332.
33 Total liabilities and net assets/fund balances.	342,781,080.	33	367,014,519.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	98,260,551.
2	Total expenses (must equal Part IX, column (A), line 25)	2	81,685,168.
3	Revenue less expenses. Subtract line 2 from line 1	3	16,575,383.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	336,936,337.
5	Net unrealized gains (losses) on investments	5	3,954,712.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-17,100.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	357,449,332.

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 on 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2019

JSA
9E1210 1.000

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) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 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 2 columns: Line number, Percentage. Row 14: Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)). 14 91.19%
Row 15: Public support percentage from 2018 Schedule A, Part II, line 14. 15 90.86%

16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. [X]
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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, 2019, 2018. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2018 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2019, 2018. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2019. 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 - 2018. 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c 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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
8 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>		
9a 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 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>		
c 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>		
10a 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 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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

	Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
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?	1	
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 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)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2019

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 Total annual distributions. 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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	2015	2016	2017	2018	2019	TOTAL
OTHER INCOME	11,060.		103,770.	131,825.	64,332.	310,987.
OTHER INC. FROM FUND EVENTS						
FUNDRAISING EVENTS	26,167.	5,940.	65,650.	825,934.	10,190.	933,881.
TOTALS	<u>37,227.</u>	<u>5,940.</u>	<u>169,420.</u>	<u>957,759.</u>	<u>74,522.</u>	<u>1,244,868.</u>

Schedule of Contributors

2019

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

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		\$ 4,655,485.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,516,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 5,105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 3,975,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,065,567.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,965,296.	Person <input checked="" 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.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

SMILE TRAIN, INC.

Employer identification number

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: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2019

JSA 9E1268 1.000

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 make 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 program
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 98.1900 %
b Permanent endowment 1.8100 %
c Term 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:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, and rows (2) through (9) and Total.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII [X]

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.

1	Total revenue, gains, and other support per audited financial statements		1	132,167,704.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	3,954,712.	
b	Donated services and use of facilities	2b	31,073,353.	
c	Recoveries of prior year grants	2c	14,730.	
d	Other (Describe in Part XIII.)	2d	-31,830.	
e	Add lines 2a through 2d		2e	35,010,965.
3	Subtract line 2e from line 1		3	97,156,739.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,143,416.	
b	Other (Describe in Part XIII.)	4b	-39,604.	
c	Add lines 4a and 4b		4c	1,103,812.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	98,260,551.

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.

1	Total expenses and losses per audited financial statements		1	111,654,709.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	31,073,353.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	39,604.	
e	Add lines 2a through 2d		2e	31,112,957.
3	Subtract line 2e from line 1		3	80,541,752.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,143,416.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	1,143,416.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	81,685,168.

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)

SCHEDULE D, PART V

ENDOWMENT FUNDS

IN FISCAL YEAR 2018, SMILE TRAIN ESTABLISHED AN ENDOWMENT FUND TO SUPPORT ITS CHARITABLE PROGRAMMATIC ACTIVITIES BY PROVIDING A SUSTAINABLE SOURCE OF FUTURE INCOME. ENDOWMENT ACTIVITY FOR THE YEAR ENDED JUNE 30, 2018 CONSISTED ENTIRELY OF A TRANSFER OF \$208,885,326 MADE INTO THE BOARD-DESIGNATED ENDOWMENT (FORMED DURING JUNE 2018), WHICH IS CLASSIFIED AS UNRESTRICTED NET ASSETS. FOR THE YEAR ENDING JUNE 30, 2020, SMILE TRAIN'S ENDOWMENT GENERATED INVESTMENT GAINS; TO DATE, THERE HAVE NOT BEEN ANY DRAWDOWNS FROM THE ENDOWMENT.

SCHEDULE D, PART X, LINE 2

LIABILITY FOR UNCERTAIN TAX POSITIONS

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

Part XIII Supplemental Information (continued)

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. SMILE TRAIN HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS.

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	\$(31,830)

TOTAL.....	\$(31,830)
	=====

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

FUNDRAISING EXPENSES RECLASSIFIED FROM PART IX	\$(39,604)

TOTAL.....	\$(39,604)

Part XIII Supplemental Information (continued)

=====

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

FUNDRAISING EXPENSES RECLASSIFIED TO PART VIII \$39,604

TOTAL..... \$39,604

=====

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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	0.	0.	PROGRAM SERVICES	CLEFT PALATE SURGERIES	271,995.
(2) EAST ASIA AND THE PACIFIC	1.	3.	PROGRAM SERVICES	CLEFT PALATE SURGERIES	7,345,454.
(3) EUROPE	0.	1.	PROGRAM SERVICES	CLEFT PALATE SURGERIES	98,816.
(4) MIDDLE EAST AND NORTH AFRICA	1.	2.	PROGRAM SERVICES	CLEFT PALATE SURGERIES	958,503.
(5) NORTH AMERICA	0.	3.	PROGRAM SERVICES	CLEFT PALATE SURGERIES	774,669.
(6) RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	CLEFT PALATE SURGERIES	186,014.
(7) SOUTH AMERICA	0.	2.	PROGRAM SERVICES	CLEFT PALATE SURGERIES	1,574,507.
(8) SOUTH ASIA	0.	3.	PROGRAM SERVICES	CLEFT PALATE SURGERIES	3,564,719.
(9) SUB-SAHARAN AFRICA	1.	15.	PROGRAM SERVICES	CLEFT PALATE SURGERIES	9,685,364.
(10) NORTH AMERICA	0.	0.	GRANTMAKING		46,000.
(11) EUROPE	0.	0.	GRANTMAKING		3,070,460.
(12) SOUTH ASIA	0.	0.	GRANTMAKING		8,300,558.
(13) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		4,019,206.
(14) SOUTH AMERICA	0.	0.	GRANTMAKING		1,750,000.
(15) EUROPE	0.	0.	INVESTMENTS		6,548,505.
(16)					
(17)					
3a Subtotal	3.	29.			48,194,770.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	3.	29.			48,194,770.

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

Schedule F (Form 990) 2019

JSA
9E1274 1.000

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 TX	41,450.	CHECK/WIRE			
(2)			CENT. AMERICA/CARIBBEAN	CLEFT TX	27,408.	CHECK/WIRE			
(3)			CENT. AMERICA/CARIBBEAN	CLEFT TX	37,240.	CHECK/WIRE			
(4)			CENT. AMERICA/CARIBBEAN	CLEFT TX	5,400.	CHECK/WIRE			
(5)			CENT. AMERICA/CARIBBEAN	CLEFT TX	8,161.	CHECK/WIRE			
(6)			CENT. AMERICA/CARIBBEAN	CLEFT TX	67,494.	CHECK/WIRE			
(7)			CENT. AMERICA/CARIBBEAN	CLEFT TX	7,308.	CHECK/WIRE			
(8)			CENT. AMERICA/CARIBBEAN	CLEFT TX	13,200.	CHECK/WIRE			
(9)			CENT. AMERICA/CARIBBEAN	CLEFT TX	10,000.	CHECK/WIRE			
(10)			CENT. AMERICA/CARIBBEAN	CLEFT TX	14,317.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC	CLEFT TX	6,654.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC	CLEFT TX	11,822.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC	CLEFT TX	7,091.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC	CLEFT TX	186,027.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC	CLEFT TX	5,186.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC	CLEFT TX	19,575.	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 TX	36,047.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC	CLEFT TX	153,325.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC	CLEFT TX	22,640.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC	CLEFT TX	99,050.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC	CLEFT TX	31,770.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC	CLEFT TX	32,756.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC	CLEFT TX	8,000.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC	CLEFT TX	7,800.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC	CLEFT TX	30,520.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC	CLEFT TX	112,280.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC	CLEFT TX	117,900.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC	CLEFT TX	74,200.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC	CLEFT TX	21,400.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC	CLEFT TX	15,400.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC	CLEFT TX	11,305.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC	CLEFT TX	9,873.	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 TX	83,751.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC	CLEFT TX	8,087.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC	CLEFT TX	10,934.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC	CLEFT TX	8,268.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC	CLEFT TX	90,495.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC	CLEFT TX	57,500.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC	CLEFT TX	16,779.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC	CLEFT TX	33,374.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC	CLEFT TX	55,257.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC	CLEFT TX	29,100.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC	CLEFT TX	5,200.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC	CLEFT TX	26,044.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC	CLEFT TX	67,201.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC	CLEFT TX	9,213.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC	CLEFT TX	8,285.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC	CLEFT TX	90,409.	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 TX	32,226.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC	CLEFT TX	19,272.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC	CLEFT TX	43,186.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC	CLEFT TX	129,953.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC	CLEFT TX	51,799.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC	CLEFT TX	110,120.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC	CLEFT TX	31,572.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC	CLEFT TX	16,938.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC	CLEFT TX	5,574.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC	CLEFT TX	7,498.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC	CLEFT TX	20,943.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC	CLEFT TX	130,591.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC	CLEFT TX	5,507.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC	CLEFT TX	49,117.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC	CLEFT TX	166,442.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC	CLEFT TX	12,819.	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 TX	16,603.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC	CLEFT TX	27,145.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC	CLEFT TX	7,870.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC	CLEFT TX	19,275.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC	CLEFT TX	5,200.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC	CLEFT TX	23,488.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC	CLEFT TX	15,840.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC	CLEFT TX	6,828.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC	CLEFT TX	17,082.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC	CLEFT TX	12,499.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC	CLEFT TX	52,245.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC	CLEFT TX	30,500.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC	CLEFT TX	21,150.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC	CLEFT TX	288,379.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC	CLEFT TX	149,726.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC	CLEFT TX	145,600.	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 TX	10,225.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC	CLEFT TX	29,250.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC	CLEFT TX	21,177.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC	CLEFT TX	21,290.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC	CLEFT TX	110,053.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC	CLEFT TX	202,611.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC	CLEFT TX	63,500.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC	CLEFT TX	28,469.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC	CLEFT TX	19,685.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC	CLEFT TX	20,075.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC	CLEFT TX	5,035.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC	CLEFT TX	133,780.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC	CLEFT TX	130,775.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC	CLEFT TX	16,310.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC	CLEFT TX	483,985.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC	CLEFT TX	13,629.	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 TX	75,288.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC	CLEFT TX	5,081.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC	CLEFT TX	7,750.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC	CLEFT TX	19,500.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC	CLEFT TX	22,012.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC	CLEFT TX	8,775.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC	CLEFT TX	30,561.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC	CLEFT TX	60,575.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC	CLEFT TX	34,344.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC	CLEFT TX	36,120.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC	CLEFT TX	8,569.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC	CLEFT TX	89,101.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC	CLEFT TX	24,987.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC	CLEFT TX	45,636.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC	CLEFT TX	5,100.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC	CLEFT TX	7,432.	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 TX	24,700.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC	CLEFT TX	6,600.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC	CLEFT TX	7,834.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC	CLEFT TX	7,468.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC	CLEFT TX	19,595.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC	CLEFT TX	18,321.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC	CLEFT TX	36,299.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC	CLEFT TX	6,519.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC	CLEFT TX	45,192.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC	CLEFT TX	111,384.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC	CLEFT TX	9,321.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC	CLEFT TX	8,457.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC	CLEFT TX	91,833.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC	CLEFT TX	54,687.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC	CLEFT TX	32,510.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC	CLEFT TX	5,475.	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 TX	22,575.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC	CLEFT TX	6,253.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC	CLEFT TX	492,969.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC	CLEFT TX	77,630.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC	CLEFT TX	12,015.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC	CLEFT TX	29,862.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC	CLEFT TX	17,437.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC	CLEFT TX	14,300.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC	CLEFT TX	5,069.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC	CLEFT TX	7,759.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC	CLEFT TX	17,550.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC	CLEFT TX	44,215.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC	CLEFT TX	7,507.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC	CLEFT TX	101,070.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC	CLEFT TX	144,536.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC	CLEFT TX	28,792.	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 TX	92,057.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC	CLEFT TX	30,973.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC	CLEFT TX	95,662.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC	CLEFT TX	10,000.	CHECK/WIRE			
(5)			EUROPE	CLEFT TX	10,400.	CHECK/WIRE			
(6)			EUROPE	CLEFT TX	5,130.	CHECK/WIRE			
(7)			EUROPE	CLEFT TX	56,782.	CHECK/WIRE			
(8)			MIDDLE EAST/NORTH AFRICA	CLEFT TX	131,740.	CHECK/WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	CLEFT TX	9,200.	CHECK/WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	CLEFT TX	37,200.	CHECK/WIRE			
(11)			MIDDLE EAST/NORTH AFRICA	CLEFT TX	379,150.	CHECK/WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	CLEFT TX	64,900.	CHECK/WIRE			
(13)			MIDDLE EAST/NORTH AFRICA	CLEFT TX	116,127.	CHECK/WIRE			
(14)			MIDDLE EAST/NORTH AFRICA	CLEFT TX	27,700.	CHECK/WIRE			
(15)			MIDDLE EAST/NORTH AFRICA	CLEFT TX	18,360.	CHECK/WIRE			
(16)			MIDDLE EAST/NORTH AFRICA	CLEFT TX	75,910.	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)			MIDDLE EAST/NORTH AFRICA	CLEFT TX	25,800.	CHECK/WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	CLEFT TX	15,732.	CHECK/WIRE			
(3)			MIDDLE EAST/NORTH AFRICA	CLEFT TX	18,200.	CHECK/WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	CLEFT TX	9,600.	CHECK/WIRE			
(5)			NORTH AMERICA	CLEFT TX	48,489.	CHECK/WIRE			
(6)			NORTH AMERICA	CLEFT TX	28,476.	CHECK/WIRE			
(7)			NORTH AMERICA	CLEFT TX	233,865.	CHECK/WIRE			
(8)			NORTH AMERICA	CLEFT TX	21,828.	CHECK/WIRE			
(9)			NORTH AMERICA	CLEFT TX	10,167.	CHECK/WIRE			
(10)			NORTH AMERICA	CLEFT TX	29,375.	CHECK/WIRE			
(11)			NORTH AMERICA	CLEFT TX	13,842.	CHECK/WIRE			
(12)			NORTH AMERICA	CLEFT TX	8,521.	CHECK/WIRE			
(13)			NORTH AMERICA	CLEFT TX	9,611.	CHECK/WIRE			
(14)			NORTH AMERICA	CLEFT TX	19,036.	CHECK/WIRE			
(15)			NORTH AMERICA	CLEFT TX	13,000.	CHECK/WIRE			
(16)			NORTH AMERICA	CLEFT TX	5,740.	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 TX	13,200.	CHECK/WIRE			
(2)			NORTH AMERICA	CLEFT TX	8,500.	CHECK/WIRE			
(3)			NORTH AMERICA	CLEFT TX	13,500.	CHECK/WIRE			
(4)			NORTH AMERICA	CLEFT TX	5,913.	CHECK/WIRE			
(5)			NORTH AMERICA	CLEFT TX	16,014.	CHECK/WIRE			
(6)			NORTH AMERICA	CLEFT TX	8,261.	CHECK/WIRE			
(7)			NORTH AMERICA	CLEFT TX	47,008.	CHECK/WIRE			
(8)			NORTH AMERICA	CLEFT TX	25,200.	CHECK/WIRE			
(9)			NORTH AMERICA	CLEFT TX	22,581.	CHECK/WIRE			
(10)			NORTH AMERICA	CLEFT TX	5,652.	CHECK/WIRE			
(11)			NORTH AMERICA	CLEFT TX	21,420.	CHECK/WIRE			
(12)			RUSSIA/NEWLY IND. STATES	CLEFT TX	72,250.	CHECK/WIRE			
(13)			RUSSIA/NEWLY IND. STATES	CLEFT TX	81,710.	CHECK/WIRE			
(14)			RUSSIA/NEWLY IND. STATES	CLEFT TX	10,000.	CHECK/WIRE			
(15)			SOUTH AMERICA	CLEFT TX	14,250.	CHECK/WIRE			
(16)			SOUTH AMERICA	CLEFT TX	5,100.	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 TX	94,995.	CHECK/WIRE			
(2)			SOUTH AMERICA	CLEFT TX	15,400.	CHECK/WIRE			
(3)			SOUTH AMERICA	CLEFT TX	6,100.	CHECK/WIRE			
(4)			SOUTH AMERICA	CLEFT TX	54,324.	CHECK/WIRE			
(5)			SOUTH AMERICA	CLEFT TX	18,415.	CHECK/WIRE			
(6)			SOUTH AMERICA	CLEFT TX	19,950.	CHECK/WIRE			
(7)			SOUTH AMERICA	CLEFT TX	5,540.	CHECK/WIRE			
(8)			SOUTH AMERICA	CLEFT TX	86,000.	CHECK/WIRE			
(9)			SOUTH AMERICA	CLEFT TX	9,250.	CHECK/WIRE			
(10)			SOUTH AMERICA	CLEFT TX	65,200.	CHECK/WIRE			
(11)			SOUTH AMERICA	CLEFT TX	51,315.	CHECK/WIRE			
(12)			SOUTH AMERICA	CLEFT TX	162,999.	CHECK/WIRE			
(13)			SOUTH AMERICA	CLEFT TX	8,000.	CHECK/WIRE			
(14)			SOUTH AMERICA	CLEFT TX	17,025.	CHECK/WIRE			
(15)			SOUTH AMERICA	CLEFT TX	449,308.	CHECK/WIRE			
(16)			SOUTH AMERICA	CLEFT TX	14,052.	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 TX	5,430.	CHECK/WIRE			
(2)			SOUTH AMERICA	CLEFT TX	6,700.	CHECK/WIRE			
(3)			SOUTH AMERICA	CLEFT TX	21,400.	CHECK/WIRE			
(4)			SOUTH AMERICA	CLEFT TX	21,865.	CHECK/WIRE			
(5)			SOUTH AMERICA	CLEFT TX	30,550.	CHECK/WIRE			
(6)			SOUTH AMERICA	CLEFT TX	10,450.	CHECK/WIRE			
(7)			SOUTH AMERICA	CLEFT TX	21,210.	CHECK/WIRE			
(8)			SOUTH AMERICA	CLEFT TX	9,500.	CHECK/WIRE			
(9)			SOUTH AMERICA	CLEFT TX	41,540.	CHECK/WIRE			
(10)			SOUTH AMERICA	CLEFT TX	9,620.	CHECK/WIRE			
(11)			SOUTH AMERICA	CLEFT TX	8,900.	CHECK/WIRE			
(12)			SOUTH AMERICA	CLEFT TX	6,662.	CHECK/WIRE			
(13)			SOUTH AMERICA	CLEFT TX	13,050.	CHECK/WIRE			
(14)			SOUTH AMERICA	CLEFT TX	10,309.	CHECK/WIRE			
(15)			SOUTH AMERICA	CLEFT TX	38,193.	CHECK/WIRE			
(16)			SOUTH AMERICA	CLEFT TX	7,750.	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 AMERICA	CLEFT TX	10,750.	CHECK/WIRE			
(2)			SOUTH AMERICA	CLEFT TX	7,210.	CHECK/WIRE			
(3)			SOUTH AMERICA	CLEFT TX	30,975.	CHECK/WIRE			
(4)			SOUTH ASIA	CLEFT TX	8,200.	CHECK/WIRE			
(5)			SOUTH ASIA	CLEFT TX	88,480.	CHECK/WIRE			
(6)			SOUTH ASIA	CLEFT TX	34,750.	CHECK/WIRE			
(7)			SOUTH ASIA	CLEFT TX	60,350.	CHECK/WIRE			
(8)			SOUTH ASIA	CLEFT TX	25,250.	CHECK/WIRE			
(9)			SOUTH ASIA	CLEFT TX	21,750.	CHECK/WIRE			
(10)			SOUTH ASIA	CLEFT TX	41,000.	CHECK/WIRE			
(11)			SOUTH ASIA	CLEFT TX	37,100.	CHECK/WIRE			
(12)			SOUTH ASIA	CLEFT TX	632,064.	CHECK/WIRE			
(13)			SOUTH ASIA	CLEFT TX	64,700.	CHECK/WIRE			
(14)			SOUTH ASIA	CLEFT TX	11,660.	CHECK/WIRE			
(15)			SOUTH ASIA	CLEFT TX	8,525.	CHECK/WIRE			
(16)			SOUTH ASIA	CLEFT TX	154,250.	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 TX	21,750.	CHECK/WIRE			
(2)			SOUTH ASIA	CLEFT TX	11,000.	CHECK/WIRE			
(3)			SOUTH ASIA	CLEFT TX	23,925.	CHECK/WIRE			
(4)			SOUTH ASIA	CLEFT TX	70,060.	CHECK/WIRE			
(5)			SOUTH ASIA	CLEFT TX	25,000.	CHECK/WIRE			
(6)			SOUTH ASIA	CLEFT TX	9,750.	CHECK/WIRE			
(7)			SOUTH ASIA	CLEFT TX	8,210.	CHECK/WIRE			
(8)			SOUTH ASIA	CLEFT TX	48,380.	CHECK/WIRE			
(9)			SOUTH ASIA	CLEFT TX	25,717.	CHECK/WIRE			
(10)			SOUTH ASIA	CLEFT TX	459,100.	CHECK/WIRE			
(11)			SOUTH ASIA	CLEFT TX	49,000.	CHECK/WIRE			
(12)			SOUTH ASIA	CLEFT TX	14,250.	CHECK/WIRE			
(13)			SOUTH ASIA	CLEFT TX	37,740.	CHECK/WIRE			
(14)			SOUTH ASIA	CLEFT TX	40,300.	CHECK/WIRE			
(15)			SOUTH ASIA	CLEFT TX	16,400.	CHECK/WIRE			
(16)			SOUTH ASIA	CLEFT TX	35,680.	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 TX	52,860.	CHECK/WIRE			
(2)			SOUTH ASIA	CLEFT TX	156,880.	CHECK/WIRE			
(3)			SOUTH ASIA	CLEFT TX	23,750.	CHECK/WIRE			
(4)			SOUTH ASIA	CLEFT TX	7,500.	CHECK/WIRE			
(5)			SOUTH ASIA	CLEFT TX	38,500.	CHECK/WIRE			
(6)			SOUTH ASIA	CLEFT TX	20,400.	CHECK/WIRE			
(7)			SOUTH ASIA	CLEFT TX	117,650.	CHECK/WIRE			
(8)			SOUTH ASIA	CLEFT TX	138,900.	CHECK/WIRE			
(9)			SOUTH ASIA	CLEFT TX	5,920.	CHECK/WIRE			
(10)			SOUTH ASIA	CLEFT TX	217,275.	CHECK/WIRE			
(11)			SOUTH ASIA	CLEFT TX	89,875.	CHECK/WIRE			
(12)			SOUTH ASIA	CLEFT TX	16,250.	CHECK/WIRE			
(13)			SOUTH ASIA	CLEFT TX	6,050.	CHECK/WIRE			
(14)			SOUTH ASIA	CLEFT TX	83,560.	CHECK/WIRE			
(15)			SOUTH ASIA	CLEFT TX	175,240.	CHECK/WIRE			
(16)			SOUTH ASIA	CLEFT TX	21,250.	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 TX	13,500.	CHECK/WIRE			
(2)			SOUTH ASIA	CLEFT TX	172,176.	CHECK/WIRE			
(3)			SOUTH ASIA	CLEFT TX	23,040.	CHECK/WIRE			
(4)			SOUTH ASIA	CLEFT TX	10,250.	CHECK/WIRE			
(5)			SOUTH ASIA	CLEFT TX	35,325.	CHECK/WIRE			
(6)			SUB-SAHARAN AFRICA	CLEFT TX	55,725.	CHECK/WIRE			
(7)			SUB-SAHARAN AFRICA	CLEFT TX	7,070.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA	CLEFT TX	190,315.	CHECK/WIRE			
(9)			SUB-SAHARAN AFRICA	CLEFT TX	86,325.	CHECK/WIRE			
(10)			SUB-SAHARAN AFRICA	CLEFT TX	8,000.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA	CLEFT TX	33,750.	CHECK/WIRE			
(12)			SUB-SAHARAN AFRICA	CLEFT TX	11,982.	CHECK/WIRE			
(13)			SUB-SAHARAN AFRICA	CLEFT TX	8,800.	CHECK/WIRE			
(14)			SUB-SAHARAN AFRICA	CLEFT TX	8,400.	CHECK/WIRE			
(15)			SUB-SAHARAN AFRICA	CLEFT TX	14,277.	CHECK/WIRE			
(16)			SUB-SAHARAN AFRICA	CLEFT TX	14,800.	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 TX	11,400.	CHECK/WIRE			
(2)			SUB-SAHARAN AFRICA	CLEFT TX	16,000.	CHECK/WIRE			
(3)			SUB-SAHARAN AFRICA	CLEFT TX	20,240.	CHECK/WIRE			
(4)			SUB-SAHARAN AFRICA	CLEFT TX	333,159.	CHECK/WIRE			
(5)			SUB-SAHARAN AFRICA	CLEFT TX	5,200.	CHECK/WIRE			
(6)			SUB-SAHARAN AFRICA	CLEFT TX	20,100.	CHECK/WIRE			
(7)			SUB-SAHARAN AFRICA	CLEFT TX	30,800.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA	CLEFT TX	7,225.	CHECK/WIRE			
(9)			SUB-SAHARAN AFRICA	CLEFT TX	7,225.	CHECK/WIRE			
(10)			SUB-SAHARAN AFRICA	CLEFT TX	40,640.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA	CLEFT TX	40,400.	CHECK/WIRE			
(12)			SUB-SAHARAN AFRICA	CLEFT TX	8,000.	CHECK/WIRE			
(13)			SUB-SAHARAN AFRICA	CLEFT TX	121,987.	CHECK/WIRE			
(14)			SUB-SAHARAN AFRICA	CLEFT TX	5,600.	CHECK/WIRE			
(15)			SUB-SAHARAN AFRICA	CLEFT TX	12,000.	CHECK/WIRE			
(16)			SUB-SAHARAN AFRICA	CLEFT TX	20,786.	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 TX	13,225.	CHECK/WIRE			
(2)			SUB-SAHARAN AFRICA	CLEFT TX	6,000.	CHECK/WIRE			
(3)			SUB-SAHARAN AFRICA	CLEFT TX	90,000.	CHECK/WIRE			
(4)			SUB-SAHARAN AFRICA	CLEFT TX	87,999.	CHECK/WIRE			
(5)			SUB-SAHARAN AFRICA	CLEFT TX	128,421.	CHECK/WIRE			
(6)			SUB-SAHARAN AFRICA	CLEFT TX	72,622.	CHECK/WIRE			
(7)			SUB-SAHARAN AFRICA	CLEFT TX	18,940.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA	CLEFT TX	42,725.	CHECK/WIRE			
(9)			SUB-SAHARAN AFRICA	CLEFT TX	16,000.	CHECK/WIRE			
(10)			SUB-SAHARAN AFRICA	CLEFT TX	8,500.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA	CLEFT TX	12,151.	CHECK/WIRE			
(12)			SUB-SAHARAN AFRICA	CLEFT TX	12,978.	CHECK/WIRE			
(13)			SUB-SAHARAN AFRICA	CLEFT TX	6,000.	CHECK/WIRE			
(14)			SUB-SAHARAN AFRICA	CLEFT TX	45,900.	CHECK/WIRE			
(15)			SUB-SAHARAN AFRICA	CLEFT TX	6,120.	CHECK/WIRE			
(16)			SUB-SAHARAN AFRICA	CLEFT TX	27,700.	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)			SUB-SAHARAN AFRICA	CLEFT TX	48,400.	CHECK/WIRE			
(2)			SUB-SAHARAN AFRICA	CLEFT TX	13,657.	CHECK/WIRE			
(3)			SUB-SAHARAN AFRICA	CLEFT TX	13,150.	CHECK/WIRE			
(4)			SUB-SAHARAN AFRICA	CLEFT TX	137,200.	CHECK/WIRE			
(5)			SUB-SAHARAN AFRICA	CLEFT TX	18,787.	CHECK/WIRE			
(6)			SUB-SAHARAN AFRICA	CLEFT TX	25,925.	CHECK/WIRE			
(7)			SUB-SAHARAN AFRICA	CLEFT TX	37,900.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA	CLEFT TX	6,870.	CHECK/WIRE			
(9)			SUB-SAHARAN AFRICA	CLEFT TX	12,300.	CHECK/WIRE			
(10)			SUB-SAHARAN AFRICA	CLEFT TX	14,650.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA	CLEFT TX	7,650.	CHECK/WIRE			
(12)			SUB-SAHARAN AFRICA	CLEFT TX	167,874.	CHECK/WIRE			
(13)			SUB-SAHARAN AFRICA	CLEFT TX	108,920.	CHECK/WIRE			
(14)			SUB-SAHARAN AFRICA	CLEFT TX	27,000.	CHECK/WIRE			
(15)			SUB-SAHARAN AFRICA	CLEFT TX	7,700.	CHECK/WIRE			
(16)			SUB-SAHARAN AFRICA	CLEFT TX	68,153.	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 TX	43,265.	CHECK/WIRE			
(2)			SUB-SAHARAN AFRICA	CLEFT TX	18,625.	CHECK/WIRE			
(3)			SUB-SAHARAN AFRICA	CLEFT TX	7,449.	CHECK/WIRE			
(4)			SUB-SAHARAN AFRICA	CLEFT TX	43,570.	CHECK/WIRE			
(5)			SUB-SAHARAN AFRICA	CLEFT TX	6,047.	CHECK/WIRE			
(6)			SUB-SAHARAN AFRICA	CLEFT TX	37,392.	CHECK/WIRE			
(7)			SUB-SAHARAN AFRICA	CLEFT TX	41,882.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA	CLEFT TX	18,000.	CHECK/WIRE			
(9)			SUB-SAHARAN AFRICA	CLEFT TX	8,000.	CHECK/WIRE			
(10)			SUB-SAHARAN AFRICA	CLEFT TX	75,988.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA	CLEFT TX	8,800.	CHECK/WIRE			
(12)			SUB-SAHARAN AFRICA	CLEFT TX	18,500.	CHECK/WIRE			
(13)			SUB-SAHARAN AFRICA	CLEFT TX	6,800.	CHECK/WIRE			
(14)			SUB-SAHARAN AFRICA	CLEFT TX	77,526.	CHECK/WIRE			
(15)			SUB-SAHARAN AFRICA	CLEFT TX	11,600.	CHECK/WIRE			
(16)			SUB-SAHARAN AFRICA	CLEFT TX	7,600.	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 TX	64,748.	CHECK/WIRE			
(2)			SUB-SAHARAN AFRICA	CLEFT TX	35,600.	CHECK/WIRE			
(3)			SUB-SAHARAN AFRICA	CLEFT TX	22,400.	CHECK/WIRE			
(4)			SUB-SAHARAN AFRICA	CLEFT TX	5,307.	CHECK/WIRE			
(5)			SUB-SAHARAN AFRICA	CLEFT TX	5,200.	CHECK/WIRE			
(6)			SUB-SAHARAN AFRICA	CLEFT TX	86,800.	CHECK/WIRE			
(7)			SUB-SAHARAN AFRICA	CLEFT TX	93,200.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA	CLEFT TX	172,907.	CHECK/WIRE			
(9)			SUB-SAHARAN AFRICA	CLEFT TX	11,050.	CHECK/WIRE			
(10)			SUB-SAHARAN AFRICA	CLEFT TX	33,350.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA	CLEFT TX	68,700.	CHECK/WIRE			
(12)			SUB-SAHARAN AFRICA	CLEFT TX	8,115.	CHECK/WIRE			
(13)			SUB-SAHARAN AFRICA	CLEFT TX	5,725.	CHECK/WIRE			
(14)			SUB-SAHARAN AFRICA	CLEFT TX	12,325.	CHECK/WIRE			
(15)			SUB-SAHARAN AFRICA	CLEFT TX	22,175.	CHECK/WIRE			
(16)			SUB-SAHARAN AFRICA	CLEFT TX	7,650.	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 TX	25,025.	CHECK/WIRE			
(2)			SUB-SAHARAN AFRICA	CLEFT TX	10,200.	CHECK/WIRE			
(3)			SUB-SAHARAN AFRICA	CLEFT TX	524,800.	CHECK/WIRE			
(4)			SUB-SAHARAN AFRICA	CLEFT TX	91,764.	CHECK/WIRE			
(5)			SUB-SAHARAN AFRICA	CLEFT TX	5,600.	CHECK/WIRE			
(6)			SUB-SAHARAN AFRICA	CLEFT TX	58,433.	CHECK/WIRE			
(7)			SUB-SAHARAN AFRICA	CLEFT TX	40,439.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA	CLEFT TX	6,400.	CHECK/WIRE			
(9)			SUB-SAHARAN AFRICA	CLEFT TX	7,475.	CHECK/WIRE			
(10)			SUB-SAHARAN AFRICA	CLEFT TX	71,900.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA	CLEFT TX	8,925.	CHECK/WIRE			
(12)			SUB-SAHARAN AFRICA	CLEFT TX	80,000.	CHECK/WIRE			
(13)			SUB-SAHARAN AFRICA	CLEFT TX	13,700.	CHECK/WIRE			
(14)			SUB-SAHARAN AFRICA	CLEFT TX	22,414.	CHECK/WIRE			
(15)			SUB-SAHARAN AFRICA	CLEFT TX	7,200.	CHECK/WIRE			
(16)			SUB-SAHARAN AFRICA	CLEFT TX	140,191.	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 TX	15,600.	CHECK/WIRE			
(2)			SUB-SAHARAN AFRICA	CLEFT TX	14,850.	CHECK/WIRE			
(3)			SUB-SAHARAN AFRICA	CLEFT TX	69,150.	CHECK/WIRE			
(4)			SUB-SAHARAN AFRICA	CLEFT TX	5,040.	CHECK/WIRE			
(5)			SUB-SAHARAN AFRICA	CLEFT TX	366,775.	CHECK/WIRE			
(6)			SUB-SAHARAN AFRICA	CLEFT TX	41,441.	CHECK/WIRE			
(7)			SUB-SAHARAN AFRICA	CLEFT TX	20,100.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA	CLEFT TX	6,375.	CHECK/WIRE			
(9)			SUB-SAHARAN AFRICA	CLEFT TX	42,197.	CHECK/WIRE			
(10)			SUB-SAHARAN AFRICA	CLEFT TX	10,800.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA	CLEFT TX	5,860.	CHECK/WIRE			
(12)			SUB-SAHARAN AFRICA	CLEFT TX	11,900.	CHECK/WIRE			
(13)			SUB-SAHARAN AFRICA	CLEFT TX	22,400.	CHECK/WIRE			
(14)			SUB-SAHARAN AFRICA	CLEFT TX	12,541.	CHECK/WIRE			
(15)			SUB-SAHARAN AFRICA	CLEFT TX	13,175.	CHECK/WIRE			
(16)			SUB-SAHARAN AFRICA	CLEFT TX	80,895.	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 TX	12,889.	CHECK/WIRE			
(2)			SUB-SAHARAN AFRICA	CLEFT TX	7,200.	CHECK/WIRE			
(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 **402.**

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	SOUTH AMERICA	3.	7,400.	CHECK/WIRE			
(2) CLEFT PALATE TRAINING	SUB-SAHARAN AFRICA	28.	66,740.	CHECK/WIRE			
(3)							
(4)							
(5)							
(6)							
(7)							
(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; don't 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; don't 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).

SCHEDULE F, PART I, LINE 2

THE GRANT BENEFICIARY MUST UPLOAD THE SURGERIES THAT HAVE BEEN PERFORMED ON THE SECURE DATABASE WEBSITE: WWW.SMILETRAINEXPRESS.ORG, WITHIN ONE MONTH FROM THE PERFORMANCE OF THE SURGERY. THIS INFORMATION IS REVIEWED DAILY BY THE PROGRAM MANAGEMENT FOR APPROVAL. WHERE APPLICABLE, GRANTEES ARE REQUIRED TO SUBMIT A FINAL GRANT REPORT UPON COMPLETION OF THE REQUIREMENTS.

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 NORTH AMERICA, EUROPE, SOUTH ASIA, EAST ASIA, AND SOUTH AMERICA REPRESENT FUNDING TO OUR AFFILIATES TO ASSIST THOSE ORGANIZATIONS WITH THEIR OPERATING, FUNDRAISING AND PROGRAM EXPENSES. THESE GRANTS INCLUDE FUNDING FOR CLEFT SURGERIES.

PART IV

SMILE TRAIN INC. HOLDS ONE FOREIGN INVESTMENT IN ITS ENDOWMENT PORTFOLIO; TO THE EXTENT THAT SMILE TRAIN'S OWNERSHIP INTEREST IN THAT INVESTMENT ECLIPSES THE THRESHOLD FOR FILING EITHER THE FORM 926 OR FORM 5471, THAT FILING IS ATTACHED TO THE ORGANIZATION'S FORM 990-T. SMILE TRAIN FILES A

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).

FORM 5713 TO REPORT THOSE COUNTRIES IN WHICH IT PROVIDES MUCH-NEEDED

CLEFT-PALATE SURGERIES TO IMPACTED INDIVIDUALS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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							
Total					505,261.	747,841.	-242,580.

- 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.

ALL STATES

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	36,286.			36,286.
	2 Less: Contributions	26,096.			26,096.
	3 Gross income (line 1 minus line 2)	10,190.			10,190.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	29,682.			29,682.
	8 Entertainment	8,000.			8,000.
	9 Other direct expenses	1,922.			1,922.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				39,604.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-29,414.	

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))
		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	13a	%
b An outside facility	13b	%

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).

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.

THE FUNDRAISING EFFORTS OF THE PROFESSIONAL FUNDRAISERS REPORTED IN

- 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	13a	%
b An outside facility	13b	%

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).

SCHEDULE G YIELD A SUSTAINABLE LONG-TERM STREAM OF DONORS TO THE ORGANIZATION, YET THE FUNDRAISER MAY ONLY GET CREDIT FOR THE INITIAL CONTRIBUTION TO SMILE TRAIN (AND NOT SUBSEQUENT GIVING THROUGHOUT THE YEAR AND IN THE FUTURE). ACCORDINGLY, THE AMOUNTS REPORTED AS "GROSS RECEIPTS" DERIVED FROM THE FUNDRAISER MAY APPEAR MISLEADING BECAUSE OF THE MANNER IN WHICH THE FORM 990 ASKS THE DATA TO BE COMPILED.

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 DRIVE AKRON OH 44333	CONSULTING	X		345,833.	372,058.	-26,225.
DONOR SERVICES GROUP, LLC 1200 WILSHIRE BLVD, SUITE 600 LOS ANGELES CA 90017	CONSULTING	X		83,180.	227,938.	-144,758.
DONORWORX 8720 GEORIGA AVE., SUITE 1000 SILVER SPRING MD 20910	CONSULTING	X			2,744.	-2,744.
GLOBALFACES DIRECT CORP. 30 LESMILL ROAD UNIT 2 TORNOTO ONTARIO CA M3B 2T3	CONSULTING	X		76,248.	145,101.	-68,853.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**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.

▶ Go to www.irs.gov/Form990 for the latest information.

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) GLOBAL INITIATIVE FOR CHILDREN'S SURGERY 3026 NW VAUGHN ST PORTLAND, OR 97210	27-3905510	501(C)(3)	15,000.				TRAINING
(2) GLOBAL SMILE FOUNDATION 101 ACCESS ROAD, STE 205 NORWOOD, MA 02062	26-2668127	501(C)(3)	15,000.				TRAINING
(3) THE PLASTIC SURGERY FOUNDATION 444 E ALGONQUIN RD ARLINGTON H, IL 60005	59-6144450	501(C)(3)	67,100.				TRAINING
(4) TRUSTEES OF COLUMBIA UNIVERSITY 622 W 113TH ST. NEW YORK, NY 10025	13-5598093	501(C)(3)	8,000.				U.S. CLEFT CARE
(5)							
(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 ▶ 4.

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) (2019)

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

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.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

SMILE TRAIN, INC.

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 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
1a	X	
2	X	
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2019

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)	379,163.	75,000.	0.	16,050.	24,604.	494,817.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 BEATRIZ GONZALEZ VP, FINANCE	(i)	192,645.	15,000.	0.	12,018.	9,189.	228,852.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 DR. SHELL XUE SR VP & REGIONAL DIR. N. ASIA	(i)	266,120.	10,000.	164,974.	12,475.	1,557.	455,126.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 TROY REINHART SENIOR VP, DEVELOPMENT	(i)	200,360.	15,000.	0.	11,400.	9,044.	235,804.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 ERIN STIEBER SENIOR VP, PROGRAMS	(i)	178,216.	15,000.	0.	11,910.	28,348.	233,474.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 WILLIAM HORAN CHIEF OPERATING OFFICER	(i)	219,194.	15,000.	0.	12,462.	16,987.	263,643.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 ELYSE TAUB SENIOR VP, DEV. & MARKETING	(i)	163,722.	15,000.	0.	10,800.	8,990.	198,512.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 ASHLEY OCHS SECRETARY/GENERAL COUNSEL	(i)	170,085.	10,000.	0.	10,950.	14,447.	205,482.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	(i)							
	(ii)							
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 1

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 2019; 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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**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.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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	113.	614,802.	FMV
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.	6,600.	COST/WHOLESALE PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
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) 2019

JSA

9E1298 1.000

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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SMILE TRAIN, INC.

Supplemental Information to Form 990 or 990-EZ

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.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

13-3661416

GENERAL STATEMENT REGARDING THE COVID-19 PANDEMIC

THE COVID-19 PANDEMIC, WHOSE EFFECTS FIRST BECAME KNOWN IN JANUARY 2020, IS HAVING A BROAD AND NEGATIVE IMPACT ON COMMERCE AND FINANCIAL MARKETS AROUND THE WORLD. THE EXTENT OF THE IMPACT OF COVID-19 ON SMILE TRAIN'S OPERATIONAL AND FINANCIAL PERFORMANCE WILL DEPEND ON CERTAIN DEVELOPMENTS, INCLUDING THE DURATION AND SPREAD OF THE OUTBREAK AND ITS IMPACT ON SMILE TRAIN'S DONORS, TREATMENT PARTNERS AND VENDORS, ALL OF WHICH AT PRESENT, CANNOT BE DETERMINED. ACCORDINGLY, THE EXTENT TO WHICH COVID-19 MAY IMPACT SMILE TRAIN'S COMBINED FINANCIAL POSITION AND COMBINED CHANGES IN NET ASSETS AND CASH FLOWS IS UNCERTAIN.

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

SMILE TRAIN'S MISSION IS TO:

1. ENSURE ACCESS TO SAFE, HIGH-QUALITY COMPREHENSIVE CLEFT CARE THROUGH A PROVEN SUSTAINABLE PARTNERSHIP MODEL.
2. STRENGTHEN LOCAL HEALTH SYSTEMS THROUGH INVESTMENT, RESOURCES, AND BUILDING THE CAPACITY OF LOCAL MEDICAL PROFESSIONALS.
3. DRIVE INNOVATION BY LEVERAGING TECHNOLOGY AND RESEARCH TO TRANSFORM GLOBAL CLEFT CARE.
4. FOSTER A GLOBAL CLEFT COMMUNITY THROUGH AWARENESS AND EDUCATION TO REDUCE STIGMA AND ENSURE ACCEPTANCE OF PEOPLE WITH CLEFTS.

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

SMILE TRAIN ADVANCES A SUSTAINABLE SOLUTION AND SCALABLE GLOBAL HEALTH MODEL FOR CLEFT TREATMENT, DRASTICALLY IMPROVING CHILDREN'S LIVES, INCLUDING THEIR ABILITY TO EAT, BREATHE, SPEAK AND, ULTIMATELY, THRIVE.

WE USE THE "TEACH A MAN TO FISH" MODEL, FOCUSING ON EMPOWERING LOCAL MEDICAL PROFESSIONALS TO PROVIDE CLEFT TREATMENT TO CHILDREN IN THEIR OWN COMMUNITIES. WE SUPPORT EDUCATION AND TRAINING FOR A VARIETY OF CLEFT CARE PROFESSIONALS, WHO THEN GO ON TO TRAIN OTHERS, CREATING A LONG-TERM, SUSTAINABLE SYSTEM.

AS A RESULT OF OUR EFFICIENCY AND THE SUPPORT OF DONORS AND PARTNERS AROUND THE WORLD, SMILE TRAIN HAS TRANSFORMED THE LIVES OF MORE THAN 1.5 MILLION CHILDREN BY GIVING THEM THE POWER OF A SMILE.

FORM 990, PART III - PROGRAM SERVICE, LINE 4A (CONT'D.)

FREE MEDICAL EQUIPMENT SUPPORT - MANY OF OUR PARTNERS AROUND THE WORLD LACK ACCESS TO FULLY-EQUIPPED OPERATING ROOMS. THEY LACK ESSENTIAL EQUIPMENT OR STRUGGLE TO WORK WITH OLD AND/OR INADEQUATE EQUIPMENT. SMILE TRAIN PROVIDES FINANCIAL SUPPORT TO ENSURE PARTNERS HAVE CRUCIAL SURGICAL AND ANESTHESIA EQUIPMENT INCLUDING PULSE OXIMETERS, ANESTHESIA MACHINES AND HIGH-QUALITY SURGICAL INSTRUMENTS. WITH THIS SUPPORT, ALL PARTNERS ARE ENABLED TO MEET SMILE TRAIN'S HIGH STANDARDS OF SAFETY AND QUALITY FOR THE PATIENTS WE SERVE.

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

FREE COMPREHENSIVE CLEFT CARE - OFTEN, CHILDREN WITH CLEFTS NEEDS MORE THAN JUST SURGERY, SUCH AS NUTRITION SUPPORT, ORTHODONTIC CARE, AND SPEECH THERAPY. WE TRAIN AND EMPOWER LOCAL PROVIDERS TO OFFER COMPREHENSIVE CLEFT CARE AND PROVIDE GRANTS FOR NUTRITIONAL COUNSELING AND FOOD, SPEECH THERAPY SESSIONS, ORTHODONTIC TREATMENT AND MUCH MORE.

FINANCIAL AID FOR PATIENTS - SOME OF OUR PATIENTS DO NOT HAVE THE FUNDS THEY NEED TO GET TO THE HOSPITAL OR TO TRAVEL HOME AFTER SURGERY. OTHER FAMILIES NEED FOOD AND LODGING WHILE THEIR CHILD IS RECEIVING CARE. WE HAVE SPECIAL PROGRAMS THAT PROVIDE SMALL STIPENDS FOR PATIENTS AND FAMILIES IN NEED TO ENSURE THEY CAN ACCESS CLEFT CARE SAFELY AND WITHOUT ADDITIONAL STRESS OR BEING DRIVEN INTO POVERTY.

THESE EXPENSES EXCLUDE \$28,193,087 IN DONATED TIME AND SERVICES FROM DOCTORS, NURSES, ANESTHESIOLOGISTS, ORGANIZATIONS, COMPANIES, OTHER MEDICAL PROFESSIONALS AND MEDICAL FACILITIES AND SUPPLIES.

FORM 990, PART III - PROGRAM SERVICE, LINE 4B (CONT'D.)

FOR THOUSANDS OF PEOPLE ALL OVER THE WORLD, SMILE TRAIN IS A RESOURCE FOR INFORMATION ABOUT CLEFTS AND ACCESS TO SAFE, QUALITY CLEFT CARE.

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

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

FORM 990, PART III - PROGRAM SERVICE, LINE 4C (CONT'D.)

SMILE TRAIN SUPPORTS HANDS-ON AND WORKSHOP-BASED TRAINING OPPORTUNITIES TO IMPROVE THE SKILL LEVEL OF CLEFT CARE PROFESSIONALS AROUND THE GLOBE. RECENT INITIATIVES HAVE FOCUSED ON SUPPORTING TRAINING PROGRAMS FOR NUTRITIONISTS, SPEECH THERAPY PROVIDERS, PERIOPERATIVE NURSES, AND ANESTHESIOLOGISTS, INCLUDING SMILE TRAIN'S SAFE NURSING CARE SAVES LIVES PROGRAM IN AFRICA, WHICH 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 LOW- AND MIDDLE-INCOME COUNTRIES, SURGEONS OFTEN DO NOT HAVE ACCESS TO MENTORSHIP AND TRAINING AROUND THE LATEST TECHNIQUES AND UPDATED PROTOCOLS FOR CLEFT SURGERY. SMILE TRAIN HAS DISTRIBUTED FREE VIRTUAL SURGERY TRAINING MATERIALS TO 40,000+ MEDICAL PROFESSIONALS IN 149 COUNTRIES AROUND THE WORLD. SMILE TRAIN HAS ALSO TAKEN THIS TECHNOLOGY TO THE NEXT LEVEL THROUGH THE LAUNCH OF THE FIRST OPEN-ACCESS, WEB-BASED, INTERACTIVE VIRTUAL SURGERY SIMULATOR (VSS) AND THE NEWLY LAUNCHED MOBILE VIRTUAL SURGERY SIMULATOR, WHICH FEATURES UNPRECEDENTED OFFLINE CAPABILITIES. THESE TOOLS SUPPLEMENT HANDS-ON CLINICAL TRAINING FOR SURGEONS IN REMOTE AND LIMITED-RESOURCE SETTINGS. SMILE TRAIN HAS ALSO RECENTLY TAKEN ON OPERATIONS OF SIMULARE MEDICAL, A LEADING DEVELOPER OF HYPER-REALISTIC, HANDS-ON SURGICAL SIMULATORS THAT ARE CONSIDERED AMONG THE TOP CLEFT SURGERY SIMULATORS IN THE WORLD. THIS INNOVATIVE TOOL WILL PROVIDE SMILE TRAIN PARTNERS AND CLEFT CARE

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

PROFESSIONALS AROUND THE WORLD WITH GREATER ACCESS TO SAFE, HIGH-QUALITY TRAINING, PARTICULARLY IN REGIONS WITH LIMITED RESOURCES. SMILE TRAIN HAS LEVERAGED INNOVATION AND TECHNOLOGY TO CHANGE THE COURSE OF MEDICAL EDUCATION WHILE ALSO IMPROVING THE LIVES OF BABIES BORN WITH CLEFTS IN LOW- AND MIDDLE-INCOME COUNTRIES.

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

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

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. SMILE TRAIN LAST COMMISSIONED A COMPENSATION STUDY IN CALENDAR YEAR 2019; THE ORGANIZATION IS CURRENTLY REVISITING THE NEED TO SECURE A COMPENSATION STUDY IN EITHER 2021 OR 2022.

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

OTHER CHANGES IN NET ASSETS

FOREIGN EXCHANGE CURRENCY LOSS	\$(31,830)
RESCINDED/REFUNDED GRANTS	\$14,730

TOTAL.....	\$(17,100)
	=====

ATTACHMENT 1

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

INDIA

CHINA

INDONESIA

PHILIPPINES

BRAZIL

MEXICO

UNITED ARAB EMIRATES

GERMANY

UNITED KINGDOM

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

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MARKETEAM LLC 600 NORTHPARK TOWN CENTER STE 1600 ATLANTA, GA 30328	DIR. MAIL PROCESSING	940,622.
INFOCISION 325 SPRINGSIDE DR. AKRON, OH 44333	FUNDRAISING	550,935.
DIRECT MAIL PROCESSORS 1150 CONRAD COURT HAGERSTOWN, MD 21740	MAIL PROCESSING	443,436.
EDELMAN 1500 BROADWAY NEW YORK, NY 10036	PUBLIC RELATIONS	366,088.
EXPONENT PARTNERS DEPT LA 24960 PASADENA, CA 91185	SOFTWARE CONSULTANT	353,095.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 633 THIRD AVENUE NEW YORK, NY 10017	INACTIVE	DE	183.	100,970.	SMILE TRAIN
(2) SMILE TRAIN REAL ESTATE, LLC 633 THIRD AVENUE NEW YORK, NY 10017	REAL ESTATE	NY	0.	20,477,316.	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 CANADA FOUNDATION 40 KING STREET WEST TORONTO, ONTARIO CA M5H3S1	SEE PART VI	CA	N/A		SMILE TRAIN	X	
(3) THE SMILE TRAIN STIFTUNG GANGHOFERSTRABE 31 80339 MUNCHEN, GM	SEE PART VI	GM	N/A		SMILE TRAIN	X	
(4) THE SMILE TRAIN FRANCE 633 THIRD AVENUE NEW YORK, NY 10017	SEE PART VI	FR	N/A		SMILE TRAIN	X	
(5) THE SMILE TRAIN INDIA PLOT NO 3, LSC, SECTOR C POKET 6/7, VASANT KUNJ, N	SEE PART VI	IN	N/A		SMILE TRAIN	X	
(6) YAYASAN SMILE TRAIN INDONESIA JI. TB SIMATUPANG KAV 22-26 TA JAKARTA, ID 12430	SEE PART VI	ID	N/A		SMILE TRAIN	X	
(7) SMILE TRAIN PHILIPPINES FOUNDATION, INC. 3/F ANNEX BUILDING, 22 EAST AV QUEZON CITY, RP	SEE PART VI	RP	N/A		SMILE TRAIN	X	

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

Schedule R (Form 990) 2019

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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)					
(2)					
(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) 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	
(2) FUNDACION SMILE TRAIN MEXICO, AC ACORDADA 18, 101, SAN JOSE DEL. BENITO JUAREZ, MX	SEE PART VI	MX	N/A		SMILE TRAIN	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

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 10 QUEEN STREET PLACE LONDON, UK EC4R 1BE	SEE PART VI	UK	SMILE TRAIN UK	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.

1 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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s 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 AND SMILE TRAIN INDONESIA 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, INDIA, GERMANY, INDONESIA, MEXICO AND PHILIPPINES.

DONATIONS, NET OF RELATED COSTS IN THE UNITED KINGDOM AND GERMANY, ARE THEN MADE TO SMILE TRAIN, WHICH HAS THE INFRASTRUCTURE IN PLACE TO CARRY OUT THE COLLECTIVE MISSION.

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

PART IV, LINE 1

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.