

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.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07/01, 2013, and ending 06/30, 2014

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			D Employer identification number 13-3661416	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number (212) 689-9199	
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10010			G Gross receipts \$ 108,089,032.	
	F Name and address of principal officer: SUSANNAH SCHAEFER 41 MADISON AVENUE NEW YORK, NY 10010			H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ WWW.SMILETRAIN.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 1992 M State of legal domicile: NY	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SMILE TRAIN, INC.'S MISSION IS TO PROVIDE FREE CLEFT SURGERY FOR CHILDREN IN DEVELOPING COUNTRIES AND TO PROVIDE FREE CLEFT-RELATED TRAINING FOR DOCTORS AND MEDICAL PERSONNEL.		
	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 10.	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 9.	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 45.	
	6 Total number of volunteers (estimate if necessary)	6 0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 66,010.	
b Net unrelated business taxable income from Form 990-T, line 34	7b 56,159.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	90,055,763.	91,184,210.
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,488,245.	16,242,784.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	430,047.	-449,375.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	98,974,055.	106,977,619.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	48,796,370.	47,899,791.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,694,509.	5,180,534.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,382,311.	2,204,725.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 25,661,893.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	27,436,537.	40,070,468.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	83,309,727.	95,355,518.
19 Revenue less expenses. Subtract line 18 from line 12	15,664,328.	11,622,101.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	230,834,813.	261,032,643.
	21 Total liabilities (Part X, line 26)	7,403,597.	10,323,143.
	22 Net assets or fund balances. Subtract line 21 from line 20	223,431,216.	250,709,500.

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 SUSANNAH SCHAEFER		Date	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature 	Date 5/8/2015	Check <input type="checkbox"/> if self-employed PTIN P00741490
	Firm's name ▶ GRANT THORNTON LLP		Firm's EIN ▶ 36-6055558	
	Firm's address ▶ 757 THIRD AVE., 4TH 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.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

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

4a (Code: _____) (Expenses \$ 53,702,683. including grants of \$ 47,038,315.) (Revenue \$ _____)

ATTACHMENT 2

4b (Code: _____) (Expenses \$ 11,984,235. including grants of \$ 392,134.) (Revenue \$ _____)

ATTACHMENT 3

4c (Code: _____) (Expenses \$ 1,167,283. including grants of \$ 589,341.) (Revenue \$ _____)

ATTACHMENT 4

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

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

4e Total program service expenses **▶** 66,854,201.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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 columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (10); 1b Enter the number of voting members included in line 1a, above, who are independent (9); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. (X)

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 Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 5
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: BEATRIZ GONZALEZ DAY 41 MADISON AVENUE NEW YORK, NY 10010 212-689-9199

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES B WANG CO-FOUNDER AND CHAIRMAN	4.00	X						0	0	0
(2) ROBERT T. BELL BOARD MEMBER	3.00	X						0	0	0
(3) MICHAEL DOWLING BOARD MEMBER	1.00	X						0	0	0
(4) ED GOREN BOARD MEMBER	1.00	X						0	0	0
(5) ARTHUR J. MCCARTHY BOARD MEMBER	4.00	X						0	0	0
(6) ROY E REICHBACH SECRETARY	5.00	X		X				0	0	0
(7) RICHARD RUDERMAN BOARD MEMBER	4.00	X						0	0	0
(8) ROBERT K. SMITS ESQ. BOARD MEMBER (THRU 6/2014)	1.00	X						0	0	0
(9) SUSANNAH SCHAEFER EXECUTIVE VICE CHAIR AND CEO	40.00	X		X			205,695.	0	12,242.	
(10) WILLIAM FOX BOARD MEMBER	1.00	X						0	0	0
(11) DONALD J. TRUMP JR. BOARD MEMBER	1.00	X						0	0	0
(12) ROBERT TOTH (THRU 6/30/14) CHIEF OPERATING OFFICER	40.00			X			272,177.	0	40,173.	
(13) SATISH KALRA CHIEF PROGRAMS OFFICER	40.00			X			294,265.	0	12,198.	
(14) GILBERT DOMFEH (THRU 7/10/13) VP OF FINANCE	40.00			X			204,376.	0	33,897.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) BEATRIZ GONZALEZ DAY ----- VP, COMPTROLLER	40.00			X				146,444.	0	38,059.
(16) DR. SHELL XUE ----- SR VP & REGIONAL DIR, NORTH ASIA	40.00				X			294,670.	0	23,232.
(17) TROY REINHART ----- VP DONOR & COMMUNITY RELATIONS	40.00					X		146,740.	0	17,805.
(18) DR. MOHAMED FAKHRELDIN ----- VP & REGIONAL DIRECTOR, MENA	40.00					X		172,441.	0	0
(19) DR. GITHINJI GITAHU ----- VP & REGIONAL DIRECTOR, AFRICA	40.00					X		190,802.	0	0
(20) MACKINNON ENGEN ----- VP, PROGRAMS	40.00					X		113,923.	0	22,683.
(21) WILLIAM HORAN ----- VP, PRINCIPAL & PLANNED GIVING	40.00					X		169,850.	0	41,681.
(22) PRISCILLA MA (THRU 4/22/13) ----- EXECUTIVE DIRECTOR	40.00						X	320,351.	0	407,162.

1b Sub-total								976,513.	0	98,510.
c Total from continuation sheets to Part VII, Section A								1,555,221.	0	550,622.
d Total (add lines 1b and 1c)								2,531,734.	0	649,132.

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 ► 17

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

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 ► 13

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	1,641,122.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	89,543,088.			
	g Noncash contributions included in lines 1a-1f: \$		929,461.			
	h Total. Add lines 1a-1f		91,184,210.			
Program Service Revenue	Business Code					
	2a _____					
	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)		5,898,262.		66,010.	5,832,252.
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		466,377.			466,377.
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		0			
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		10,344,522.			10,344,522.
	8a Gross income from fundraising events (not including \$ 1,641,122. of contributions reported on line 1c). See Part IV, line 18	a	74,375.			
	b Less: direct expenses	b	1,111,413.			
c Net income or (loss) from fundraising events		-1,037,038.			-1,037,038.	
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities		0				
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code				
11a <u>INSURANCE REIMBURSEMENTS</u>			85,000.		85,000.	
b <u>MAILING REBATES</u>			30,000.		30,000.	
c <u>MISCELLANEOUS INCOME</u>			6,286.		6,286.	
d All other revenue						
e Total. Add lines 11a-11d			121,286.			
12 Total revenue. See instructions			106,977,619.		66,010.	15,727,399.

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,795,379.	1,795,379.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	46,104,412.	46,104,412.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,276,083.	726,838.	403,515.	145,730.
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	2,899,890.	752,115.	542,940.	1,604,835.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	178,282.	56,723.	57,211.	64,348.
9 Other employee benefits	440,258.	155,272.	101,481.	183,505.
10 Payroll taxes	386,021.	136,143.	88,979.	160,899.
11 Fees for services (non-employees):				
a Management	673,018.	673,018.		
b Legal	1,171,269.	661,639.	141,153.	368,477.
c Accounting	210,797.	143,289.	18,698.	48,810.
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	2,204,725.			2,204,725.
f Investment management fees	1,168,831.		1,168,831.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,088,241.	2,028,320.	15,655.	44,266.
12 Advertising and promotion	6,107,845.	498,128.		5,609,717.
13 Office expenses	931,605.	579,658.	97,480.	254,467.
14 Information technology	293,472.	183,560.	30,443.	79,469.
15 Royalties	0			
16 Occupancy	1,030,689.	597,831.	119,890.	312,968.
17 Travel	599,519.	578,314.	5,873.	15,332.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	125,239.	121,082.	1,151.	3,006.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	154,282.	86,081.	18,890.	49,311.
23 Insurance	143,444.	80,034.	17,563.	45,847.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>PRINTED PROGRAM MATERIAL</u>	25,061,736.	10,620,799.		14,440,937.
b <u>REPAIRS & MAINTENANCE</u>	226,564.	191,649.	9,671.	25,244.
c <u>MEDICAL ADVISORY BOARD</u>	83,917.	83,917.		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	95,355,518.	66,854,201.	2,839,424.	25,661,893.
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)	21,442,472.	10,794,591.		10,647,881.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,549,888.	1	157,911.
	2 Savings and temporary cash investments	11,803,051.	2	6,723,101.
	3 Pledges and grants receivable, net	306,535.	3	932,750.
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	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	1,607,551.	9	1,888,904.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,430,801.		
	b Less: accumulated depreciation	10b 1,524,499.	298,111.	10c 906,302.
	11 Investments - publicly traded securities	210,323,882.	11	244,408,393.
	12 Investments - other securities. See Part IV, line 11	3,919,247.	12	5,757,097.
	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	26,548.	15	258,185.
16 Total assets. Add lines 1 through 15 (must equal line 34)	230,834,813.	16	261,032,643.	
Liabilities	17 Accounts payable and accrued expenses	2,028,752.	17	1,563,412.
	18 Grants payable	5,240,947.	18	8,645,203.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	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	133,898.	25	114,528.
	26 Total liabilities. Add lines 17 through 25	7,403,597.	26	10,323,143.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	222,654,267.	27	249,577,877.
	28 Temporarily restricted net assets	776,949.	28	1,131,623.
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	223,431,216.	33	250,709,500.
34 Total liabilities and net assets/fund balances	230,834,813.	34	261,032,643.	

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	106,977,619.
2	Total expenses (must equal Part IX, column (A), line 25)	2	95,355,518.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,622,101.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	223,431,216.
5	Net unrealized gains (losses) on investments	5	15,779,846.
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 in Schedule O)	9	-123,663.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	250,709,500.

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? Yes No
 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? Yes No
 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? Yes No
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Yes No
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2013

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
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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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	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) 2013

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) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (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; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support.

12 Gross receipts from related activities, etc. (see instructions)
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. Rows include: 14 Public support percentage for 2013 (96.02%); 15 Public support percentage from 2012 Schedule A, Part II, line 14 (96.93%); 16a 33 1/3% support test - 2013; 16b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; 17b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (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 under section 513; 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) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (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, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 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, Line Number, Percentage. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2012 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2013. 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

b 33 1/3% support tests - 2012. 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 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
OTHER INCOME	297,493.	28,537.	44,769.		121,286.	492,085.
GROSS INCOME FROM FUNDRAISING					74,375.	74,375.
EVENTS						
TOTALS	<u>297,493.</u>	<u>28,537.</u>	<u>44,769.</u>		<u>195,661.</u>	<u>566,460.</u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Open to Public Inspection

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" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

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

Schedule D (Form 990) 2013

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 for Amount and rows for 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?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %, b Permanent endowment %, c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

Table with columns Yes, No and rows 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT	114,528.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 106,977,619.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 95,355,518.

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

Series of horizontal dashed lines for providing supplemental information.

Part XIII Supplemental Information (continued)

PART X, LINE 2

INCOME TAX

SMILE TRAIN 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 IS EXEMPT FROM INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. SMILE TRAIN HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE TAX YEARS ENDED JUNE 30, 2011, 2012, 2013 AND 2014 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. SMILE TRAIN HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS.

Part XIII Supplemental Information (continued)

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

OTHER CHANGES IN REVENUE

GAIN/(LOSS) IN CURRENCY EXCHANGES (234,401)

RATE REDUCTIONS AND ACCOUNTS PAYABLE WRITE-OFFS 110,738

TOTAL (123,663)

=====

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.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2013

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. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

Part I **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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	TREATMENT / TRAINING	204,310.
(2) EAST ASIA AND THE PACIFIC	2.	10.	PROGRAM SERVICES	TREATMENT / TRAINING	22,855,876.
(3) EUROPE			PROGRAM SERVICES	TREATMENT / TRAINING	45,310.
(4) MIDDLE EAST AND NORTH AFRICA		1.	PROGRAM SERVICES	TREATMENT / TRAINING	610,817.
(5) NORTH AMERICA		1.	PROGRAM SERVICES	TREATMENT / TRAINING	552,029.
(6) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	TREATMENT / TRAINING	156,832.
(7) SOUTH AMERICA		1.	PROGRAM SERVICES	TREATMENT / TRAINING	1,838,608.
(8) SOUTH ASIA		8.	PROGRAM SERVICES	TREATMENT / TRAINING	16,470,085.
(9) SUB-SAHARAN AFRICA	1.	7.	PROGRAM SERVICES	TREATMENT / TRAINING	3,116,700.
(10) EUROPE			GRANTMAKING		253,845.
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	3.	28.			46,104,412.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	3.	28.			46,104,412.

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

Schedule F (Form 990) 2013

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN		18,600.	CHECK/WIRE			
(2)			CENT. AMERICA/CARIBBEAN		32,400.	CHECK/WIRE			
(3)			CENT. AMERICA/CARIBBEAN		54,050.	CHECK/WIRE			
(4)			CENT. AMERICA/CARIBBEAN		18,600.	CHECK/WIRE			
(5)			CENT. AMERICA/CARIBBEAN		14,100.	CHECK/WIRE			
(6)			CENT. AMERICA/CARIBBEAN		9,000.	CHECK/WIRE			
(7)			CENT. AMERICA/CARIBBEAN		6,300.	CHECK/WIRE			
(8)			CENT. AMERICA/CARIBBEAN		22,050.	CHECK/WIRE			
(9)			CENT. AMERICA/CARIBBEAN		20,350.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC		55,740.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC		13,170.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC		7,236.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC		56,085.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC		11,058.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC		102,572.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC		9,472.	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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC		12,066.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC		12,602.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC		29,436.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC		31,418.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC		56,422.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC		26,272.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC		7,891.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC		75,562.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC		38,385.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC		16,838.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC		11,275.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC		38,094.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC		26,832.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC		6,304.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC		10,237.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC		75,760.	CHECK/WIRE			

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC		55,200.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC		19,477.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC		29,997.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC		120,566.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC		19,500.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC		22,109.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC		10,002.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC		58,624.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC		5,634.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC		9,611.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC		13,134.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC		201,981.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC		12,400.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC		67,200.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC		20,973.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC		11,587.	CHECK/WIRE			

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC		253,087.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC		205,860.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC		7,200.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC		5,800.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC		61,200.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC		7,000.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC		175,800.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC		19,800.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC		7,000.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC		22,450.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC		17,250.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC		7,800.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC		18,500.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC		50,000.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC		22,800.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC		5,600.	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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC		11,571.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC		231,730.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC		6,038.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC		5,229.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC		85,196.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC		17,353.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC		31,059.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC		12,607.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC		23,659.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC		40,454.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC		196,955.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC		163,893.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC		37,611.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC		98,289.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC		40,762.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC		8,400.	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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC		22,000.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC		32,000.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC		103,600.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC		24,232.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC		8,834.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC		39,634.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC		15,296.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC		66,546.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC		10,200.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC		135,800.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC		35,317.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC		11,800.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC		92,979.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC		12,095.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC		7,388.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC		13,636.	CHECK/WIRE			

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

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC		180,098.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC		65,248.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC		34,198.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC		130,565.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC		109,870.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC		91,058.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC		32,262.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC		55,928.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC		60,961.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC		40,979.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC		84,392.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC		93,216.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC		115,949.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC		32,054.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC		423,313.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC		8,436.	CHECK/WIRE			

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(1)			EAST ASIA/PACIFIC		104,412.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC		123,342.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC		78,658.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC		31,468.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC		24,708.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC		146,575.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC		5,781.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC		13,905.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC		21,599.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC		5,600.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC		8,923.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC		99,540.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC		26,834.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC		8,972.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC		5,264.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC		8,051.	CHECK/WIRE			

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC		32,800.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC		6,000.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC		6,313.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC		72,048.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC		5,785.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC		10,843.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC		7,618.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC		361,126.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC		62,535.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC		60,880.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC		8,400.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC		81,200.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC		8,843.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC		6,429.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC		17,863.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC		75,845.	CHECK/WIRE			

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC		302,508.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC		147,584.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC		6,838.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC		180,327.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC		12,085.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC		33,578.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC		99,783.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC		13,677.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC		40,400.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC		104,000.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC		48,800.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC		101,568.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC		37,650.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC		56,273.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC		36,407.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC		59,667.	CHECK/WIRE			

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC		31,150.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC		41,018.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC		11,028.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC		96,718.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC		53,800.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC		21,200.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC		181,200.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC		28,500.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC		102,400.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC		68,000.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC		62,400.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC		6,400.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC		6,400.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC		13,119.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC		24,800.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC		52,400.	CHECK/WIRE			

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC		31,920.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC		25,500.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC		9,200.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC		14,718.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC		163,106.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC		120,120.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC		130,418.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC		539,859.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC		55,750.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC		37,232.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC		62,484.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC		68,639.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC		52,483.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC		88,400.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC		30,800.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC		17,600.	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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC		14,200.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC		52,000.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC		135,600.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC		34,100.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC		54,398.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC		11,995.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC		15,000.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC		17,600.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC		13,166.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC		18,408.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC		60,334.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC		60,638.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC		6,039.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC		17,365.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC		13,200.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC		762,400.	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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC		18,000.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC		15,600.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC		13,134.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC		11,054.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC		17,200.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC		14,000.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC		15,050.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC		36,400.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC		10,900.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC		5,200.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC		111,300.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC		58,800.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC		28,937.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC		5,825.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC		7,945.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC		31,686.	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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC		8,965.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC		15,278.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC		41,640.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC		170,000.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC		5,600.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC		8,400.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC		14,400.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC		14,800.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC		61,200.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC		25,200.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC		41,000.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC		14,800.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC		17,600.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC		120,600.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC		48,400.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC		35,797.	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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC		31,800.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC		22,800.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC		54,000.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC		12,863.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC		8,800.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC		124,742.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC		35,200.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC		14,400.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC		24,400.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC		15,200.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC		11,555.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC		9,584.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC		148,935.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC		64,471.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC		211,195.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC		17,927.	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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC		233,555.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC		17,619.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC		14,737.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC		6,340.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC		18,428.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC		88,962.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC		142,158.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC		79,419.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC		69,282.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC		183,934.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC		137,016.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC		158,146.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC		26,823.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC		141,416.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC		20,546.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC		16,248.	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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC		11,120.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC		13,600.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC		8,800.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC		11,808.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC		24,000.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC		6,400.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC		12,000.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC		19,200.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC		128,566.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC		33,779.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC		72,315.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC		28,240.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC		135,371.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC		110,918.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC		5,219.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC		5,232.	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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC		25,162.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC		7,362.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC		43,069.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC		149,850.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC		100,232.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC		33,593.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC		9,992.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC		60,586.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC		323,356.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC		16,262.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC		24,717.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC		51,329.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC		19,406.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC		186,206.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC		5,600.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC		123,649.	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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC		16,307.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC		103,550.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC		53,100.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC		7,750.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC		20,511.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC		82,400.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC		811,820.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC		14,507.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC		11,601.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC		43,136.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC		11,067.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC		167,214.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC		15,806.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC		18,086.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC		86,167.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC		85,291.	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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC		9,991.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC		97,634.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC		34,214.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC		125,413.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC		16,224.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC		8,357.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC		43,530.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC		84,800.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC		87,200.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC		108,200.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC		41,600.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC		26,500.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC		33,400.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC		48,800.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC		79,600.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC		49,700.	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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC		45,000.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC		183,100.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC		119,200.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC		5,200.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC		31,400.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC		9,600.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC		126,100.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC		14,400.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC		53,600.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC		16,800.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC		7,200.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC		277,511.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC		30,479.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC		54,758.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC		24,674.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC		12,800.	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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC		65,600.	CHECK/WIRE			
(2)			EAST ASIA/PACIFIC		17,913.	CHECK/WIRE			
(3)			EAST ASIA/PACIFIC		189,403.	CHECK/WIRE			
(4)			EAST ASIA/PACIFIC		30,496.	CHECK/WIRE			
(5)			EAST ASIA/PACIFIC		245,877.	CHECK/WIRE			
(6)			EAST ASIA/PACIFIC		16,400.	CHECK/WIRE			
(7)			EAST ASIA/PACIFIC		7,372.	CHECK/WIRE			
(8)			EAST ASIA/PACIFIC		118,165.	CHECK/WIRE			
(9)			EAST ASIA/PACIFIC		29,452.	CHECK/WIRE			
(10)			EAST ASIA/PACIFIC		57,778.	CHECK/WIRE			
(11)			EAST ASIA/PACIFIC		205,255.	CHECK/WIRE			
(12)			EAST ASIA/PACIFIC		86,643.	CHECK/WIRE			
(13)			EAST ASIA/PACIFIC		52,174.	CHECK/WIRE			
(14)			EAST ASIA/PACIFIC		31,576.	CHECK/WIRE			
(15)			EAST ASIA/PACIFIC		561,355.	CHECK/WIRE			
(16)			EAST ASIA/PACIFIC		213,712.	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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC		233,813.	CHECK/WIRE			
(2)			EUROPE/ICELAND/GREENLAND		20,250.	CHECK/WIRE			
(3)			EUROPE/ICELAND/GREENLAND		25,000.	CHECK/WIRE			
(4)			MIDDLE EAST/NORTH AFRICA		14,000.	CHECK/WIRE			
(5)			MIDDLE EAST/NORTH AFRICA		14,700.	CHECK/WIRE			
(6)			MIDDLE EAST/NORTH AFRICA		85,900.	CHECK/WIRE			
(7)			MIDDLE EAST/NORTH AFRICA		6,900.	CHECK/WIRE			
(8)			MIDDLE EAST/NORTH AFRICA		200,700.	CHECK/WIRE			
(9)			MIDDLE EAST/NORTH AFRICA		16,500.	CHECK/WIRE			
(10)			MIDDLE EAST/NORTH AFRICA		29,200.	CHECK/WIRE			
(11)			MIDDLE EAST/NORTH AFRICA		122,000.	CHECK/WIRE			
(12)			MIDDLE EAST/NORTH AFRICA		7,800.	CHECK/WIRE			
(13)			MIDDLE EAST/NORTH AFRICA		9,250.	CHECK/WIRE			
(14)			MIDDLE EAST/NORTH AFRICA		6,250.	CHECK/WIRE			
(15)			MIDDLE EAST/NORTH AFRICA		91,060.	CHECK/WIRE			
(16)			NORTH AMERICA		28,000.	CHECK/WIRE			

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

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA		28,337.	CHECK/WIRE			
(2)			NORTH AMERICA		10,000.	CHECK/WIRE			
(3)			NORTH AMERICA		7,500.	CHECK/WIRE			
(4)			NORTH AMERICA		28,000.	CHECK/WIRE			
(5)			NORTH AMERICA		26,250.	CHECK/WIRE			
(6)			NORTH AMERICA		23,250.	CHECK/WIRE			
(7)			NORTH AMERICA		11,000.	CHECK/WIRE			
(8)			NORTH AMERICA		26,323.	CHECK/WIRE			
(9)			NORTH AMERICA		14,300.	CHECK/WIRE			
(10)			NORTH AMERICA		14,750.	CHECK/WIRE			
(11)			NORTH AMERICA		53,250.	CHECK/WIRE			
(12)			NORTH AMERICA		10,500.	CHECK/WIRE			
(13)			NORTH AMERICA		17,000.	CHECK/WIRE			
(14)			NORTH AMERICA		12,750.	CHECK/WIRE			
(15)			NORTH AMERICA		41,000.	CHECK/WIRE			
(16)			NORTH AMERICA		7,800.	CHECK/WIRE			

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA		8,400.	CHECK/WIRE			
(2)			NORTH AMERICA		5,250.	CHECK/WIRE			
(3)			NORTH AMERICA		28,000.	CHECK/WIRE			
(4)			NORTH AMERICA		24,750.	CHECK/WIRE			
(5)			NORTH AMERICA		7,500.	CHECK/WIRE			
(6)			NORTH AMERICA		13,000.	CHECK/WIRE			
(7)			NORTH AMERICA		27,750.	CHECK/WIRE			
(8)			NORTH AMERICA		39,000.	CHECK/WIRE			
(9)			NORTH AMERICA		5,250.	CHECK/WIRE			
(10)			NORTH AMERICA		11,000.	CHECK/WIRE			
(11)			RUSSIA/NEWLY IND. STATES		15,400.	CHECK/WIRE			
(12)			RUSSIA/NEWLY IND. STATES		28,000.	CHECK/WIRE			
(13)			RUSSIA/NEWLY IND. STATES		13,600.	CHECK/WIRE			
(14)			RUSSIA/NEWLY IND. STATES		46,425.	CHECK/WIRE			
(15)			RUSSIA/NEWLY IND. STATES		41,400.	CHECK/WIRE			
(16)			SOUTH AMERICA		21,700.	CHECK/WIRE			

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA		11,600.	CHECK/WIRE			
(2)			SOUTH AMERICA		42,000.	CHECK/WIRE			
(3)			SOUTH AMERICA		5,250.	CHECK/WIRE			
(4)			SOUTH AMERICA		11,750.	CHECK/WIRE			
(5)			SOUTH AMERICA		54,600.	CHECK/WIRE			
(6)			SOUTH AMERICA		12,950.	CHECK/WIRE			
(7)			SOUTH AMERICA		38,500.	CHECK/WIRE			
(8)			SOUTH AMERICA		10,950.	CHECK/WIRE			
(9)			SOUTH AMERICA		58,000.	CHECK/WIRE			
(10)			SOUTH AMERICA		67,350.	CHECK/WIRE			
(11)			SOUTH AMERICA		10,000.	CHECK/WIRE			
(12)			SOUTH AMERICA		56,370.	CHECK/WIRE			
(13)			SOUTH AMERICA		12,450.	CHECK/WIRE			
(14)			SOUTH AMERICA		47,550.	CHECK/WIRE			
(15)			SOUTH AMERICA		5,750.	CHECK/WIRE			
(16)			SOUTH AMERICA		13,300.	CHECK/WIRE			

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA		28,076.	CHECK/WIRE			
(2)			SOUTH AMERICA		21,250.	CHECK/WIRE			
(3)			SOUTH AMERICA		81,950.	CHECK/WIRE			
(4)			SOUTH AMERICA		7,900.	CHECK/WIRE			
(5)			SOUTH AMERICA		5,200.	CHECK/WIRE			
(6)			SOUTH AMERICA		6,300.	CHECK/WIRE			
(7)			SOUTH AMERICA		5,500.	CHECK/WIRE			
(8)			SOUTH AMERICA		14,750.	CHECK/WIRE			
(9)			SOUTH AMERICA		155,000.	CHECK/WIRE			
(10)			SOUTH AMERICA		6,300.	CHECK/WIRE			
(11)			SOUTH AMERICA		8,400.	CHECK/WIRE			
(12)			SOUTH AMERICA		71,920.	CHECK/WIRE			
(13)			SOUTH AMERICA		62,100.	CHECK/WIRE			
(14)			SOUTH AMERICA		8,000.	CHECK/WIRE			
(15)			SOUTH AMERICA		9,000.	CHECK/WIRE			
(16)			SOUTH AMERICA		17,250.	CHECK/WIRE			

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(1)			SOUTH AMERICA		6,500.	CHECK/WIRE			
(2)			SOUTH AMERICA		8,550.	CHECK/WIRE			
(3)			SOUTH AMERICA		49,200.	CHECK/WIRE			
(4)			SOUTH AMERICA		44,900.	CHECK/WIRE			
(5)			SOUTH AMERICA		6,000.	CHECK/WIRE			
(6)			SOUTH AMERICA		5,870.	CHECK/WIRE			
(7)			SOUTH AMERICA		29,250.	CHECK/WIRE			
(8)			SOUTH AMERICA		18,500.	CHECK/WIRE			
(9)			SOUTH AMERICA		5,130.	CHECK/WIRE			
(10)			SOUTH AMERICA		93,400.	CHECK/WIRE			
(11)			SOUTH AMERICA		37,750.	CHECK/WIRE			
(12)			SOUTH AMERICA		7,250.	CHECK/WIRE			
(13)			SOUTH AMERICA		5,100.	CHECK/WIRE			
(14)			SOUTH AMERICA		15,750.	CHECK/WIRE			
(15)			SOUTH AMERICA		103,950.	CHECK/WIRE			
(16)			SOUTH AMERICA		10,750.	CHECK/WIRE			

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA		38,675.	CHECK/WIRE			
(2)			SOUTH AMERICA		7,750.	CHECK/WIRE			
(3)			SOUTH AMERICA		25,500.	CHECK/WIRE			
(4)			SOUTH AMERICA		36,300.	CHECK/WIRE			
(5)			SOUTH AMERICA		21,250.	CHECK/WIRE			
(6)			SOUTH AMERICA		10,250.	CHECK/WIRE			
(7)			SOUTH AMERICA		52,000.	CHECK/WIRE			
(8)			SOUTH AMERICA		5,100.	CHECK/WIRE			
(9)			SOUTH AMERICA		21,500.	CHECK/WIRE			
(10)			SOUTH AMERICA		17,300.	CHECK/WIRE			
(11)			SOUTH AMERICA		31,800.	CHECK/WIRE			
(12)			SOUTH AMERICA		42,500.	CHECK/WIRE			
(13)			SOUTH AMERICA		32,750.	CHECK/WIRE			
(14)			SOUTH AMERICA		15,900.	CHECK/WIRE			
(15)			SOUTH ASIA		19,122.	CHECK/WIRE			
(16)			SOUTH ASIA		294,252.	CHECK/WIRE			

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA		20,790.	CHECK/WIRE			
(2)			SOUTH ASIA		65,680.	CHECK/WIRE			
(3)			SOUTH ASIA		257,492.	CHECK/WIRE			
(4)			SOUTH ASIA		159,000.	CHECK/WIRE			
(5)			SOUTH ASIA		32,630.	CHECK/WIRE			
(6)			SOUTH ASIA		10,240.	CHECK/WIRE			
(7)			SOUTH ASIA		30,030.	CHECK/WIRE			
(8)			SOUTH ASIA		38,500.	CHECK/WIRE			
(9)			SOUTH ASIA		107,506.	CHECK/WIRE			
(10)			SOUTH ASIA		12,027.	CHECK/WIRE			
(11)			SOUTH ASIA		32,200.	CHECK/WIRE			
(12)			SOUTH ASIA		13,064.	CHECK/WIRE			
(13)			SOUTH ASIA		11,032.	CHECK/WIRE			
(14)			SOUTH ASIA		114,282.	CHECK/WIRE			
(15)			SOUTH ASIA		111,459.	CHECK/WIRE			
(16)			SOUTH ASIA		16,299.	CHECK/WIRE			

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA		60,580.	CHECK/WIRE			
(2)			SOUTH ASIA		275,859.	CHECK/WIRE			
(3)			SOUTH ASIA		16,013.	CHECK/WIRE			
(4)			SOUTH ASIA		35,653.	CHECK/WIRE			
(5)			SOUTH ASIA		52,501.	CHECK/WIRE			
(6)			SOUTH ASIA		17,299.	CHECK/WIRE			
(7)			SOUTH ASIA		109,255.	CHECK/WIRE			
(8)			SOUTH ASIA		12,745.	CHECK/WIRE			
(9)			SOUTH ASIA		200,911.	CHECK/WIRE			
(10)			SOUTH ASIA		122,783.	CHECK/WIRE			
(11)			SOUTH ASIA		31,825.	CHECK/WIRE			
(12)			SOUTH ASIA		18,563.	CHECK/WIRE			
(13)			SOUTH ASIA		26,814.	CHECK/WIRE			
(14)			SOUTH ASIA		45,210.	CHECK/WIRE			
(15)			SOUTH ASIA		15,658.	CHECK/WIRE			
(16)			SOUTH ASIA		39,574.	CHECK/WIRE			

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA		11,931.	CHECK/WIRE			
(2)			SOUTH ASIA		27,502.	CHECK/WIRE			
(3)			SOUTH ASIA		39,444.	CHECK/WIRE			
(4)			SOUTH ASIA		8,883.	CHECK/WIRE			
(5)			SOUTH ASIA		38,327.	CHECK/WIRE			
(6)			SOUTH ASIA		226,328.	CHECK/WIRE			
(7)			SOUTH ASIA		64,003.	CHECK/WIRE			
(8)			SOUTH ASIA		152,045.	CHECK/WIRE			
(9)			SOUTH ASIA		75,393.	CHECK/WIRE			
(10)			SOUTH ASIA		8,000.	CHECK/WIRE			
(11)			SOUTH ASIA		31,363.	CHECK/WIRE			
(12)			SOUTH ASIA		5,133.	CHECK/WIRE			
(13)			SOUTH ASIA		167,750.	CHECK/WIRE			
(14)			SOUTH ASIA		89,769.	CHECK/WIRE			
(15)			SOUTH ASIA		5,783.	CHECK/WIRE			
(16)			SOUTH ASIA		128,520.	CHECK/WIRE			

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA		165,290.	CHECK/WIRE			
(2)			SOUTH ASIA		89,038.	CHECK/WIRE			
(3)			SOUTH ASIA		38,552.	CHECK/WIRE			
(4)			SOUTH ASIA		47,338.	CHECK/WIRE			
(5)			SOUTH ASIA		51,900.	CHECK/WIRE			
(6)			SOUTH ASIA		147,438.	CHECK/WIRE			
(7)			SOUTH ASIA		136,308.	CHECK/WIRE			
(8)			SOUTH ASIA		19,267.	CHECK/WIRE			
(9)			SOUTH ASIA		225,000.	CHECK/WIRE			
(10)			SOUTH ASIA		193,934.	CHECK/WIRE			
(11)			SOUTH ASIA		10,478.	CHECK/WIRE			
(12)			SOUTH ASIA		27,994.	CHECK/WIRE			
(13)			SOUTH ASIA		197,242.	CHECK/WIRE			
(14)			SOUTH ASIA		12,798.	CHECK/WIRE			
(15)			SOUTH ASIA		83,954.	CHECK/WIRE			
(16)			SOUTH ASIA		19,000.	CHECK/WIRE			

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(1)			SOUTH ASIA		46,823.	CHECK/WIRE			
(2)			SOUTH ASIA		15,620.	CHECK/WIRE			
(3)			SOUTH ASIA		15,240.	CHECK/WIRE			
(4)			SOUTH ASIA		99,717.	CHECK/WIRE			
(5)			SOUTH ASIA		158,536.	CHECK/WIRE			
(6)			SOUTH ASIA		11,130.	CHECK/WIRE			
(7)			SOUTH ASIA		88,117.	CHECK/WIRE			
(8)			SOUTH ASIA		24,513.	CHECK/WIRE			
(9)			SOUTH ASIA		96,464.	CHECK/WIRE			
(10)			SOUTH ASIA		5,862.	CHECK/WIRE			
(11)			SOUTH ASIA		8,746.	CHECK/WIRE			
(12)			SOUTH ASIA		5,250.	CHECK/WIRE			
(13)			SOUTH ASIA		24,258.	CHECK/WIRE			
(14)			SOUTH ASIA		24,821.	CHECK/WIRE			
(15)			SOUTH ASIA		19,146.	CHECK/WIRE			
(16)			SOUTH ASIA		230,472.	CHECK/WIRE			

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA		127,381.	CHECK/WIRE			
(2)			SOUTH ASIA		194,197.	CHECK/WIRE			
(3)			SOUTH ASIA		124,980.	CHECK/WIRE			
(4)			SOUTH ASIA		23,750.	CHECK/WIRE			
(5)			SOUTH ASIA		12,300.	CHECK/WIRE			
(6)			SOUTH ASIA		8,186.	CHECK/WIRE			
(7)			SOUTH ASIA		88,187.	CHECK/WIRE			
(8)			SOUTH ASIA		19,539.	CHECK/WIRE			
(9)			SOUTH ASIA		33,274.	CHECK/WIRE			
(10)			SOUTH ASIA		7,281.	CHECK/WIRE			
(11)			SOUTH ASIA		39,523.	CHECK/WIRE			
(12)			SOUTH ASIA		34,040.	CHECK/WIRE			
(13)			SOUTH ASIA		25,800.	CHECK/WIRE			
(14)			SOUTH ASIA		281,496.	CHECK/WIRE			
(15)			SOUTH ASIA		41,593.	CHECK/WIRE			
(16)			SOUTH ASIA		67,200.	CHECK/WIRE			

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA		13,431.	CHECK/WIRE			
(2)			SOUTH ASIA		98,210.	CHECK/WIRE			
(3)			SOUTH ASIA		610,999.	CHECK/WIRE			
(4)			SOUTH ASIA		41,450.	CHECK/WIRE			
(5)			SOUTH ASIA		149,517.	CHECK/WIRE			
(6)			SOUTH ASIA		8,250.	CHECK/WIRE			
(7)			SOUTH ASIA		37,293.	CHECK/WIRE			
(8)			SOUTH ASIA		10,539.	CHECK/WIRE			
(9)			SOUTH ASIA		57,113.	CHECK/WIRE			
(10)			SOUTH ASIA		147,800.	CHECK/WIRE			
(11)			SOUTH ASIA		176,190.	CHECK/WIRE			
(12)			SOUTH ASIA		316,500.	CHECK/WIRE			
(13)			SOUTH ASIA		28,716.	CHECK/WIRE			
(14)			SOUTH ASIA		18,934.	CHECK/WIRE			
(15)			SOUTH ASIA		94,000.	CHECK/WIRE			
(16)			SOUTH ASIA		18,050.	CHECK/WIRE			

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA		52,439.	CHECK/WIRE			
(2)			SOUTH ASIA		43,668.	CHECK/WIRE			
(3)			SOUTH ASIA		116,860.	CHECK/WIRE			
(4)			SOUTH ASIA		8,822.	CHECK/WIRE			
(5)			SOUTH ASIA		8,340.	CHECK/WIRE			
(6)			SOUTH ASIA		18,476.	CHECK/WIRE			
(7)			SOUTH ASIA		9,045.	CHECK/WIRE			
(8)			SOUTH ASIA		65,181.	CHECK/WIRE			
(9)			SOUTH ASIA		5,992.	CHECK/WIRE			
(10)			SOUTH ASIA		8,796.	CHECK/WIRE			
(11)			SOUTH ASIA		152,922.	CHECK/WIRE			
(12)			SOUTH ASIA		27,041.	CHECK/WIRE			
(13)			SOUTH ASIA		49,360.	CHECK/WIRE			
(14)			SOUTH ASIA		6,500.	CHECK/WIRE			
(15)			SOUTH ASIA		5,709.	CHECK/WIRE			
(16)			SOUTH ASIA		282,486.	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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA		76,085.	CHECK/WIRE			
(2)			SOUTH ASIA		37,202.	CHECK/WIRE			
(3)			SOUTH ASIA		23,292.	CHECK/WIRE			
(4)			SOUTH ASIA		25,199.	CHECK/WIRE			
(5)			SOUTH ASIA		17,000.	CHECK/WIRE			
(6)			SOUTH ASIA		229,237.	CHECK/WIRE			
(7)			SOUTH ASIA		41,189.	CHECK/WIRE			
(8)			SOUTH ASIA		126,750.	CHECK/WIRE			
(9)			SOUTH ASIA		7,916.	CHECK/WIRE			
(10)			SOUTH ASIA		8,481.	CHECK/WIRE			
(11)			SOUTH ASIA		6,326.	CHECK/WIRE			
(12)			SOUTH ASIA		94,984.	CHECK/WIRE			
(13)			SOUTH ASIA		25,393.	CHECK/WIRE			
(14)			SOUTH ASIA		22,050.	CHECK/WIRE			
(15)			SOUTH ASIA		9,660.	CHECK/WIRE			
(16)			SOUTH ASIA		9,200.	CHECK/WIRE			

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

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA		26,551.	CHECK/WIRE			
(2)			SOUTH ASIA		211,800.	CHECK/WIRE			
(3)			SOUTH ASIA		105,638.	CHECK/WIRE			
(4)			SOUTH ASIA		64,157.	CHECK/WIRE			
(5)			SOUTH ASIA		6,251.	CHECK/WIRE			
(6)			SOUTH ASIA		6,750.	CHECK/WIRE			
(7)			SOUTH ASIA		48,969.	CHECK/WIRE			
(8)			SOUTH ASIA		602,857.	CHECK/WIRE			
(9)			SOUTH ASIA		114,039.	CHECK/WIRE			
(10)			SOUTH ASIA		24,204.	CHECK/WIRE			
(11)			SOUTH ASIA		48,583.	CHECK/WIRE			
(12)			SOUTH ASIA		195,049.	CHECK/WIRE			
(13)			SOUTH ASIA		5,316.	CHECK/WIRE			
(14)			SOUTH ASIA		30,800.	CHECK/WIRE			
(15)			SOUTH ASIA		207,879.	CHECK/WIRE			
(16)			SOUTH ASIA		10,835.	CHECK/WIRE			

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA		230,031.	CHECK/WIRE			
(2)			SOUTH ASIA		96,160.	CHECK/WIRE			
(3)			SOUTH ASIA		10,436.	CHECK/WIRE			
(4)			SOUTH ASIA		21,462.	CHECK/WIRE			
(5)			SOUTH ASIA		7,930.	CHECK/WIRE			
(6)			SOUTH ASIA		146,852.	CHECK/WIRE			
(7)			SOUTH ASIA		12,052.	CHECK/WIRE			
(8)			SOUTH ASIA		11,550.	CHECK/WIRE			
(9)			SOUTH ASIA		283,615.	CHECK/WIRE			
(10)			SOUTH ASIA		118,780.	CHECK/WIRE			
(11)			SOUTH ASIA		13,262.	CHECK/WIRE			
(12)			SOUTH ASIA		42,893.	CHECK/WIRE			
(13)			SOUTH ASIA		7,115.	CHECK/WIRE			
(14)			SOUTH ASIA		26,055.	CHECK/WIRE			
(15)			SOUTH ASIA		10,817.	CHECK/WIRE			
(16)			SOUTH ASIA		23,056.	CHECK/WIRE			

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA		261,024.	CHECK/WIRE			
(2)			SOUTH ASIA		8,100.	CHECK/WIRE			
(3)			SOUTH ASIA		10,906.	CHECK/WIRE			
(4)			SOUTH ASIA		20,536.	CHECK/WIRE			
(5)			SOUTH ASIA		40,060.	CHECK/WIRE			
(6)			SOUTH ASIA		24,286.	CHECK/WIRE			
(7)			SOUTH ASIA		57,000.	CHECK/WIRE			
(8)			SOUTH ASIA		12,253.	CHECK/WIRE			
(9)			SOUTH ASIA		80,321.	CHECK/WIRE			
(10)			SOUTH ASIA		37,283.	CHECK/WIRE			
(11)			SOUTH ASIA		32,385.	CHECK/WIRE			
(12)			SOUTH ASIA		68,317.	CHECK/WIRE			
(13)			SOUTH ASIA		13,210.	CHECK/WIRE			
(14)			SOUTH ASIA		334,760.	CHECK/WIRE			
(15)			SOUTH ASIA		105,387.	CHECK/WIRE			
(16)			SOUTH ASIA		21,013.	CHECK/WIRE			

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA		25,064.	CHECK/WIRE			
(2)			SOUTH ASIA		7,945.	CHECK/WIRE			
(3)			SOUTH ASIA		13,544.	CHECK/WIRE			
(4)			SOUTH ASIA		40,283.	CHECK/WIRE			
(5)			SOUTH ASIA		19,073.	CHECK/WIRE			
(6)			SOUTH ASIA		12,801.	CHECK/WIRE			
(7)			SOUTH ASIA		12,500.	CHECK/WIRE			
(8)			SOUTH ASIA		231,985.	CHECK/WIRE			
(9)			SOUTH ASIA		212,056.	CHECK/WIRE			
(10)			SOUTH ASIA		8,317.	CHECK/WIRE			
(11)			SOUTH ASIA		6,669.	CHECK/WIRE			
(12)			SOUTH ASIA		7,663.	CHECK/WIRE			
(13)			SOUTH ASIA		5,902.	CHECK/WIRE			
(14)			SOUTH ASIA		15,239.	CHECK/WIRE			
(15)			SOUTH ASIA		9,329.	CHECK/WIRE			
(16)			SOUTH ASIA		96,220.	CHECK/WIRE			

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA		14,862.	CHECK/WIRE			
(2)			SOUTH ASIA		140,917.	CHECK/WIRE			
(3)			SOUTH ASIA		160,500.	CHECK/WIRE			
(4)			SOUTH ASIA		60,350.	CHECK/WIRE			
(5)			SOUTH ASIA		11,432.	CHECK/WIRE			
(6)			SOUTH ASIA		6,870.	CHECK/WIRE			
(7)			SOUTH ASIA		31,433.	CHECK/WIRE			
(8)			SOUTH ASIA		53,000.	CHECK/WIRE			
(9)			SOUTH ASIA		66,250.	CHECK/WIRE			
(10)			SOUTH ASIA		165,020.	CHECK/WIRE			
(11)			SOUTH ASIA		5,572.	CHECK/WIRE			
(12)			SOUTH ASIA		16,261.	CHECK/WIRE			
(13)			SOUTH ASIA		24,332.	CHECK/WIRE			
(14)			SOUTH ASIA		54,195.	CHECK/WIRE			
(15)			SOUTH ASIA		15,900.	CHECK/WIRE			
(16)			SOUTH ASIA		13,281.	CHECK/WIRE			

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA		90,173.	CHECK/WIRE			
(2)			SOUTH ASIA		16,963.	CHECK/WIRE			
(3)			SOUTH ASIA		59,113.	CHECK/WIRE			
(4)			SOUTH ASIA		93,325.	CHECK/WIRE			
(5)			SOUTH ASIA		17,168.	CHECK/WIRE			
(6)			SOUTH ASIA		9,237.	CHECK/WIRE			
(7)			SOUTH ASIA		14,022.	CHECK/WIRE			
(8)			SOUTH ASIA		155,845.	CHECK/WIRE			
(9)			SOUTH ASIA		11,768.	CHECK/WIRE			
(10)			SUB-SAHARAN AFRICA		11,872.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA		18,800.	CHECK/WIRE			
(12)			SUB-SAHARAN AFRICA		26,000.	CHECK/WIRE			
(13)			SUB-SAHARAN AFRICA		12,800.	CHECK/WIRE			
(14)			SUB-SAHARAN AFRICA		46,400.	CHECK/WIRE			
(15)			SUB-SAHARAN AFRICA		11,200.	CHECK/WIRE			
(16)			SUB-SAHARAN AFRICA		57,200.	CHECK/WIRE			

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA		12,574.	CHECK/WIRE			
(2)			SUB-SAHARAN AFRICA		17,200.	CHECK/WIRE			
(3)			SUB-SAHARAN AFRICA		16,800.	CHECK/WIRE			
(4)			SUB-SAHARAN AFRICA		21,600.	CHECK/WIRE			
(5)			SUB-SAHARAN AFRICA		12,400.	CHECK/WIRE			
(6)			SUB-SAHARAN AFRICA		48,400.	CHECK/WIRE			
(7)			SUB-SAHARAN AFRICA		27,600.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA		75,600.	CHECK/WIRE			
(9)			SUB-SAHARAN AFRICA		5,400.	CHECK/WIRE			
(10)			SUB-SAHARAN AFRICA		30,870.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA		15,200.	CHECK/WIRE			
(12)			SUB-SAHARAN AFRICA		6,400.	CHECK/WIRE			
(13)			SUB-SAHARAN AFRICA		114,200.	CHECK/WIRE			
(14)			SUB-SAHARAN AFRICA		9,462.	CHECK/WIRE			
(15)			SUB-SAHARAN AFRICA		5,200.	CHECK/WIRE			
(16)			SUB-SAHARAN AFRICA		50,000.	CHECK/WIRE			

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA		26,000.	CHECK/WIRE			
(2)			SUB-SAHARAN AFRICA		17,600.	CHECK/WIRE			
(3)			SUB-SAHARAN AFRICA		67,500.	CHECK/WIRE			
(4)			SUB-SAHARAN AFRICA		9,200.	CHECK/WIRE			
(5)			SUB-SAHARAN AFRICA		5,800.	CHECK/WIRE			
(6)			SUB-SAHARAN AFRICA		7,600.	CHECK/WIRE			
(7)			SUB-SAHARAN AFRICA		5,200.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA		5,200.	CHECK/WIRE			
(9)			SUB-SAHARAN AFRICA		44,800.	CHECK/WIRE			
(10)			SUB-SAHARAN AFRICA		26,722.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA		32,400.	CHECK/WIRE			
(12)			SUB-SAHARAN AFRICA		6,200.	CHECK/WIRE			
(13)			SUB-SAHARAN AFRICA		93,400.	CHECK/WIRE			
(14)			SUB-SAHARAN AFRICA		35,200.	CHECK/WIRE			
(15)			SUB-SAHARAN AFRICA		324,310.	CHECK/WIRE			
(16)			SUB-SAHARAN AFRICA		34,900.	CHECK/WIRE			

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA		10,400.	CHECK/WIRE			
(2)			SUB-SAHARAN AFRICA		27,500.	CHECK/WIRE			
(3)			SUB-SAHARAN AFRICA		23,440.	CHECK/WIRE			
(4)			SUB-SAHARAN AFRICA		8,000.	CHECK/WIRE			
(5)			SUB-SAHARAN AFRICA		69,800.	CHECK/WIRE			
(6)			SUB-SAHARAN AFRICA		10,400.	CHECK/WIRE			
(7)			SUB-SAHARAN AFRICA		17,600.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA		7,200.	CHECK/WIRE			
(9)			SUB-SAHARAN AFRICA		25,300.	CHECK/WIRE			
(10)			SUB-SAHARAN AFRICA		19,200.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA		10,000.	CHECK/WIRE			
(12)			SUB-SAHARAN AFRICA		113,600.	CHECK/WIRE			
(13)			SUB-SAHARAN AFRICA		52,400.	CHECK/WIRE			
(14)			SUB-SAHARAN AFRICA		23,800.	CHECK/WIRE			
(15)			SUB-SAHARAN AFRICA		10,400.	CHECK/WIRE			
(16)			SUB-SAHARAN AFRICA		6,000.	CHECK/WIRE			

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA		5,600.	CHECK/WIRE			
(2)			SUB-SAHARAN AFRICA		26,000.	CHECK/WIRE			
(3)			SUB-SAHARAN AFRICA		7,200.	CHECK/WIRE			
(4)			SUB-SAHARAN AFRICA		10,000.	CHECK/WIRE			
(5)			SUB-SAHARAN AFRICA		16,600.	CHECK/WIRE			
(6)			SUB-SAHARAN AFRICA		17,000.	CHECK/WIRE			
(7)			SUB-SAHARAN AFRICA		11,200.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA		36,100.	CHECK/WIRE			
(9)			SUB-SAHARAN AFRICA		6,800.	CHECK/WIRE			
(10)			SUB-SAHARAN AFRICA		24,200.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA		45,900.	CHECK/WIRE			
(12)			SUB-SAHARAN AFRICA		7,200.	CHECK/WIRE			
(13)			SUB-SAHARAN AFRICA		70,700.	CHECK/WIRE			
(14)			SUB-SAHARAN AFRICA		7,600.	CHECK/WIRE			
(15)			SUB-SAHARAN AFRICA		9,600.	CHECK/WIRE			
(16)			SUB-SAHARAN AFRICA		22,100.	CHECK/WIRE			

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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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA		35,200.	CHECK/WIRE			
(2)			SUB-SAHARAN AFRICA		11,000.	CHECK/WIRE			
(3)			SUB-SAHARAN AFRICA		10,900.	CHECK/WIRE			
(4)			SUB-SAHARAN AFRICA		20,400.	CHECK/WIRE			
(5)			SUB-SAHARAN AFRICA		51,200.	CHECK/WIRE			
(6)			SUB-SAHARAN AFRICA		110,000.	CHECK/WIRE			
(7)			SUB-SAHARAN AFRICA		62,000.	CHECK/WIRE			
(8)			SUB-SAHARAN AFRICA		6,800.	CHECK/WIRE			
(9)			SUB-SAHARAN AFRICA		8,800.	CHECK/WIRE			
(10)			SUB-SAHARAN AFRICA		222,234.	CHECK/WIRE			
(11)			SUB-SAHARAN AFRICA		32,000.	CHECK/WIRE			
(12)			SUB-SAHARAN AFRICA		23,200.	CHECK/WIRE			
(13)			SUB-SAHARAN AFRICA		8,400.	CHECK/WIRE			
(14)			SUB-SAHARAN AFRICA		6,400.	CHECK/WIRE			
(15)			SUB-SAHARAN AFRICA		8,000.	CHECK/WIRE			
(16)			SUB-SAHARAN AFRICA		13,600.	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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA		84,600.	CHECK/WIRE			
(2)			SUB-SAHARAN AFRICA		24,300.	CHECK/WIRE			
(3)			SUB-SAHARAN AFRICA		76,000.	CHECK/WIRE			
(4)			SUB-SAHARAN AFRICA		31,600.	CHECK/WIRE			
(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. **804.**

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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(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 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).* 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 file Form 5713, International Boycott Report (see Instructions for Form 5713).* Yes No

Part V Supplemental Information

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

PROCEDURES FOR MONITORING THE USE OF GRANTS

SCHEDULE F, PART I, LINE 2

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

PROGRAM SERVICE EXPENDITURES

SCHEDULE F, PART I, LINE 3

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

THE GRANT REPORTED AS HAVING BEEN MADE IN EUROPE REPRESENTS A GRANT TO SMILE TRAIN STIFTUNG IN GERMANY TO ASSIST THAT ORGANIZATION WITH

Part V Supplemental Information

Complete this part to 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).

FUNDRAISING EXPENSES AND TO COVER OPERATING EXPENSES. THIS GRANT DOES NOT REFLECT FUNDING FOR CLEFT SURGERIES.

OWNERSHIP INTEREST IN A FOREIGN CORPORATION

SCHEDULE F, PART IV, LINE 3

SMILE TRAIN HAD AN OWNERSHIP INTEREST IN A FOREIGN CORPORATION, BUT THE ORGANIZATION DIVESTED ITSELF OF THIS INVESTMENT IN 2014. SMILE TRAIN'S OWNERSHIP INTEREST DID NOT GIVE RISE TO A FORM 5471 FILING IN FISCAL 2014.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

Part I

Fundraising Activities. Complete if the organization answered "Yes" to 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 | <input checked="" type="checkbox"/> | Mail solicitations | e | <input checked="" type="checkbox"/> | Solicitation of non-government grants |
| b | <input checked="" type="checkbox"/> | Internet and email solicitations | f | <input type="checkbox"/> | Solicitation of government grants |
| c | <input checked="" type="checkbox"/> | Phone solicitations | g | <input checked="" type="checkbox"/> | Special fundraising events |
| d | <input checked="" type="checkbox"/> | In-person solicitations | | | |

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 ten 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 INFOCISION, INC.	CONSULTING		X	2,313,491.	1,541,969.	771,522.
2 APPCO GROUP U.S., INC.	CONSULTING		X	62,424.	292,192.	-229,768.
3 PUBLIC OUTREACH FUNDRAISING	CONSULTING		X	23,973.	132,090.	-108,117.
4 DONOR SERVICES GROUP, LLC	CONSULTING		X	18,145.	33,358.	-15,213.
5 ORR ASSOCIATES, INC.	CONSULTING		X	1,333,028.	205,116.	1,127,912.
6						
7						
8						
9						
10						
Total				3,751,061.	2,204,725.	1,546,336.

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to 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
		GALA (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	1,715,497.			1,715,497.
	2 Less: Contributions	1,641,122.			1,641,122.
	3 Gross income (line 1 minus line 2).	74,375.			74,375.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	134,699.			134,699.
	7 Food and beverages	126,275.			126,275.
	8 Entertainment	262,990.			262,990.
	9 Other direct expenses	587,449.			587,449.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,111,413.
11 Net income summary. Subtract line 10 from line 3, column (d)				-1,037,038.	

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a 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 operate 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 operated 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 complete this part to provide any additional information (see instructions).

PROFESSIONAL FUNDRAISER COMPENSATION

SCHEDULE G, PART I, LINE 2B, COLUMN V

COMPENSATION REPORTED IN SCHEDULE G FOR INFOCISION REPRESENT 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.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

Part I General Information on Grants and Assistance

- 1 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
- 2 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) AMREF USA 4 WEST 43RD STREET, 2ND FLOOR	13-1867411	501(C)(3)	236,250.				TREATMENT PARTNER
(2) CURE INTERNATIONAL 701 BOSLER AVENUE LEMOYNE, PA 17043	58-2248383	501(C)(3)	471,500.				TREATMENT PARTNER
(3) RESURGE INTERNATIONAL 857 MAUDE AVE. MOUNTAIN VIEW, CA 94043	23-7297770	501(C)(3)	556,075.				TREATMENT PARTNER
(4) MERCY SHIPS P.O. BOX 2020 15862 STATE HIGHWAY 110 N.	26-2414132	501(C)(3)	116,000.				TREATMENT PARTNER
(5) MEDICAL FOUNDATION OF NORTH CAROLINA, INC. 880 MARTIN LUTHER KING JR BLVD	56-6057494	501(C)(3)	32,800.				TREATMENT PARTNER
(6) PALESTINE CHILDREN'S RELIEF FUND 1340 MORRIS RD. PO BOX 1926 KENT, OH 44240	93-1057665	501(C)(3)	31,200.				TREATMENT PARTNER
(7) AMAZON OUTREACH, INC PO BOX 794763 DALLAS, TX 75379	75-2737301	501(C)(3)	11,500.				TRAINING OUTREACH
(8) KUPONA FOUNDATION 72 4TH PLACE, NUMBER 3 NEW YORK, NY 11231	26-4371825	501(C)(3)	50,000.				TREATMENT PARTNER
(9) NATIONAL FOUNDATION FOR FACIAL RECONSTRUCTI 333 EAST 30TH STREET, LOBBY UNIT	13-6013760	501(C)(3)	13,175.				U.S. CLEFT CARE
(10) PLASTIC SURGERY FOUNDATION 444 E. ALGONQUIN RD.	59-6144450	501(C)(3)	56,550.				TRAINING
(11) SURGICAL VOLUNTEERS INTERNATIONAL 65712 E. MESA RIDGE CT. TUSCON, AZ 85739	06-1816914	501(C)(3)	50,825.				TRAINING OUTREACH
(12) SURGICORPS INTERNATIONAL 3392 SAXONBURG BLVD, SUITE 400	25-1796465	501(C)(3)	6,300.				TRAINING OUTREACH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 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) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

Part I General Information on Grants and Assistance

- 1 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**
- 2 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) TIWANAKU PROJECT 952 COLUMBUS DRIVE TEANECK, NJ 07666	14-1983243	501 (C) (3)	41,000.				TREATMENT PARTNER
(2) CHILDREN'S SURGICAL CENTER P.O. BOX 2545 KODIAK, AK 99615	71-0897496	501 (C) (3)	46,600.				TREATMENT PARTNER
(3) -----							
(4) -----							
(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 ▶ 14.

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) (2013)

Part III Grants and Other Assistance to Individuals in the United States. 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. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANTS

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

Part III Grants and Other Assistance to Individuals in the United States. 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. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

RECORD DATABASE. PATIENT RECORDS ARE REVIEWED REGULARLY BY SMILE TRAIN STAFF FOR COMPLETENESS AND ACCURACY, AND A MEMBER OF THE SMILE TRAIN MEDICAL ADVISORY BOARD REGULARLY REVIEWS RANDOMLY SELECTED RECORDS FOR MEDICAL QUALITY.

**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" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

Part I Questions Regarding Compensation

		Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 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 (e.g., maid, chauffeur, chef)			
<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 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 (e.g., maid, chauffeur, chef)										
<p>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</p>	1b										
<p>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 in line 1a?</p>	2										
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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					
<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										
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>											
<p>a Receive a severance payment or change-of-control payment?</p>	4a	X									
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c		X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>											
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>											
<p>a The organization?</p>	5a		X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b		X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>											
<p>a The organization?</p>	6a		X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b		X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X									
<p>8 Were any amounts reported in 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</p>	8		X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9										

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

Schedule J (Form 990) 2013

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 in 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 are not 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SUSANNAH SCHAEFER EXECUTIVE VICE CHAIR AND CEO	(i)	205,695.	0	0	729.	11,513.	217,937.	0
	(ii)	0	0	0	0	0	0	0
2 PRISCILLA MA (THRU 4/22) EXECUTIVE DIRECTOR	(i)	93,739.	0	226,612.	401,860.	5,302.	727,513.	0
	(ii)	0	0	0	0	0	0	0
3 ROBERT TOTH (THRU 6/30/ CHIEF OPERATING OFFICER	(i)	256,145.	15,000.	1,032.	11,467.	28,706.	312,350.	0
	(ii)	0	0	0	0	0	0	0
4 SATISH KALRA CHIEF PROGRAMS OFFICER	(i)	274,500.	15,000.	4,765.	0	12,198.	306,463.	0
	(ii)	0	0	0	0	0	0	0
5 DR. SHELL XUE SR VP & REGIONAL DIR, NORTH ASIA	(i)	279,080.	15,230.	360.	15,000.	8,232.	317,902.	0
	(ii)	0	0	0	0	0	0	0
6 GILBERT DOMFEH (THRU 7/ VP OF FINANCE	(i)	107,545.	0	96,831.	12,434.	21,463.	238,273.	0
	(ii)	0	0	0	0	0	0	0
7 TROY REINHART VP DONOR & COMMUNITY RELATIONS	(i)	141,500.	5,000.	240.	8,490.	9,315.	164,545.	0
	(ii)	0	0	0	0	0	0	0
8 BEATRIZ GONZALEZ DAY VP, COMPTROLLER	(i)	140,892.	5,000.	552.	8,640.	29,419.	184,503.	0
	(ii)	0	0	0	0	0	0	0
9 DR. MOHAMED FAKHRELDIN VP & REGIONAL DIRECTOR, MENA	(i)	167,390.	5,051.	0	0	0	172,441.	0
	(ii)	0	0	0	0	0	0	0
10 DR. GITHINJI GITAH VP & REGIONAL DIRECTOR, AFRICA	(i)	188,844.	1,958.	0	0	0	190,802.	0
	(ii)	0	0	0	0	0	0	0
11 WILLIAM HORAN VP, PRINCIPAL & PLANNED GIVING	(i)	164,818.	4,000.	1,032.	9,990.	31,691.	211,531.	0
	(ii)	0	0	0	0	0	0	0
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to 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.

FORM 990, SCHEDULE J, LINE 4(A)

VP OF FINANCE, GILBERT DOMFEH, SEPARATED FROM SERVICE AS OF JULY 10,

2013. MR. DOMFEH RECEIVED A SEVERANCE PAYMENT OF \$102,598 THAT HAS BEEN

REPORTED IN SCHEDULE J, PART II.

EXECUTIVE DIRECTOR, PRISCILLA MA, SEPARATED FROM SERVICE AS OF APRIL 22,

2013. MS. MA RECEIVED A SEVERANCE PAYMENT OF \$208,535 THAT HAS BEEN

REPORTED IN SCHEDULE J, PART II, COLUMN (B) (III). IN ADDITION, MS. MA IS

ENTITLED TO SEVERANCE PAYMENTS THAT WERE NOT PAYABLE IN CALENDAR 2013;

\$396,360 OF THE DEFERRED COMPENSATION REPORTED IN SCHEDULE J, PART II,

COLUMN (C) IS DEFERRED SEVERANCE PAYABLE IN CALENDAR YEAR 2014 AND 2015.

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

Part III Supplemental Information

Complete this part to 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.

THE BONUSES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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				
2				
3				
4				
5				
6				
7				
8				
9	X	158.	503,261.	FAIR MARKET VALUE
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25		1.	426,200.	
26				
27				
28				

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

30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a	X	
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not 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) (2013)

JSA

3E1298 1.000

Part II **Supplemental Information.** Complete this part to 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, SMILE TRAIN WILL RETAIN THE SERVICES OF CONSULTANTS TO LIQUIDATE THOSE ITEMS.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
DONATED SOFTWARE	X	1.	426,200.	FAIR MARKET VALUE
TOTALS		<u>1.</u>	<u>426,200.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

FORM 990, PART VI, LINE 2

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

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

FORM 990, PART VI, LINE 11

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

FORM 990, PART VI, LINE 12C

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

Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
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LEGAL COUNSEL. THE SENIOR MANAGEMENT MONITOR NEW CONTRACTS AND INVOICE PAYMENTS TO ASCERTAIN THAT THESE POLICIES ARE ADHERED TO.

FORM 990 PART VI, LINE 15A

THE BOARD OF DIRECTORS PERIODICALLY UTILIZES THE SERVICES OF INDEPENDENT COMPENSATION CONSULTANTS TO PROVIDE COMPARATIVE DATA AND OPINE ON THE REASONABLENESS OF THE EXECUTIVE DIRECTOR'S AND OTHER EMPLOYEES' COMPENSATION AS WELL AS TOP EXECUTIVES.

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.

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 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.

Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
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FORM 990, PART XI, LINE 9

RECONCILIATION OF NET ASSETS

GAIN/(LOSS) IN CURRENCY EXCHANGES	(234,401)
RATE REDUCTIONS AND ACCOUNTS PAYABLE WRITEOFFS	110,738

TOTAL	(123,663)

=====

ATTACHMENT 1

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

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

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

SMILE TRAIN IS AN INTERNATIONAL CHILDREN'S CHARITY WITH A SUSTAINABLE APPROACH TO A SINGLE, SOLVABLE PROBLEM: CLEFT LIP AND PALATE.

CHILDREN IN DEVELOPING COUNTRIES WITH UNREPAIRED CLEFTS LIVE IN SHAME, BUT MORE IMPORTANTLY, HAVE DIFFICULTY EATING, BREATHING AND SPEAKING AND AREN'T ALLOWED TO ATTEND SCHOOL. CLEFT REPAIR SURGERY IS SIMPLE, AND THE TRANSFORMATION IS IMMEDIATE. OUR SUSTAINABLE MODEL

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

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

HAS PROVIDED TRAINING AND FUNDING TO EMPOWER LOCAL DOCTORS IN 85+ DEVELOPING COUNTRIES TO PROVIDE 100%-FREE CLEFT REPAIR SURGERY IN THEIR COMMUNITIES. THE GOOD NEWS IS EVERY SINGLE CHILD WITH A CLEFT CAN BE HELPED WITH SURGERY THAT COULD COST AS LITTLE AS \$250.

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

AS A RESULT OF OUR EFFICIENCY AND WITH THE SUPPORT OF DONORS AND PARTNERS AROUND THE WORLD, AS OF THE END OF FISCAL YEAR 2014, SMILE TRAIN HAS SUPPORTED MORE THAN ONE MILLION LIFE-CHANGING CLEFT SURGERIES.

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

TREATMENT PROGRAM: FREE CLEFT SURGERIES - WHILE OUR COST PER SURGERY VARIES ACROSS THE 85+ DIFFERENT COUNTRIES WHERE WE HAVE WORKED, OUR CONTRIBUTION PER SURGERY CAN BE AS LOW AS \$250. THIS AMOUNT REFLECTS THE CONTRIBUTION PER SURGERY THAT WE PROVIDE OUR PARTNER HOSPITALS. THEY ALSO COVER A SIGNIFICANT PORTION OF EACH SURGERY AS PART OF OUR COST-SHARING AGREEMENT WITH OUR MEDICAL PARTNERS.

Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
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ATTACHMENT 2 (CONT'D)

FREE MEDICAL EQUIPMENT & INFRASTRUCTURE SUPPORT - FOR MANY OF OUR PARTNERS, ACCESS TO SAFE OPERATING ROOMS IS THEIR BIGGEST BARRIER. MANY STRUGGLE WITH OLD AND INADEQUATE EQUIPMENT SUCH AS ANESTHESIA MACHINES AND A LACK OF OTHER EQUIPMENT AND SUPPLIES. SMILE TRAIN PROVIDES FINANCIAL SUPPORT THAT HAS BEEN USED FOR EVERYTHING FROM BUILDING NEW OPERATING ROOMS TO CRUCIAL SAFETY EQUIPMENT SUCH AS PULSE OXIMETERS AND CLEFT SURGICAL INSTRUMENTS AND SUPPLIES INCLUDING SCALPELS AND SUTURES. ALL OF THESE INVESTMENTS WORK TO PROVIDE A SIGNIFICANT NUMBER OF INCREMENTAL SURGERIES, BUT ALSO RESULT IN SAFER AND HIGHER QUALITY OUTCOMES FOR CHILDREN IN NEED.

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

FINANCIAL AID FOR POOR PATIENTS - SOME OF OUR PATIENTS ARE SO MALNOURISHED THEY ARE NOT HEALTHY ENOUGH TO BE SAFELY OPERATED ON AND ARE PROVIDED FOOD FOR ONE TO TWO WEEKS BEFORE SURGERY. SOME OF OUR PATIENTS ARE SO POOR THEY HAVE NO MONEY TO GET TO THE HOSPITAL OR TO TRAVEL HOME AFTER SURGERY. SOMETIMES THEY HAVE NO SHOES AND NO MONEY FOR FOOD. WE HAVE SPECIAL PROGRAMS THAT GIVE SMALL STIPENDS FOR THESE POOREST OF THE POOR.

Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
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ATTACHMENT 2 (CONT'D)

THESE EXPENSES EXCLUDE \$57,036,544 DONATED TIME AND SERVICES FROM DOCTORS, NURSES, ANESTHESIOLOGISTS, ORGANIZATIONS, COMPANIES, OTHER MEDICAL PROFESSIONALS AND MEDICAL FACILITIES AND SUPPLIES.

ATTACHMENT 3

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

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

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

ATTACHMENT 4

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

TRAINING PROGRAM: SMILE TRAIN PROVIDES FREE TRAINING AND EDUCATION TO CLEFT CARE PROFESSIONALS AROUND THE WORLD. ACCESS TO EDUCATION

Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
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ATTACHMENT 4 (CONT'D)

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

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

SMILE TRAIN IS INNOVATIVE IN ITS APPROACH TO PROVIDE QUALITY TRAINING TO MEDICAL PROFESSIONALS WORLDWIDE. IN THE DEVELOPING WORLD, SURGEONS OFTEN DO NOT HAVE ACCESS TO THE LATEST INNOVATIVE TECHNIQUES AND UPDATED PROTOCOLS FOR CLEFT SURGERY. SMILE TRAIN PARTNERS HAVE CONDUCTED OVER ONE MILLION SURGERIES WORLDWIDE AND LACKING ACCESS TO SUCH RESOURCES CAN BE A BARRIER TO THEIR CONTINUING EDUCATION AND QUALITY IMPROVEMENT. SMILE TRAIN RECOGNIZED THIS PROBLEM AND SINCE 1999 HAS DISTRIBUTED FREE VIRTUAL SURGERY TRAINING MATERIALS TO 40,000+ MEDICAL PROFESSIONALS IN 149 COUNTRIES AROUND THE WORLD. SMILE TRAIN TOOK THIS TECHNOLOGY TO THE NEXT LEVEL AND RECENTLY RELEASED THE FIRST

Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
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ATTACHMENT 4 (CONT'D)

OPEN-ACCESS, WEB-BASED, INTERACTIVE VIRTUAL SURGERY SIMULATOR
DESIGNED TO ENHANCE TRAINING FOR SURGEONS ON HOW TO REPAIR CLEFTS.
THE SIMULATOR LINKS STATE-OF-ART SURGICAL RESOURCES TO THE MOST
REMOTE PARTS OF THE WORLD, AND CHANGES THE PARADIGM OF SURGICAL
TRAINING INTERNATIONALLY. THE SIMULATOR WAS DISTRIBUTED TO 1100+
SMILE TRAIN PARTNER SURGEONS WORLDWIDE. SINCE THE LAUNCH OF THE
SIMULATOR, SMILE TRAIN CONFIRMED USERS OF THE SYSTEM IN MORE THAN
90 COUNTRIES AROUND THE WORLD, INCLUDING PLACES WHERE OVER HALF
THE POPULATION LIVES BELOW THE POVERTY LEVEL AND WHERE THE PER
CAPITAL ANNUAL INCOME IS LESS THAN \$500 PER YEAR. THROUGH THIS
UNIQUE APPROACH SMILE TRAIN HAS LEVERAGED TECHNOLOGY TO CHANGE THE
COURSE OF MEDICAL EDUCATION WHILE ALSO IMPROVING THE LIVES OF
CHILDREN BORN WITH CLEFT IN THE DEVELOPING WORLD.

ATTACHMENT 5FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 6990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
INFOCISION 325 SPRINGSIDE DR	CONSULTING	1,711,618.

Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
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ATTACHMENT 6 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
AKRON, OH 44333		
TARGET MARKETTEAM INC. 600 NORTHPARK TOWN CENTER SUITE 1600 ATLANTA, GA 30328	CONSULTING	1,355,899.
DIRECT MAIL PROCESSORS 1150 CONRAD COURT HAGERSTOWN, MD 21740	CONSULTING	524,608.
KAYE SCHOLER LLP MAIL CODE:81 PO BOX 11839 NEWARK, NJ 07101	LEGAL	1,353,548.
SHEPARDSON STERN & KAMINSKY 88 PINE ST, 30TH FL NEW YORK, NY 10005	CONSULTING	944,656.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2013

**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. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SMILE TRAIN INTERNATIONAL LLC 2711 CENTERVILLE RD WILMINGTON, DE 19808			48.	100,048.	SMILE TRAIN
(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) THE SMILE TRAIN UK DAVENPORT HOUSE 16 PEPPER ST E LONDON, UK	SEE PART IV	UK	N/A		N/A		X
(2) THE SMILE TRAIN CANADA 41 MADISON AVE NEW YORK, NY 10010	SEE PART IV	CA	N/A		N/A		X
(3) THE SMILE TRAIN STIFTUNG 41 MADISON AVE NEW YORK, NY 10010	SEE PART IV	GM	N/A		SMILE TRAIN	X	
(4) THE SMILE TRAIN FRANCE 41 MADISON AVE NEW YORK, NY 10010	SEE PART IV	FR	N/A		N/A		X
(5) THE SMILE TRAIN INDIA 41 MADISON AVE NEW YORK, NY 10010	SEE PART IV	IN	N/A		N/A		X
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2013

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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(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?

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b	X	
1c	X	
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l	X	
1m		X
1n		X
1o	X	
1p		X
1q	X	
1r		X
1s		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 section 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

Complete this part to 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 STIFTUNG, SMILE TRAIN FRANCE AND SMILE TRAIN INDIA IS TO PROVIDE FREE CLEFT TREATMENT FOR POOR CHILDREN IN DEVELOPING COUNTRIES AND TO PROVIDE FREE CLEFT-RELATED TRAINING FOR DOCTORS AND MEDICAL PROFESSIONALS.

THESE OBJECTIVES ARE ACHIEVED THROUGH AN ONGOING MARKETING CAMPAIGN USED TO RAISE AWARENESS AND RECEIVE DONATIONS WITHIN THE UNITED KINGDOM, GERMANY, AND CANADA. DONATIONS ARE MADE TO SMILE TRAIN FOR INCLUSION IN THEIR JOINTLY-STATED CHARITABLE ACTIVITIES.

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