

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

Form header section containing fields B through M: B Check if applicable, C Name of organization (SMILE TRAIN, INC.), D Employer identification number (13-3661416), E Telephone number ((212) 689-9199), F Name and address of principal officer (SUSANNAH SCHAEFER), G Gross receipts (\$ 292,701,702), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status, J Website, K Form of organization, L Year of formation, M State of legal domicile.

Part I Summary

Table with 3 main sections: 1. Activities & Governance (lines 1-7b), 2. Revenue (lines 8-12), 3. Expenses (lines 13-19), 4. Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

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.

Signature block section containing fields for Sign Here (Signature of officer, Date), Paid (Preparer's name, signature, date), and Preparer Use Only (Firm's name, address, EIN, phone number).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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 [X] 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 \$ 53,988,085. including grants of \$ 48,007,339.) (Revenue \$ 0.) TREATMENT PROGRAM: FREE CLEFT SURGERIES - WHILE OUR COST PER SURGERY VARIES ACROSS THE 90+ DIFFERENT COUNTRIES WHERE WE HAVE WORKED, OUR CONTRIBUTION PER SURGERY CAN BE AS LOW AS \$250. THIS AMOUNT REFLECTS THE CONTRIBUTION PER SURGERY THAT WE PROVIDE OUR PARTNER HOSPITALS. THEY ALSO COVER A SIGNIFICANT PORTION OF EACH SURGERY AS PART OF OUR COST-SHARING AGREEMENT AND PARTNERSHIP WITH OUR MEDICAL PARTNERS. (CONT'D ON SCH. O).

4b (Code:) (Expenses \$ 9,828,351. including grants of \$ 500,047.) (Revenue \$ 0.) PUBLIC EDUCATION PROGRAM AROUND THE WORLD, MANY PEOPLE ARE UNFAMILIAR WITH CLEFT LIP AND PALATE. FOR MANY OF THE FAMILIES WE SUPPORT, THE FIRST TIME THEY SEE A CLEFT IS WHEN THEY FIRST LOOK AT THE FACE OF THEIR NEWBORN CHILD. THIS LACK OF AWARENESS, COUPLED WITH STIGMA AND MYTHS AROUND LIP AND PALATE, OFTEN LEADS TO BABIES WITH CLEFTS BEING ABANDONED, ISOLATED, OR SIMPLY NEVER BROUGHT TO A HOSPITAL FOR TREATMENT BECAUSE FAMILIES AND COMMUNITIES DON'T KNOW THAT TREATMENT IS AVAILABLE. NO MATTER WHERE THEY LIVE, IT IS ESSENTIAL THAT EVERY FAMILY IS AWARE OF CLEFT LIP AND PALATE AND THE CARE THAT THEIR CHILD WILL NEED AS THEY GROW AND DEVELOP. (CONT'D ON SCH. O).

4c (Code:) (Expenses \$ 3,253,775. including grants of \$ 2,604,895.) (Revenue \$ 0.) TRAINING PROGRAMS - SMILE TRAIN PROVIDES FREE TRAINING AND EDUCATION TO CLEFT CARE PROFESSIONALS AROUND THE WORLD. ACCESS TO EDUCATION AND TRAINING OPPORTUNITIES IS CRITICAL TO SMILE TRAIN'S MISSION OF EMPOWERING LOCAL MEDICAL TEAMS TO PROVIDE SAFE, HIGH-QUALITY COMPREHENSIVE CLEFT CARE. OVER THE PAST 22 YEARS, WE HAVE PROVIDED MORE THAN 40,000 TRAINING OPPORTUNITIES TO IMPROVE CLEFT TREATMENT IN COUNTRIES AROUND THE WORLD. (CONT'D ON SCH. O).

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 67,070,211.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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	
24a 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?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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	
35a 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?	X	

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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 on Schedule O.

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? b 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? b 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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 b Other officers or key employees of the organization 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? b 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 SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records BEATRIZ GONZALEZ - 212-689-9199 633 THIRD AVENUE, NEW YORK, NY 10017

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSANNAH SCHAEFER PRESIDENT AND CEO	40.00 0.00	X		X				469,595.	0.	42,121.
(2) DR. SHELL XUE SR VP & REGIONAL DIR. N. A	40.00 0.00					X		446,696.	0.	14,468.
(3) WILLIAM HORAN CHIEF OPERATING OFFICER	40.00 0.00			X				248,384.	0.	30,174.
(4) TROY REINHART SENIOR VP, DEVELOPMENT	40.00 0.00					X		219,485.	0.	29,768.
(5) ERIN STIEBER SENIOR VP, PROGRAMS	40.00 0.00					X		201,731.	0.	42,502.
(6) BEATRIZ GONZALEZ VP, FINANCE	40.00 0.00					X		218,032.	0.	22,738.
(7) ELYSE TAUB SENIOR VP, DEV. & MARKETING	40.00 0.00					X		207,398.	0.	21,078.
(8) ASHLEY OCHS SECRETARY/GENERAL COUNSEL	40.00 0.00			X				191,756.	0.	27,265.
(9) ROBERT T. BELL BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(10) ED GOREN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(11) ARTHUR J. MCCARTHY TREASURER	1.00 0.00	X		X				0.	0.	0.
(12) ROY E REICHBACH CHAIRPERSON	3.00 0.00	X		X				0.	0.	0.
(13) RICHARD RUDERMAN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(14) MATHIAS KIWANUKA BOARD MEMBER (AS OF 08/31/2020)	1.00 0.00	X						0.	0.	0.

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 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			
1b Subtotal							2,203,077.	0.	230,114.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							2,203,077.	0.	230,114.	

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

	Yes	No
3 Did the organization list any former officer, director, 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
MARKETEAM LLC, 600 NORTHPARK TOWN CENTER STE 1600, ATLANTA, GA 30328	DIR. MAIL PROCESSING	1,016,768.
FREEMPORT METRICS, INC. TOTAL, 245 COMMERCIAL ST. STE 245, PORTLAND, ME 04101	SOFTWARE CONSULTING	791,494.
CLOUD FOR GOOD LLC TOTAL PO BOX 63231, CHARLOTTE, NC 28263	SOFTWARE CONSULTING	575,891.
INFOCISION 325 SPRINGSIDE DR, AKRON, OH 44333	FUNDRAISING	548,415.
DIRECT MAIL PROCESSORS 1150 CONRAD COURT, HAGERSTOWN, MD 21740	MAIL PROCESSING	467,077.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 14

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	10,207,214.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	81,386,170.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 679,777.			
	h	Total. Add lines 1a-1f		91,593,384.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,933,410.		5,933,410.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		90,962.		90,962.	
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	179,610,638.			
c	Gain or (loss)	7c	15,409,482.				
d	Net gain or (loss)		15,409,482.		15,409,482.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS REVENUE	Business Code	900099	63,826.	63,826.	
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d		63,826.			
12	Total revenue. See instructions		113,091,064.	0.	0.	21,497,680.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,179,434.	1,179,434.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	49,932,847.	49,932,847.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	909,735.	204,643.	495,753.	209,339.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,316,414.	1,807,392.	1,375,996.	4,133,026.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	359,338.	92,036.	67,579.	199,723.
9 Other employee benefits	1,318,395.	865,270.	9,088.	444,037.
10 Payroll taxes	669,401.	193,793.	139,335.	336,273.
11 Fees for services (nonemployees):				
a Management	128,028.	128,028.		
b Legal	592,256.	257,615.	61,201.	273,440.
c Accounting	230,421.	132,026.	21,918.	76,477.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	260,431.			260,431.
f Investment management fees	1,265,065.		1,265,065.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,166,290.	1,691,461.	74,505.	400,324.
12 Advertising and promotion	7,561,835.	211,485.		7,350,350.
13 Office expenses	889,329.	438,687.	90,160.	360,482.
14 Information technology	278,473.	126,411.	33,873.	118,189.
15 Royalties				
16 Occupancy	255,934.	146,908.	24,271.	84,755.
17 Travel	108,287.	95,900.	687.	11,700.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	191,294.	183,980.	12.	7,302.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,029,602.	567,604.	102,849.	359,149.
23 Insurance	130,580.	57,371.	16,308.	56,901.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTED PROG. MATERIALS	17,250,297.	8,329,910.	6,350.	8,914,037.
b REPAIRS AND MAINTENANCE	455,651.	315,229.	22,168.	118,254.
c MEDICAL ADVISORY BOARD	112,181.	112,181.		
d _____				
e All other expenses _____	46,300.		46,300.	
25 Total functional expenses. Add lines 1 through 24e	94,637,818.	67,070,211.	3,853,418.	23,714,189.
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)	11,164,322.	6,601,334.	0.	4,562,988.

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	48,465.	1	49,564.
	2 Savings and temporary cash investments	22,586,470.	2	13,833,309.
	3 Pledges and grants receivable, net	761,705.	3	1,170,263.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,433,752.	9	2,012,169.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 23,813,632.		
	b Less: accumulated depreciation	10b 3,237,094.		
	11 Investments - publicly traded securities	315,132,058.	11	386,426,069.
	12 Investments - other securities. See Part IV, line 11	6,548,505.	12	7,539,101.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	56,248.	15	222,306.
16 Total assets. Add lines 1 through 15 (must equal line 33)	367,014,519.	16	431,829,319.	
Liabilities	17 Accounts payable and accrued expenses	5,576,371.	17	4,963,460.
	18 Grants payable	3,988,816.	18	4,075,841.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26 Total liabilities. Add lines 17 through 25	9,565,187.	26	9,039,301.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	352,039,992.	27	416,212,441.
	28 Net assets with donor restrictions	5,409,340.	28	6,577,577.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	357,449,332.	32	422,790,018.
33 Total liabilities and net assets/fund balances	367,014,519.	33	431,829,319.	

Form 990 (2020)

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	113,091,064.
2	Total expenses (must equal Part IX, column (A), line 25)	2	94,637,818.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,453,246.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	357,449,332.
5	Net unrealized gains (losses) on investments	5	46,875,768.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	11,672.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	422,790,018.

Part XII Financial Statements and Reporting

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

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

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

Form **990** (2020)

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

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	87,584,600.	79,832,191.	79,765,267.	92,042,568.	91,593,384.	430,818,010.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	87,584,600.	79,832,191.	79,765,267.	92,042,568.	91,593,384.	430,818,010.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						430,818,010.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	87,584,600.	79,832,191.	79,765,267.	92,042,568.	91,593,384.	430,818,010.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,330,417.	7,203,224.	7,099,614.	6,808,633.	6,024,372.	37,466,260.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,940.	169,420.	957,759.	74,522.	63,826.	1,271,467.
11 Total support. Add lines 7 through 10						469,555,737.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First 5 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

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	91.75 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	91.19 %

16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶

b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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 and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 103,770.

2018 AMOUNT: \$ 131,825.

2019 AMOUNT: \$ 64,332.

2020 AMOUNT: \$ 63,826.

FUNDRAISING EVENTS

2016 AMOUNT: \$ 5,940.

2017 AMOUNT: \$ 65,650.

2018 AMOUNT: \$ 825,934.

2019 AMOUNT: \$ 10,190.

2020 AMOUNT: \$ 0.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 7,055,580.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 3,151,634.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 2,581,896.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 3,180,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020
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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	221,998,225.	212,184,623.	208,885,326.		
b Contributions	197,701.	4,000,213.		208,885,326.	
c Net investment earnings, gains, and losses	66,168,738.	6,063,389.	3,299,297.		
d Grants or scholarships					
e Other expenditures for facilities and programs	-10,250,000.	250,000.			
f Administrative expenses					
g End of year balance	298,614,664.	221,998,225.	212,184,623.	208,885,326.	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 98.2800 %
 - b Permanent endowment 1.7200 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		19,715,112.	1,550,417.	18,164,695.
c Leasehold improvements				
d Equipment		646,758.	569,181.	77,577.
e Other		3,451,762.	1,117,496.	2,334,266.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				20,576,538.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	189,417,663.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	46,875,768.
b	Donated services and use of facilities	2b	30,704,224.
c	Recoveries of prior year grants	2c	58,705.
d	Other (Describe in Part XIII.)	2d	-47,033.
e	Add lines 2a through 2d	2e	77,591,664.
3	Subtract line 2e from line 1	3	111,825,999.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,265,065.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	1,265,065.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	113,091,064.

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

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

1	Total expenses and losses per audited financial statements	1	124,076,977.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	30,704,224.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	30,704,224.
3	Subtract line 2e from line 1	3	93,372,753.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,265,065.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	1,265,065.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	94,637,818.

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.

PART V, LINE 4:

ENDOWMENT FUNDS

SMILE TRAIN'S ENDOWMENT IS INTENDED TO SUPPORT THE GENERAL CHARITABLE

MISSION OF THE ORGANIZATION. THE FOUNDATION INTENDS THAT THE PRINCIPAL IN

THE TEMPORARILY RESTRICTED AND PERMANENT ENDOWMENTS SHOULD REMAIN

UNTOUCHED, WHILE THE EARNINGS ON THE ENDOWMENT'S INVESTMENTS SHALL BE USED

TO SUPPORT SMILE TRAIN'S CLEFT PALATE PROGRAM. INCLUDED WITHIN THE

ENDOWMENT BALANCE IS \$5,140,252 IN DONOR-RESTRICTED ENDOWMENT ASSETS.

PART X, LINE 2:

LIABILITY FOR UNCERTAIN TAX POSITIONS

SMILE TRAIN, INC. FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR

Part XIII Supplemental Information (continued)

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 CONSOLIDATED FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FOREIGN EXCHANGE CURRENCY LOSS	-47,033.
--------------------------------	----------

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

Schedule D (Form 990) 2020

Part XIII Supplemental Information *(continued)*

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.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	CLEFT PALATE SURGERIES	264,307.
EAST ASIA AND THE PACIFIC	3	1	PROGRAM SERVICES	CLEFT PALATE SURGERIES	6,780,670.
EUROPE (INCLUDING ICELAND & GREENLAND)	1	0	PROGRAM SERVICES	CLEFT PALATE SURGERIES	176,354.
MIDDLE EAST AND NORTH AFRICA	2	1	PROGRAM SERVICES	CLEFT PALATE SURGERIES	1,214,491.
NORTH AMERICA	4	0	PROGRAM SERVICES	CLEFT PALATE SURGERIES	423,932.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	CLEFT PALATE SURGERIES	171,640.
SOUTH AMERICA	4	0	PROGRAM SERVICES	CLEFT PALATE SURGERIES	1,330,896.
SOUTH ASIA	3	0	PROGRAM SERVICES	CLEFT PALATE SURGERIES	4,812,236.
3 a Subtotal	17	2			15,174,526.
b Total from continuation sheets to Part I	16	1			42,295,422.
c Totals (add lines 3a and 3b)	33	3			57,469,948.

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

Schedule F (Form 990) 2020

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
SUB-SAHARAN AFRICA	16	1	PROGRAM SERVICES	CLEFT PALATE SURGERIES	15,846,786.
NORTH AMERICA	0	0	GRANTMAKING		1,834,346.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		3,423,260.
SOUTH ASIA	0	0	GRANTMAKING		8,285,412.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		3,956,517.
SOUTH AMERICA	0	0	GRANTMAKING		1,410,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		7,539,101.
Totals	16	1			42,295,422.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CLEFT TX	60,960.	CHECK/WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CLEFT TX	56,100.	CHECK/WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CLEFT TX	56,056.	CHECK/WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CLEFT TX	28,144.	CHECK/WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CLEFT TX	18,045.	CHECK/WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CLEFT TX	9,410.	CHECK/WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CLEFT TX	7,450.	CHECK/WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CLEFT TX	5,460.	CHECK/WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► 240

3 Enter total number of other organizations or entities ►

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		EAST ASIA AND THE PACIFIC	CLEFT TX	676,022.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	201,799.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	200,602.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	195,526.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	163,254.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	145,680.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	128,441.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	122,437.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	118,822.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		EAST ASIA AND THE PACIFIC	CLEFT TX	116,179.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	114,657.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	108,718.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	103,600.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	99,466.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	90,675.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	90,361.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	88,200.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	83,329.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		EAST ASIA AND THE PACIFIC	CLEFT TX	78,465.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	78,304.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	78,084.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	70,249.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	68,383.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	59,020.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	57,261.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	56,839.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	51,132.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		EAST ASIA AND THE PACIFIC	CLEFT TX	51,034.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	50,327.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	46,437.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	44,662.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	43,788.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	42,517.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	41,997.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	41,900.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	41,891.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		EAST ASIA AND THE PACIFIC	CLEFT TX	38,971.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	36,614.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	36,473.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	34,839.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	34,498.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	33,913.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	33,740.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	33,148.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	27,665.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		EAST ASIA AND THE PACIFIC	CLEFT TX	27,044.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	26,650.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	26,422.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	25,901.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	25,102.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	24,777.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	24,138.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	23,822.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	22,892.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		EAST ASIA AND THE PACIFIC	CLEFT TX	22,793.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	22,131.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	20,400.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	19,342.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	18,200.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	17,855.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	17,550.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	17,205.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	17,066.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		EAST ASIA AND THE PACIFIC	CLEFT TX	16,643.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	14,900.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	14,607.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	14,526.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	14,267.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	13,940.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	13,907.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	13,619.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	13,484.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		EAST ASIA AND THE PACIFIC	CLEFT TX	12,675.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	12,445.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	12,350.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	12,307.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	10,390.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	10,339.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	9,584.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	9,429.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	9,319.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		EAST ASIA AND THE PACIFIC	CLEFT TX	9,162.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	9,059.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	9,039.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	8,479.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	8,365.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	8,205.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	8,155.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	8,073.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	7,851.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		EAST ASIA AND THE PACIFIC	CLEFT TX	7,794.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	7,778.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	7,677.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	7,464.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	7,184.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	6,248.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	6,235.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	5,537.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	5,449.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		EAST ASIA AND THE PACIFIC	CLEFT TX	5,223.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	5,085.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	5,072.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	5,055.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEFT TX	51,482.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEFT TX	14,000.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	174,250.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	149,600.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	78,000.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	72,990.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	47,300.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	28,500.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	27,200.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	24,000.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	18,800.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	8,000.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	7,200.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	CLEFT TX	42,092.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SOUTH AMERICA	CLEFT TX	261,580.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	211,401.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	108,257.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	78,750.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	43,380.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	42,549.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	39,115.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	29,108.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	26,920.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SOUTH AMERICA	CLEFT TX	25,905.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	19,915.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	17,568.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	16,650.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	16,470.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	14,540.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	13,569.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	9,900.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	9,250.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SOUTH AMERICA	CLEFT TX	8,569.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	7,350.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	654,440.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	142,600.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	136,920.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	132,320.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	130,975.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	114,760.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	111,600.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SOUTH ASIA	CLEFT TX	83,160.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	54,320.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	39,640.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	2,481,295.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	832,165.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	403,004.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	234,673.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	232,630.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	193,000.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SUB-SAHARAN AFRICA	CLEFT TX	180,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	168,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	136,355.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	121,002.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	120,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	117,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	100,340.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	93,584.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	91,821.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SUB-SAHARAN AFRICA	CLEFT TX	88,391.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	84,522.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	74,512.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	65,902.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	60,772.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	54,579.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	50,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	48,546.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	47,044.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SUB-SAHARAN AFRICA	CLEFT TX	45,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	44,875.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	39,560.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	38,200.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	37,690.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	36,664.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	35,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	33,700.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	31,000.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SUB-SAHARAN AFRICA	CLEFT TX	30,434.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	28,123.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	27,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	26,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	25,710.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	24,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	23,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	23,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	22,435.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SUB-SAHARAN AFRICA	CLEFT TX	21,150.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	19,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	19,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	18,690.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	17,120.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	16,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	15,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	15,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	15,500.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SUB-SAHARAN AFRICA	CLEFT TX	14,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	14,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	14,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	13,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	13,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	12,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	11,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	11,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	11,500.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SUB-SAHARAN AFRICA	CLEFT TX	11,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	11,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	10,115.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	10,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	9,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	9,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	9,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	8,720.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	8,540.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SUB-SAHARAN AFRICA	CLEFT TX	8,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	8,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	8,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	8,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	7,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	7,127.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	6,659.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	6,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	6,441.	CHECK/WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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)
		SUB-SAHARAN AFRICA	CLEFT TX	6,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	5,653.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	5,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	5,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	5,083.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	118,473.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	88,500.	CHECK/WIRE	0.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
CLEFT PALATE TRAINING	CENTRAL AMERICA AND THE CARIBBEAN	1	640.	CHECK/WIRE	0.		
CLEFT PALATE TRAINING	SUB-SAHARAN AFRICA	22	113,167.	CHECK/WIRE	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2020

Part V Supplemental Information

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

PART I, LINE 2:

THE GRANT BENEFICIARY MUST UPLOAD THE SURGERIES THAT HAVE BEEN PERFORMED

ON THE SECURE DATABASE WEBSITE: WWW.SMILETRAINEXPRESS.ORG, WITHIN ONE

MONTH FROM THE PERFORMANCE OF THE SURGERY. THIS INFORMATION IS REVIEWED

DAILY BY THE PROGRAM MANAGEMENT FOR APPROVAL. WHERE APPLICABLE, GRANTEES

ARE REQUIRED TO SUBMIT A FINAL GRANT REPORT UPON COMPLETION OF THE

REQUIREMENTS.

PART I, LINE 3

AMOUNTS LISTED AS PROGRAM SERVICE EXPENDITURES ON SCHEDULE F, PART I,

REPRESENT FUNDING TO ORGANIZATIONS PERFORMING CLEFT SURGERIES. THESE

PAYMENTS ARE ESSENTIALLY GRANTS TO FOREIGN ORGANIZATIONS, AND SINCE THE

ACTIVITY REPRESENTS SMILE TRAIN'S PRIMARY EXEMPT MISSION, FOR SCHEDULE

F PURPOSES, IT IS BEING CODED AS PROGRAMMATIC ACTIVITY.

THE GRANTS REPORTED AS HAVING BEEN MADE IN NORTH AMERICA, EUROPE, SOUTH

ASIA, EAST ASIA, AND SOUTH AMERICA REPRESENT FUNDING TO OUR AFFILIATES

TO ASSIST THOSE ORGANIZATIONS WITH THEIR OPERATING, FUNDRAISING AND

PROGRAM EXPENSES. THESE GRANTS INCLUDE FUNDING FOR CLEFT SURGERIES.

PART IV

SMILE TRAIN INC. HOLDS ONE FOREIGN INVESTMENT IN ITS ENDOWMENT

PORTFOLIO; TO THE EXTENT THAT SMILE TRAIN'S OWNERSHIP INTEREST IN THAT

INVESTMENT ECLIPSES THE THRESHOLD FOR FILING EITHER THE FORM 926 OR

FORM 5471, THAT FILING IS ATTACHED TO THE ORGANIZATION'S FORM 990-T.

SMILE TRAIN FILES A FORM 5713 TO REPORT THOSE COUNTRIES IN WHICH IT

PROVIDES MUCH-NEEDED CLEFT-PALATE SURGERIES TO IMPACTED INDIVIDUALS.

Part V Supplemental Information

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

Multiple horizontal lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
INFOCISION, INC. - 325 SPRINGSIDE DR, AKRON, OH	CONSULTING		X	392,236.	260,431.	131,805.
Total				392,236.	260,431.	131,805.

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

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

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

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

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a 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 explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: INFOCISION, INC.

(I) ADDRESS OF FUNDRAISER: 325 SPRINGSIDE DR, AKRON, OH 44333

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

THE COMPENSATION REPORTED IN SCHEDULE G FOR INFOCISION REPRESENTS

AMOUNTS PAID ON A FISCAL YEAR BASIS. INFOCISION IS AMONG SMILE TRAIN'S TOP FIVE HIGHEST PAID VENDORS; AMOUNTS DISCLOSED ON PART VII ARE

Part IV Supplemental Information (continued)

REPORTED ON A CALENDAR YEAR BASIS.

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SEATTLE CHILDREN'S HOSPITAL FOUNDATION - 4800 SAND POINT WAY NE - SEATTLE, WA 98105	91-1156519	501(C)(3)	74,434.	0.			TRAINING
PLASTIC SURGERY FOUNDATION 444 E ALGONQUIN RD. NORWOOD, MA 02062	59-6144450	501(C)(3)	28,510.	0.			TRAINING
TRUSTEES OF COLUMBIA UNIVERSITY 622 W 113TH ST. NEW YORK, NY 10025	13-5598093	501(C)(3)	8,500.	0.			U.S. CLEFT CARE
LIFEBOX FOUNDATION 195 MONTAGUE ST, 14TH FLOOR BROOKLYN, NY 11201	46-2266526	501(C)(3)	967,500.	0.			U.S. CLEFT CARE
OSCHNER CLINIC FOUNDATION 1514 JEFFERSON HIGHWAY NEW ORLEANS, LA 70121	72-0502505	501(C)(3)	11,550.	0.			U.S. CLEFT CARE
REGENTS OF THE UNIVERSITY OF COLORADO - 1800 N GRANT ST STE 400 - DENVER, CO 80203	84-6000555	501(C)(3)	18,940.	0.			U.S. CLEFT CARE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 8
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
WORLDWIDE FOUNDATION 102 YELLOWOOD DR WEST MONROE, LA 71291	72-6027631	501(C)(3)	15,000.	0.			U.S. CLEFT CARE
UNIVERSITY OF CALIFORNIA SANTA CRUZ - 1156 HIGH STREET - SANTA CRUZ, CA 95064	94-1539563	501(C)(3)	55,000.	0.			RESEARCH

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

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

Part IV Supplemental Information

PATIENT RECORDS ARE REVIEWED DAILY 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.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
SMILE TRAIN, INC.

Employer identification number
13-3661416

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SUSANNAH SCHAEFER PRESIDENT AND CEO	(i)	394,595.	75,000.	0.	16,436.	25,685.	511,716.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DR. SHELL XUE SR VP & REGIONAL DIR. N. A	(i)	267,615.	10,000.	169,081.	12,895.	1,573.	461,164.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) WILLIAM HORAN CHIEF OPERATING OFFICER	(i)	223,384.	25,000.	0.	12,075.	18,099.	278,558.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TROY REINHART SENIOR VP, DEVELOPMENT	(i)	199,485.	20,000.	0.	11,700.	18,068.	249,253.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ERIN STIEBER SENIOR VP, PROGRAMS	(i)	181,731.	20,000.	0.	12,420.	30,082.	244,233.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BEATRIZ GONZALEZ VP, FINANCE	(i)	198,032.	20,000.	0.	12,883.	9,855.	240,770.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ELYSE TAUB SENIOR VP, DEV. & MARKETING	(i)	182,398.	25,000.	0.	11,312.	9,766.	228,476.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ASHLEY OCHS SECRETARY/GENERAL COUNSEL	(i)	176,756.	15,000.	0.	11,700.	15,565.	219,021.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

SMILE TRAIN INC. MADE A GROSS UP FOR CHINA INCOME TAX PAYMENTS TO SENIOR VICE PRESIDENT AND REGIONAL DIRECTOR, DR. SHELL XUE IN CALENDAR YEAR 2020; THESE CHINA INCOME TAX GROSS-UP PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(III).

PART I, LINE 7:

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	123	633,477.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SOFTWARE)	X	1	46,300.	FMV
26 Other ()				
27 Other ()				
28 Other ()				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

Part II

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

SCHEDULE M, LINE 32B:

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

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

SMILE TRAIN'S MISSION IS TO:

1. ENSURE ACCESS TO SAFE, HIGH-QUALITY COMPREHENSIVE CLEFT CARE THROUGH

A PROVEN SUSTAINABLE PARTNERSHIP MODEL.

2. STRENGTHEN LOCAL HEALTH SYSTEMS THROUGH INVESTMENT, RESOURCES, AND

BUILDING THE CAPACITY OF LOCAL MEDICAL PROFESSIONALS.

3. DRIVE INNOVATION BY LEVERAGING TECHNOLOGY AND RESEARCH TO TRANSFORM

GLOBAL CLEFT CARE.

4. FOSTER A GLOBAL CLEFT COMMUNITY THROUGH AWARENESS AND EDUCATION TO

REDUCE STIGMA AND ENSURE ACCEPTANCE OF PEOPLE WITH CLEFTS.

SMILE TRAIN ADVANCES A SUSTAINABLE SOLUTION AND SCALABLE GLOBAL HEALTH

MODEL FOR CLEFT TREATMENT, DRASTICALLY IMPROVING CHILDREN'S LIVES,

INCLUDING THEIR ABILITY TO EAT, BREATHE, SPEAK, HEAR AND ULTIMATELY,

THRIVE.

WE USE THE "TEACH A MAN TO FISH" MODEL, FOCUSING ON EMPOWERING LOCAL

MEDICAL PROFESSIONALS TO PROVIDE CLEFT TREATMENT TO CHILDREN IN THEIR

OWN COMMUNITIES. WE SUPPORT EDUCATION AND TRAINING FOR A VARIETY OF

CLEFT CARE PROFESSIONALS, WHO THEN GO ON TO TRAIN OTHERS, CREATING A

LONG-TERM, SUSTAINABLE SYSTEM.

AS A RESULT OF OUR EFFICIENCY AND THE SUPPORT OF DONORS AND PARTNERS

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

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

AROUND THE WORLD, SMILE TRAIN HAS TRANSFORMED THE LIVES OF MORE THAN
1.5 MILLION CHILDREN BY GIVING THEM THE POWER OF A SMILE.

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

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

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

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

THESE EXPENSES EXCLUDE \$25,804,224 IN DONATED TIME AND SERVICES FROM
DOCTORS, NURSES, ANESTHESIOLOGISTS, ORGANIZATIONS, COMPANIES, OTHER

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

MEDICAL PROFESSIONALS AND MEDICAL FACILITIES AND SUPPLIES.

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

FOR THOUSANDS OF PEOPLE ALL OVER THE WORLD, SMILE TRAIN IS A RESOURCE

FOR INFORMATION ABOUT CLEFTS AND ACCESS TO SAFE, QUALITY CLEFT CARE.

THROUGH DIRECT MAIL, WEBSITES, NEWSPAPERS, RADIO, TV, PUBLIC SERVICE

ANNOUNCEMENTS, DOCUMENTARIES, PUBLIC RELATIONS, SOCIAL MEDIA, ETC., WE

RAISE PUBLIC AWARENESS ABOUT CLEFTS IN MANY COUNTRIES AROUND THE WORLD,

INCLUDING THE UNITED STATES.

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

SMILE TRAIN SUPPORTS HANDS-ON AND WORKSHOP-BASED TRAINING OPPORTUNITIES

TO IMPROVE THE SKILL LEVEL OF CLEFT CARE PROFESSIONALS AROUND THE

GLOBE. RECENT INITIATIVES HAVE FOCUSED ON SUPPORTING TRAINING PROGRAMS

FOR NUTRITIONISTS, SPEECH THERAPY PROVIDERS, PERIOPERATIVE NURSES, AND

ANESTHESIOLOGISTS, INCLUDING SMILE TRAIN'S SAFE NURSING CARE SAVES

LIVES PROGRAM IN AFRICA, WHICH HAS NOW BEEN SCALED AND IMPLEMENTED FOR

SMILE TRAIN PARTNERS AROUND THE WORLD.

SMILE TRAIN IS INNOVATIVE IN ITS APPROACH TO PROVIDE QUALITY TRAINING

TO MEDICAL PROFESSIONALS WORLDWIDE. IN LOW- AND MIDDLE-INCOME

COUNTRIES, SURGEONS OFTEN DO NOT HAVE ACCESS TO MENTORSHIP AND TRAINING

AROUND THE LATEST TECHNIQUES AND UPDATED PROTOCOLS FOR CLEFT SURGERY.

SMILE TRAIN HAS DISTRIBUTED FREE VIRTUAL SURGERY TRAINING MATERIALS TO

MEDICAL PROFESSIONALS IN COUNTRIES AROUND THE WORLD. SMILE TRAIN HAS

ALSO TAKEN THIS TECHNOLOGY TO THE NEXT LEVEL THROUGH THE LAUNCH OF THE

FIRST OPEN-ACCESS, WEB-BASED, INTERACTIVE VIRTUAL SURGERY SIMULATOR

(VSS) AND THE NEWLY LAUNCHED MOBILE VSS, WHICH FEATURES UNPRECEDENTED

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

OFFLINE CAPABILITIES. THESE TOOLS SUPPLEMENT HANDS-ON CLINICAL TRAINING

FOR SURGEONS IN REMOTE AND LIMITED-RESOURCE SETTINGS. SMILE TRAIN HAS

ALSO TAKEN ON OPERATIONS OF SIMULARE MEDICAL, A LEADING DEVELOPER OF

HYPER-REALISTIC, HANDS-ON SURGICAL SIMULATORS THAT ARE CONSIDERED AMONG

THE TOP CLEFT SURGERY SIMULATORS IN THE WORLD. THIS INNOVATIVE TOOL

WILL PROVIDE SMILE TRAIN PARTNERS AND CLEFT CARE PROFESSIONALS AROUND

THE WORLD WITH GREATER ACCESS TO SAFE, HIGH-QUALITY TRAINING,

PARTICULARLY IN REGIONS WITH LIMITED RESOURCES. SMILE TRAIN HAS

LEVERAGED INNOVATION AND TECHNOLOGY TO CHANGE THE COURSE OF MEDICAL

EDUCATION WHILE ALSO IMPROVING THE LIVES OF BABIES BORN WITH CLEFTS IN

LOW- AND MIDDLE-INCOME COUNTRIES.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

INDIA, CHINA, INDONESIA, PHILIPPINES,

BRAZIL, MEXICO, UNITED ARAB EMIRATES, GERMANY,

UNITED KINGDOM, CANADA, KENYA

FORM 990, PART VI, SECTION B, LINE 11B:

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, SECTION B, 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

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

THROUGH AN ANNUAL QUESTIONNAIRE/DISCLOSURE STATEMENT THAT IS DISTRIBUTED TO THESE INDIVIDUALS. ALSO, WHEN NEW DIRECTORS OR STAFF JOIN THE CHARITY, THEY ARE REQUIRED TO COMPLETE THE QUESTIONNAIRE. POTENTIAL CONFLICTS ARE INVESTIGATED IMMEDIATELY. COMPLETED QUESTIONNAIRES ARE AVAILABLE FOR INSPECTION BY ANY BOARD MEMBER AND MAY BE REVIEWED BY THE ORGANIZATION'S LEGAL COUNSEL. THE SENIOR MANAGEMENT MONITOR NEW CONTRACTS AND INVOICE PAYMENTS TO ASCERTAIN THAT THESE POLICIES ARE ADHERED TO.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS PERIODICALLY UTILIZES THE SERVICES OF INDEPENDENT COMPENSATION CONSULTANTS TO PROVIDE COMPARATIVE DATA AND OPINE ON THE REASONABLENESS OF THE EXECUTIVE DIRECTOR'S AND OTHER EMPLOYEES' COMPENSATION AS WELL AS TOP EXECUTIVES. ALL COMPENSATION DECISIONS MUST BE APPROVED BY SMILE TRAIN'S COMPENSATION COMMITTEE AND ALL DECISIONS ARE MEMORIALIZED IN COMMITTEE MEETING MINUTES. SMILE TRAIN LAST COMMISSIONED A COMPENSATION STUDY IN CALENDAR YEAR 2019; THE ORGANIZATION IS CURRENTLY REVISITING THE NEED TO SECURE A COMPENSATION STUDY IN EITHER 2021 OR 2022.

FORM 990, PART VI, LINE 15B

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

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AZ, AR, AA, CA, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, MD, MA, MI, MN, MS, MO, MT, NE, NH, NJ

NM, NY, NC, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WV, WI, WY

FORM 990, PART VI, SECTION C, 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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FOREIGN EXCHANGE CURRENCY LOSS	-47,033.
RESCINDED/REFUNDED GRANTS	58,705.
TOTAL TO FORM 990, PART XI, LINE 9	11,672.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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
SMILE TRAIN INTERNATIONAL, LLC 633 THIRD AVENUE NEW YORK, NY 10017	INACTIVE	DELAWARE	0.	0.	SMILE TRAIN
SMILE TRAIN REAL ESTATE, LLC 633 THIRD AVENUE NEW YORK, NY 10017	INACTIVE	NEW YORK	0.	18,164,695.	SMILE TRAIN

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
THE SMILE TRAIN UK 10 QUEEN STREET PLACE , LONDON, UNITED KINGDOM EC4R 1BE	SEE PART VI	UNITED KINGDOM	N/A		SMILE TRAIN	X	
THE SMILE TRAIN CANADA FOUNDATION 40 KING STREET WEST , TORONTO, CANADA M5H3S1	SEE PART VI	CANADA	N/A		SMILE TRAIN	X	
THE SMILE TRAIN STIFTUNG GANGHOFERSTRABE 31 , MUNCHEN, GERMANY 80339	SEE PART VI	GERMANY	N/A		SMILE TRAIN	X	
THE SMILE TRAIN FRANCE 633 THIRD AVENUE NEW YORK, NY 10017	SEE PART VI	FRANCE	N/A		SMILE TRAIN	X	

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

Schedule R (Form 990) 2020

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
THE SMILE TRAIN INDIA PLOT NO 3, LSC, SECTOR C VASANT KUNJ, NEW DELHI, INDIA	SEE PART VI	INDIA	N/A		SMILE TRAIN	X	
YAMAN SMILE TRAIN INDONESIA JI. TB SIMATUPANG KAV 22-26 TA , JAKARTA, INDONESIA 12430	SEE PART VI	INDONESIA	N/A		SMILE TRAIN	X	
SMILE TRAIN PHILIPPINES FOUNDATION 3/F ANNEX BUILDING, 22 EAST AVE , QUEZON CITY, PHILIPPINES	SEE PART VI	PHILIPPINES	N/A		SMILE TRAIN	X	
ASSOCIACAO SMILE TRAIN BRASIL RUA VINTE E QUATRO, NO.159, LO PAULINIA, SAO PAULO, BRAZIL 13.141-064	SEE PART VI	BRAZIL	N/A		SMILE TRAIN	X	
FUNDACION SMILE TRAIN MEXICO, AC ACORDADA 18, 101, SAN JOSE , DEL. BENITO JUAREZ, MEXICO	SEE PART VI	MEXICO	N/A		SMILE TRAIN	X	
SIMULARE MEDICAL INC. 5800 - 40 KING ST W , TORONTO, CANADA M5H 3S1	SEE PART VI	CANADA	N/A		SMILE TRAIN	X	
THE SMILE TRAIN P.O. BOX 2168, MARAGOLI AVENUE , NAKURU, KENYA 18129	SEE PART VI	KENYA	N/A		SMILE TRAIN	X	

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	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SMILE TRAIN UK TRADING COMPANY 10 QUEEN STREET PLACE LONDON, UNITED KINGDOM EC4R 1BE	SEE PART VI	UNITED KINGDOM	SMILE TRAIN UK	C CORP	0.	0.	100%	X	

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

Part VII Supplemental Information

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

PART II, LINE 2

THE MISSION OF SMILE TRAIN UK, SMILE TRAIN INDIA, SMILE TRAIN STIFTUNG

AND SMILE TRAIN INDONESIA IS TO PROVIDE FREE CLEFT SURGERY AND

COMPREHENSIVE CLEFT CARE TO CHILDREN IN THE DEVELOPING WORLD AND FREE

CLEFT-RELATED TRAINING FOR LOCAL MEDICAL PROFESSIONALS.

SIMILARE'S MISSION IS TO ENSURE THAT SURGEONS AND TRAINEES AROUND THE

GLOBE HAVE ACCESS TO THE MOST ADVANCED, EFFECTIVE CLEFT SURGERY

TRAINING TOOLS AVAILABLE TODAY.

THESE OBJECTIVES ARE ACHIEVED THROUGH AN ONGOING MARKETING CAMPAIGN

USED TO RAISE AWARENESS AND RECEIVE DONATIONS WITHIN THE UNITED

KINGDOM, INDIA, GERMANY, INDONESIA, MEXICO AND PHILIPPINES.

DONATIONS, NET OF RELATED COSTS IN THE UNITED KINGDOM AND GERMANY, ARE

THEN MADE TO SMILE TRAIN, WHICH HAS THE INFRASTRUCTURE IN PLACE TO

CARRY OUT THE COLLECTIVE MISSION.

SMILE TRAIN FRANCE AND THE SMILE TRAIN CANADA FOUNDATION DID NOT HAVE

ANY OPERATING ACTIVITIES DURING THE CURRENT YEAR.

PART IV, LINE 1

THE SMILE TRAIN UK TRADING COMPANY LIMITED WAS INCORPORATED IN JUNE

2014 UNDER THE COMPANIES ACT 2006 AS A PRIVATE COMPANY THAT IS LIMITED

BY SHARES WITH UK AS THE SOLE MEMBER.