| Form | 9 | 9 | 0 |
|---------|-------|-------|----------|
| Departm | ent o | f the | Treasury |

F

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.

.... ~~~ - 1-- -

6 6 Open to Public

OMB No. 1545-0047

| | | nue Ser | | bout Form 990 and its instructions | s is at www.irs. | gov/re | orm990. | | | Ispecti | on |
|--------------------------------|---------------------|----------------------|---|--|---------------------------------------|-------------------|-------------------------------------|----------|------------------|----------|------------|
| AF | or th | e 201 | 6 calendar year, or tax year begin | ning 07/01, 2016 | 6, and ending | 1 | | | 5/30 ,20 | | |
| B . | heck if ap | | C Name of organization | | | | D Employer ide | entifi | cation num | ber | |
| D C | _ | | SMILE TRAIN, INC. | | | | | | | | |
| | Addre chang | | Doing Business As | | | | 13-3661 | .41 | 6 | | |
| | Name | change | Number and street (or P.O. box if mail is r | not delivered to street address) | Room/suite | | E Telephone nu | umbe | er | | |
| | Initial | return | 41 MADISON AVENUE | | 28TH FI | | (212) 68 | 9 – 9 | €199 | | |
| | Termi | nated | City or town, state or province, country, a | nd ZIP or foreign postal code | | | | | | | |
| | Amen return | | NEW YORK, NY 10010 | | | | G Gross receipt | is \$ | 387, | ,991 | ,790. |
| | Applic | ation | F Name and address of principal officer: | SUSANNAH SCHAEFER | | | H(a) Is this a grou subordinates | | urn for | Yes | XNC |
| | | | 41 MADISON AVENUE NEW | YORK, NY 10010 | | | H(b) Are all subordi | | included? | Yes | No |
| I | Tax-ex | empt st | tatus: X 501(c)(3) 501(c) (|) 		 (insert no.) 		 4947(a)(1) | or 527 | | If "No," attac | h a lis | st. (see instruc | ctions) | |
| J | Websi | te: 🕨 | WWW.SMILETRAIN.ORG | | I | | H(c) Group exemp | otion r | number 🕨 | | |
| ĸ | Form o | of organ | nization: X Corporation Trust | Association Other | L Year of f | formati | on: 1992 M | State | of legal do | micile: | NY |
| Р | art I | Su | mmary | | I | | | | | | |
| | | | y describe the organization's mission or | most significant activities: SMILE | TRAIN, I | NC. | PROVIDES | FF | EE CLE | SFT | |
| ė | . | | GERY AND COMPREHENSIVE C | | | | | | | | |
| anc | | | LD AND FREE CLEFT-RELATE | | | | | | | | |
| Governance | 2 | | k this box ▶if the organization di | | | | | | | | |
| Š | | | ber of voting members of the governing | | | | | 3 | l | | 8. |
| ంర | | | per of independent voting members of the | | | | | 4 | | | 6. |
| Activities | | | number of individuals employed in cale | | | | | 5 | | | 76. |
| izit | | | number of volunteers (estimate if necess | | | | | 6 | | | 0. |
| Act | | | unrelated business revenue from Part VI | | | | | 7a | | | 0 |
| | | | nrelated business taxable income from F | | | | | 7a 7b | | | 0 |
| | | ivel u | | -0111 990-1, line 34 | <u> </u> | | Prior Year | 10 | Curr | rent Ye | |
| | | Contr | ibutions and grants (Dart)(III line 1b) | | F | | 82,795,12 | 5 | | | ,568 |
| iue | 8 | Contr | ibutions and grants (Part VIII, line 1h) | COF | PY FOR | | 02,195,12 | 0. | 87 | ,519 | , 508 |
| Revenue | 9 | Progr | am service revenue (Part VIII, line 2g) | PUBLIC I | | | 2,886,36 | | 1.4 | 201 | |
| Re | 10 | mvesi | (1) | | ↓ | | | | 14 | | .,767 |
| | | | r revenue (Part VIII, column (A), lines 5, | | | | 319,90 | | 100 | | 5,348 |
| | | | revenue - add lines 8 through 11 (must | | | | 86,001,39 | | | - | ,683 |
| | | | ts and similar amounts paid (Part IX, colu | | | | 38,788,64 | | 42 | ,/15 | 5,758 |
| | | | fits paid to or for members (Part IX, colur | | | | | 0. | | 005 | |
| ses | 15 | | ies, other compensation, employee bene | | | | 7,052,53 | | | - | 5,755 |
| Expenses | 16a | Profe | ssional fundraising fees (Part IX, column | (A), line 11e) | | | 1,359,55 | 1. | ↓⊥ | ,168 | 3,470 |
| Ä | b | lotal | fundraising expenses (Part IX, column (E | D), line 25) \blacktriangleright 19,634,793 | ⁵ | | 00 001 00 | | | 0.01 | 201 |
| | | | r expenses (Part IX, column (A), lines 11a | | ••••• | | 28,221,88 | | | | .,394 |
| | | | expenses. Add lines 13-17 (must equal | | ••••• | | 75,422,62 | | | | .,377 |
| - 0 | 19 | Rever | nue less expenses. Subtract line 18 from | n line 12 | | | 10,578,77 | | | | 5,306 |
| Net Assets or Fund Balances | | | | | - | - | ning of Current Y | | | l of Yea | |
| sse Bala | 20 | | assets (Part X, line 16) | | ••••• | 2 | 64,874,25 | | | | 5,584 |
| nd E | 21 | | liabilities (Part X, line 26) | | ••••• | | 5,120,13 | | | | .,973 |
| | | | ssets or fund balances. Subtract line 21 | from line 20 | | 2 | 59,754,11 | 6. | 295 | ,733 | 8,611 |
| | rt II | | gnature Block | | | | | | | | |
| Un | der per e, corre | nalties o ct, and | of perjury, I declare that I have examined this complete. Declaration of preparer (other than | s return, including accompanying sched officer) is based on all information of wh | lules and stateme ich preparer has | ents, a any kn | nd to the best of owledge. | my | knowledge | and be | ief, it is |
| | | | | | | | Ī | | | | |
| Sig | n | | Signature of officer | | | | Date | | | | |
| He | | | 0 | | | | | | | | |
| | • | | SUSANNAH SCHAEFER | EXE V | ICE CHAIR | 2 & (| CEO | | | | |
| | | | Type or print name and title | Deer engla sing store | Det | | | | | | |
| Paio | ł | | /Type preparer's name | Preparer's signature | Date | 010 | Check | | PTIN | | |
| | parer | SCO | | 2018 | | | | | | | |
| | Only | | s name 🕨 GRANT THORNTON LI | | | | | | -605555 | | |
| | - | Firm's | s address 🕨 757 THIRD AVENUE, 4TH FI | LOOR NEW YORK, NY 10017-2013 | | | Phone no. | 212 | 2-599-0 |)100 | |

| | SMILE TRAIN, INC. | | 13-3661416 |
|----------------------------|---|---|---|
| Form 990 (2016) | | | Page 2 |
| | ogram Service Accomplishmen | | |
| Briefly describe the organ | | e to any line in this Part III | X |
| ATTACHMENT 1 | | | |
| | | | |
| | | | |
| | | | |
| | | services during the year which wer | |
| prior Form 990 or 990-E | | | Yes X No |
| | ew services on Schedule O. | nificant changes in how it condu | ucts any program |
| | | | |
| If "Yes," describe these c | hanges on Schedule O. | | |
| | | | est program services, as measured by |
| | c)(3) and 501(c)(4) organizations evenue, if any, for each program s | | unt of grants and allocations to others |
| the total expenses, and h | svende, ir any, for each program. | service reported. | |
| a (Code:) (Ex | penses \$ 40,000 czo includiu | ng grants of \$ (F | Revenue \$ 0.) |
| ATTACHMENT 2 | | 19 granie er ¢41,651,211/(1 | |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| b (Code:) (Ex | penses \$ _{9,726,056} includir | ng grants of \$ (F | Revenue \$) |
| ATTACHMENT 3 | | | |
| | | | |
| | | | |
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| | | | |
| | noncos \$ includi | a = a = a = b = a = b = b = b = b = b = | |
| | penses $\phi_{1,215,347.}$ including | ng grants of \$) (F | Revenue \$) |
| ATTACHMENT 4 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| d Other program services | (Describe in Schedule O.) | | |
| (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| e Total program service ex | | 5 | |
| A 1020 1.000 | | | Form 990 (2016 |
| 7773CT 700J | | V 16-7.17 01830 | 55-00003 PAGE |

Page 3

| Part IV | Checklist of Required Schedules | | | |
|----------------|--|-----|---|---------|
| | | | Yes | No |
| 1 Is the | e organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | olete Schedule A | 1 | Х | |
| | e organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X | |
| | | - | 21 | |
| | he organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | 37 |
| | idates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| | ion 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | ion in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| | e organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| asse | ssments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | | | |
| Part | /// | 5 | | Х |
| | he organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| have | the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | " complete Schedule D, Part I | 6 | | Х |
| | he organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | nvironment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| | he organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | +++ | | - 22 |
| | | 8 | | х |
| | blete Schedule D, Part III | | | <u></u> |
| | he organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | bodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | 37 |
| | negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| | the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| | wments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. | 10 | | |
| | e organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | (III, IX, or X as applicable. | | | |
| | the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| com | plete Schedule D, Part VI | 11a | Х | |
| b Did t | he organization report an amount for investments-other securities in Part X, line 12 that is 5% or more | | | |
| of its | total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| c Did t | he organization report an amount for investments-program related in Part X, line 13 that is 5% or more | | | |
| of its | total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d Did t | he organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | | | |
| | rted in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| | ne organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| | he organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 110 | | |
| | ganization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | |
| | he organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 100 | | 37 |
| | dule D, Parts XI and XII | 12a | | X |
| | the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| | " and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | X | |
| | e organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | he organization maintain an office, employees, or agents outside of the United States? | 14a | Х | |
| | the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| fundı | aising, business, investment, and program service activities outside the United States, or aggregate | | | |
| forei | gn investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | |
| 15 Did t | he organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| for a | ny foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | Х | |
| 16 Did t | he organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 1 | | |
| | tance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | Х | |
| | he organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | х | |
| | he organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | х | |
| | he organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | ss," complete Schedule G, Part III | 19 | | Х |

Form **990** (2016)

Form 990 (2016)

| Part | V Checklist of Required Schedules (continued) | | | |
|------|--|-----|-----|----|
| | | | Yes | No |
| 20a | | 20a | | Х |
| b | ······································ | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. | 21 | Х | |
| 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? If "Yes," complete Schedule I, Parts I and III. | 22 | | Х |
| 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? If "Yes," complete Schedule J | 23 | Х | |
| 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? If "Yes," answer lines 24b | | | |
| | o | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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? If "Yes," complete Schedule L, Part I | 25a | | Х |
| 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? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | |
| | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. | 27 | | 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): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV. | 28b | Х | |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | Х |
| 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? If "Yes," complete Schedule R, Part I | 33 | Х | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | Х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Х | |
| 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)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | Х |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | l T | Ţ | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| | Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |
| | 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | Х | |

Form **990** (2016)

Form 990 (2016)

Page **4**

Form 990 (2016)

Page 5

| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
|-----|---|-----|-----|------------|
| | Check if Schedule O contains a response or note to any line in this Part V | | | . X |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 34 | - | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | Х | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return. 2a 76 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | Х | |
| b | If "Yes," enter the name of the foreign country: ATTACHMENT 5 | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | | |
| | (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| - | and services provided to the payor? | 7a | Х | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Х | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| • | required to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| • | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| Ŭ | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | 1 | | |
| 5 | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b] | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| d | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| h | | | | |
| U U | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| ~ | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14a | | |
| JSA | | | 000 | |

| Form 9 | 90 (2016) SMILE TRAIN, INC. 13-3662 | 416 | F | Page 6 |
|----------|---|-------|----------------|---------------|
| Part | | | | |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. | | | |
| <u></u> | Check if Schedule O contains a response or note to any line in this Part VI | • • • | | X |
| Sect | ion A. Governing Body and Management | | Yes | No |
| 4. | Enter the number of voting members of the governing body at the end of the tax year 1a | 2 | 100 | |
| 1a | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b | | | |
| b | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | 2 | х | |
| 2 | any other officer, director, trustee, or key employee? | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | 3 | | х |
| 4 | supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 4 5 | Did the organization make any significant changes to its governing documents since the profile of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization become aware during the year of a significant diversion of the organization sassets? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| 10 | one or more members of the governing body? | 7a | | х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| Ň | stockholders, or persons other than the governing body? | 7b | | х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| Ū | the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Х |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Revenue | Code | ə.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| 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? | 10b | | L |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . | 11a | Х | |
| 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 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | - |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 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? | | 37 | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | Х | |
| | 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 | 10- | | x |
| | with a taxable entity during the year? | 16a | | A |
| 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? | 16b | | |
| Secti | on C. Disclosure | 100 | | L |
| | List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 6 | | | |
| 17 19 | List the states with which a copy of this Form 990 is required to be filed \blacktriangleright <u>ATTACHMENT</u> 0 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section | 501/ | N(2)~ | only |
| 18 | available for public inspection. Indicate how you made these available. Check all that apply. | 501(0 | <i>,</i> ,(3)S | oniy) |
| | X Own website X Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int | oract | nolicy | / and |
| 13 | financial statements available to the public during the tax year. | 01001 | poney | , and |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and record BEATRIZ GONZALEZ 41 MADISON AVENUE NEW YORK, NY 10010 212-689-9199 | s: ► | | |

Form **990** (2016)

Page 7

| Part VII | Compensation of Of | officers, Directors, | Trustees, | Key I | Employees, | Highest | Compensated | Employees, | and |
|----------|--|----------------------|-----------|-------|------------|---------|-------------|------------|-----|
| | Independent Contractors | | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VII | | | | | | | | X |

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) Average hours per week (list any | box, | unles | Pos neck s pe | erson | e than c is both or/trust | an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|--------------------------------|--|-----------------------------------|-----------------------|---------------------|--------------|---------------------------------|--------|---|--|--|
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1)SUSANNAH SCHAEFER | 40.00 | | | | | | | | | |
| EXECUTIVE VICE CHAIR AND CEO | 0. | x | | Х | | | | 372,736. | 0. | 35,872. |
| (2)CHARLES B. WANG | 4.00 | | | | | | | | | |
| FOUNDER AND CHAIRMAN | 0. | Х | | | | | | 0. | 0. | 0. |
| (3)ROBERT T. BELL | 4.00 | | | | | | | | | |
| BOARD MEMBER | 0. | Х | | | | | | 0. | 0. | 0. |
| (4)MICHAEL DOWLING | 1.00 | | | | | | | | | |
| BOARD MEMBER | 0. | Х | | | | | | 0. | 0. | 0. |
| (5)ED GOREN | 1.00 | | | | | | | | | |
| BOARD MEMBER | 0. | Х | | | | | | 0. | 0. | 0. |
| (6)ARTHUR J. MCCARTHY | 4.00 | | | | | | | | | |
| BOARD MEMBER | 0. | Х | | | | | | 0. | 0. | 0. |
| (7)ROY E REICHBACH | 5.00 | | | | | | | | | |
| SECRETARY | 0. | Х | | Х | | | | 0. | 0. | 0. |
| (8)RICHARD RUDERMAN | 4.00 | | | | | | | | | |
| BOARD MEMBER | 0. | Х | | | | | | 0. | 0. | 0. |
| (9)MOHAMED FAKHRELDIN | 40.00 | | | | | | | | | |
| CHIEF PROGRAMS OFFICER | 0. | | | Х | | | | 215,000. | 0. | 0. |
| (10)BEATRIZ GONZALEZ | 40.00 | | | | | | | | | |
| VP, FINANCE | 0. | | | Х | | | | 179,992. | 0. | 29,143. |
| (11)DR. SHELL XUE | 40.00 | | | | | | | | | |
| SR. VP & REGIONAL DIR. N. ASIA | 0. | | | | Х | | | 466,193. | 0. | 17,500. |
| (12)WILLIAM HORAN | 40.00 | | | | | | | | | |
| VP, PRINCIPAL & PLANNED GIVING | 0. | | | | | Х | | 172,869. | 0. | 23,516. |
| (13)TROY REINHART | 40.00 | | | | | | | | | |
| VP, DEVELOPMENT | 0. | | | | | Х | | 172,860. | 0. | 17,509. |
| (14)ERIN STIEBER | 40.00 | | | | | | | | | |
| VP, STRATEGIC PARTNERSHIPS | 0. | | | | | Х | | 147,362. | 0. | 32,220. |

JSA 6E1041 1.000 Form 990 (2016)

| (A) Name and tide (B) However the service through the service to not check more than one through the service to not check more than one through the service to not check more through the service through the service through the service through the service through the service through the service transmitter to the service through the service transmitter to the service transmitter transmitter to the service transmitter to the service transmitter tra | | | | | | | | | hest Compensat | | Т | ·/ |
|--|--|--|-----------------------------------|---------------------------|---------------------------------|--------------------------------|---------------------------------|------------|------------------------------------|--|-----------------------------|-------------------------------------|
| SR. DIR., CORP. PARTNERSHIPS 0.0 x 140,417. 0. 16, SR. DIR., CORP. PARTNERSHIPS 0.00 x 137,716. 0. 18, VP. MARKETING COMMUNICATIONS 0. x 137,716. 0. 18, Image: State of the state o | | Average hours per week (list any | box, office | not ch unles er and | Posi ieck s pei l a di | ition more rson irect | is both or/trust | an tee) | Reportable compensation from | Reportable compensation from related | Estir amo ot compe | mated ount of ther ensatio |
| SR. DIR., CORP. PARTNERSHIPS 0. x 140,417. 0. 16, (5) SHARI LEVINE 40.00 x 137,716. 0. 18, VP, MARKETING COMMUNICATIONS 0. x 137,716. 0. 18, | | organizations below dotted | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | - | (W-2/1099-MISC) | organ and i | nization related |
| 5) SHARI LEVINE 40.00 x 137,716. 0. 18, VP, MARKETING COMMUNICATIONS 0. x 137,716. 0. 18, Image: Complex Strength of the strength of | | 40.00 | | | | | | | | | | |
| VP, MARKETING COMMUNICATIONS 0. x 137,716. 0. 18, | | | | | | | X | | 140,417. | 0. | , 1 | 16,6 |
| Sub-total Image: second se | | | - | | | | x | | 137,716. | 0. | . 1 | 18,8 |
| c Total from continuation sheets to Part VII, Section A 278,133. 2,005,145. 191,7 c Total (add lines 1b and 1c) 2,005,145. 191,7 c 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 c Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 d For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X b Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 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) (B) (C) c A) Name and business address (C) Compensation Compensation | | | - | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A 278,133. 2,005,145. 191,7 Total (add lines 1b and 1c) 2,005,145. 191,7 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 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 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? If "Yes," complete Schedule J for such individual. 4 X Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 5 Section B. Independent Contractors 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) (C) Mame and business address CD Description of services Compensation | | | - | | | | | | | | | |
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| individual | For any individual listed on line 1a, is the s | sum of rep | ortab | le c | omj | pen | satio | n ai | nd other compens | sation from the | 5 | |
| Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 ection B. Independent Contractors 5 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) (B) (C) Name and business address Compensation of services Compensation | | | | | | | | | | | 4 | Х |
| Gection B. Independent Contractors 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) (B) (C) Name and business address Compensation of services Compensation | Did any person listed on line 1a receive or | accrue co | mpen | satic | on f | rom | n any | un | related organization | on or individual | 5 | |
| compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation | Section B. Independent Contractors | | | | | | | | | | | |
| Name and business address Description of services Compensation | | | | | | | | | | | | |
| | year. | | | | | | | | | | (0) | |
| | (A) | Iress | | | | | | | | ervices | | ation |

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

| Par | t VII | Statement of Rever Check if Schedule O co | | se or note to ar | w line in this Part VI | | | |
|---|-----------------------------|---|---|--|-------------------------------|--|---|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a b c f f | Federated campaigns Membership dues Fundraising events | 1b 1c 1d itions) 1e grants, 1f in lines 1a-1f: \$ | 16,330. 7,327,498. 80,235,740. 3,795,882. | 87,579,568. | | | |
| Program Service Revenue | 2a b c d f g | All other program service rev | /enue | Business Code | 0. | | | |
| | 3 4 5 | | cluding dividen tax-exempt bond | ds, interest, proceeds | 10,100,424. 0. 229,723. | | | 10,100,424. |
| | 6a b c | Gross rents | | | | | | |
| | d 7a b c | Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) | (i) Securities 289,720,311. 285,514,792. 4,205,519. | (ii) Other 355,824. 360,000. -4,176. | 0. | | | |
| Other Revenue | d 8a b | Net gain or (loss) Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18 Less: direct expenses | aising <u>16,330.</u> line 1c). a | 5,940. | 4,201,343. | | | 4,201,343. |
| U | с 9а | Net income or (loss) from fu Gross income from gaming See Part IV, line 19 | ndraising events. activities. | · · · · · · · • | -3,375. | | | -3,375. |
| | b c | Less: direct expenses Net income or (loss) from g | b | 0. | 0. | | | |
| | 10a b | Gross sales of invent returns and allowances Less: cost of goods sold | a | 0. | | | | |
| | C | Net income or (loss) from sa Miscellaneous Revenu | e | Business Code | 0. | | | |
| | 11a b c d e | All other revenue | | · · · · · • | 0. | | | |
| JSA | 12 | Total revenue. See instructio | ons | | 102,107,683. | | | 14,528,115. Form 990 (2016) |

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13-3661416

Page **9**

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

JSA 6E1052 1.000 14,258,981

8,119,238

| Page | 1 | 1 |
|-------|---|---|
| i ugo | | |

| Pa | rt X | Balance Sheet | | | |
|---------------|--------|---|---------------------------------|--------|---------------------------|
| | | Check if Schedule O contains a response or note to any line in this P | art X | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 41,251. | 1 | 41,357. |
| | 2 | Savings and temporary cash investments | 15,818,858. | 2 | 5,798,364. |
| | 3 | Pledges and grants receivable, net | 355,766. | 3 | 901,741. |
| | 4 | Accounts receivable, net | 0. | 4 | 0. |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. | | | |
| | _ | Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section | 0. | 5 | 0. |
| | 6 | 4958(f)(1)), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary | 0. | 6 | 0. |
| ts | 7 | organizations (see instructions). Complete Part II of Schedule L | 0. | 0 7 | 0. |
| Assets | 7 | Notes and loans receivable, net | 0. | 7 8 | 0. |
| Ä | 8 9 | Inventories for sale or use Prepaid expenses and deferred charges | 1,093,287. | 0 9 | 1,814,435. |
| | - | | 1,000,207. | 9 | 1,014,433. |
| | IVa | Land, buildings, and equipment: cost orother basis. Complete Part VI of Schedule D10a18,698,014. | | | |
| | h | Less: accumulated depreciation | 935,836. | 100 | 17,158,462. |
| | 11 | Investments - publicly traded securities | 239,852,220. | 11 | 269,695,901. |
| | 12 | Investments - other securities. See Part IV, line 11 | 6,698,836. | 12 | 6,043,163. |
| | 13 | Investments - program-related. See Part IV, line 11 | 0. | 13 | 0. |
| | 14 | Intangible assets | 0. | 14 | 0. |
| | 15 | Other assets. See Part IV, line 11 | 78,200. | 15 | 32,161. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 264,874,254. | 16 | 301,485,584. |
| | 17 | Accounts payable and accrued expenses | 3,091,159. | 17 | 2,858,696. |
| | 18 | Grants payable | 1,971,715. | 18 | 2,863,470. |
| | 19 | Deferred revenue | 0. | 19 | 0. |
| | 20 | Tax-exempt bond liabilities | 0. | 20 | 0. |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 0. | 21 | 0. |
| ŝ | 22 | Loans and other payables to current and former officers, directors, | | | |
| Liabilities | | trustees, key employees, highest compensated employees, and | | | |
| abi | | disqualified persons. Complete Part II of Schedule L | 0. | 22 | 0. |
| Ξ | 23 | Secured mortgages and notes payable to unrelated third parties | 0. | 23 | 0. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 0. |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X $$ | | | |
| | | of Schedule D | 57,264. | 25 | 29,807. |
| | 26 | Total liabilities. Add lines 17 through 25 | 5,120,138. | 26 | 5,751,973. |
| Fund Balances | | Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and complete lines 27 through 29, and lines 33 and 34. | | | |
| lan | 27 | Unrestricted net assets | 259,159,481. | 27 | 295,112,919. |
| Ba | 28 | Temporarily restricted net assets | 594,635. | 28 | 620,692. |
| pu | 29 | Permanently restricted net assets | 0. | 29 | 0. |
| or Fu | | Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Net | 33 | Total net assets or fund balances | 259,754,116. | 33 | 295,733,611. |
| | 34 | Total liabilities and net assets/fund balances | 264,874,254. | 34 | 301,485,584. |
| | | | | | Form 990 (2016) |

Form 990 (2016)

0183055-00003

| SMILE | TRAIN, | INC. |
|-------|--------|------|
|-------|--------|------|

| Form 9 | 00 (2016) | | | | Pa | ge 12 | |
|--------|--|---------|------|-----|------|--------------|--|
| Part | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI. | | | | | Χ | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 07,6 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | | 377. | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | | 306. | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 54,1 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 10 | 5,5 | 03,1 | | |
| 6 | Donated services and use of facilities | 6 | | | | 0. | |
| 7 | Investment expenses | 7 | | | | 0. | |
| 8 | Prior period adjustments | 8 | | | | 0. | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | 1 | 30,0 |)30. | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | | |
| | 33, column (B)) | 10 | 295 | 5,7 | 33,6 | 511. | |
| Part | XII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | |
| | | | _ | | Yes | No | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," e | xplain | in | | | | |
| | Schedule O. | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were con | | | | | | |
| | 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? | | | 2b | Х | | |
| ~ | If "Yes," check a box below to indicate whether the financial statements for the year were audi | | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | |
| | Separate basis X 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 a | oversi | aht | | | | |
| Ū | of the audit, review, or compilation of its financial statements and selection of an independent acc | | - | 2c | Х | | |
| | If the organization changed either its oversight process or selection process during the tax year, e | | | | | | |
| | Schedule O. | | | | | | |
| 32 | As a result of a federal award, was the organization required to undergo an audit or audits as se | t forth | n in | | | | |
| Ja | the Single Audit Act and OMB Circular A-133? | | | | | | |
| h | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | erao | | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au | | | 3b | | | |

Form **990** (2016)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

U-E2) Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

| Department of the Treasury | Attach to Form 990 or Form 990-EZ. |
|----------------------------|---|
| Internal Revenue Service | ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. |

| Nam | e of t | he organization | | | | | Employer identif | ication number |
|------|------------------------------|---|--|---|---|------------------------------------|---|-----------------------------------|
| SMI | SMILE TRAIN, INC. 13-3661416 | | | | | | 16 | |
| Pa | rt I | Reason for Public Cha | rity Status (All o | organizations must o | complete | e this pa | rt.) See instructions | S. |
| The | org | anization is not a private fou | ndation because it | is: (For lines 1 throu | gh 12, ch | eck only | one box.) | |
| 1 | | A church, convention of chu | urches, or associat | tion of churches desc | ribed in s | ection 1 | 70(b)(1)(A)(i). | |
| 2 | | A school described in section | on 170(b)(1)(A)(ii) | . (Attach Schedule E | (Form 99 | 90 or 990 | -EZ).) | |
| 3 | | A hospital or a cooperative | hospital service o | rganization described | in sectio | n 170(b) | (1)(A)(iii). | |
| 4 | | A medical research organiz | ation operated in | conjunction with a ho | spital de | scribed in | section 170(b)(1)(A |)(iii). Enter the |
| | _ | hospital's name, city, and st | | | | | | |
| 5 | | An organization operated f | | a college or universi | ty owned | d or ope | rated by a governme | ental unit described in |
| | | section 170(b)(1)(A)(iv). (C | | | | | | |
| 6 | | A federal, state, or local go | • | | | • | | |
| 7 | Х | An organization that norma | - | - | pport fro | om a gov | ernmental unit or fr | om the general public |
| - | | described in section 170(b) | | | D () | | | |
| 8 | | A community trust describe | | | - | | · | land mont calle as |
| 9 | | An agricultural research orgoing or university or a non-land- | - | | | | | |
| | | • | grant college of ag | | uons). Ei | iter the r | lame, city, and state c | i the college of |
| 10 | | university: An organization that norma | Ily receives: (1) m | ore than 331/2 % of its | support | from co | atributions members | hin fees and gross |
| 11 | | receipts from activities rela support from gross investm acquired by the organizatio An organization organized a | ted to its exempt f nent income and un n after June 30, 19 | unctions - subject to nrelated business tax 975. See section 509 | certain e able inco (a)(2). (C | xceptions ome (less Complete | s, and (2) no more tha s section 511 tax) from Part III.) | an 331/3 % of its |
| 12 | | An organization organized a | | | • | | | carry out the purposes |
| | | of one or more publicly su | | | | | | |
| | | Check the box in lines 12a t | · · · | | | | | |
| а | | Type I . A supporting orga | - | | | | - | - |
| | | the supported organization | on(s) the power to | regularly appoint or e | lect a m | | - · · | |
| b | Г | supporting organization. ∖ Type II . A supporting org | - | | | with ito | aupported organizati | ion(a) by boying |
| b | | control or management o | | | | | | |
| | | organization(s). You must | | | the sam | e person | | lage the supported |
| с | Г | Type III functionally integ | • | | ated in c | onnection | with and functiona | lly integrated with |
| Ŭ | | its supported organization | | | | | | ing integrated with, |
| d | | Type III non-functionally | | | | | | rted organization(s) |
| | | that is not functionally inte | | | - | | | |
| | | requirement (see instructi | | | - | | - | |
| е | | Check this box if the orga | nization received | a written determinatio | on from t | he IRS th | at it is a Type I, Type | II, Type III |
| | | functionally integrated, or | Type III non-funct | ionally integrated sup | porting o | organizati | on. | |
| f | | ter the number of supported | • | | | | | |
| g | Pro | ovide the following information | on about the suppo | orted organization(s). | | | | |
| | (i) N | ame of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 | | organization ur governing | (v) Amount of monetary support (see | (vi) Amount of other support (see |
| | | | | above (see instructions)) | - | ment? | instructions) | instructions) |
| | | | | | Yes | No | | |
| (A) | | | | | | | | |
| (B) | | | | | | | | |
| (C) |) | | | | | | | |
| (D) | | | | | | | | |
| (E) | | | | | | | | |
| Tota | 1 | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

Page 2

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.)

| Sec | tion A. Public Support | | | | | | |
|------|--|-------------------|--------------------|-------------------|-----------------|-----------------|--------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 90,055,763. | 91,184,210. | 86,190,835. | 82,795,125. | 87,584,600. | 437,810,533. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 | Total. Add lines 1 through 3 | 90,055,763. | 91,184,210. | 86,190,835. | 82,795,125. | 87,584,600. | 437,810,533. |
| 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) | | | | | | 0. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 437,810,533. |
| Sec | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 7 | Amounts from line 4 | 90,055,763. | 91,184,210. | 86,190,835. | 82,795,125. | 87,584,600. | 437,810,533. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 4,366,189. | 6,298,629. | 7,288,716. | 8,073,246. | 10,330,417. | 36,357,197. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 0. | 66,010. | 65,664. | 0. | 0. | 131,674. |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1 | | 195,661. | 638,282. | 37,227. | 5,940. | 877,110. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 475,176,514. |
| 12 | Gross receipts from related activities, etc. (s | see instructions) | | | | 12 | |
| 13 | First five years. If the Form 990 is for organization, check this box and stop here | or the organizat | ion's first, secon | d, third, fourth, | or fifth tax ye | | |
| Sec | tion C. Computation of Public Sup | port Percenta | ge | | | | |
| 14 | Public support percentage for 2016 (li | ne 6, column (f) |) divided by line | 11, column (f)) | | 14 | 92.14% |
| 15 | Public support percentage from 2015 | | | | | 15 | 93.51% |
| 16a | 331/3% support test - 2016. If the o | rganization did | not check the b | box on line 13, | and line 14 is | 331/3 % or mo | |
| | this box and stop here. The organization | • | | • | | | |
| b | 331/3% support test - 2015. If the c | - | | | | | |
| | check this box and stop here. The orga | | | | | | |
| 17a | 10%-facts-and-circumstances test - 2 | | | | | | |
| | 10% or more, and if the organization | | | | | - | • |
| | Part VI how the organization meets t | | | • | • | | upported |
| | organization | | | | | | ▶⊔ |
| b | 10%-facts-and-circumstances test - 2 | | | | | | |
| | 15 is 10% or more, and if the orga | | | | | | - |
| | Explain in Part VI how the organization | | | | | | |
| 10 | supported organization | | | | | | |
| 18 | Private foundation. If the organization | | | | | | |
| | instructions | | | | | | |

Schedule A (Form 990 or 990-EZ) 2016

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.)

| Sec | tion A. Public Support | | | | | | |
|-----------|--|---------------|-------------------|-----------------|----------------|------------------|---------------------|
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (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 | | | | | | |
| Ū | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | - | | | | | | |
| 1 a | Amounts included on lines 1, 2, and 3 | | | | | | |
| b | received from disqualified persons 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 | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| <u> </u> | line 6.) | | | | | | |
| | tion B. Total Support | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| | ndar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (0) 2014 | (u) 2013 | (e) 2010 | |
| 9 10 a | Amounts from line 6 Gross income from interest, dividends, | | | | | | |
| IUa | 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 | | | | | | |
| с | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| •• | activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly | | | | | | |
| 40 | 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 five years. If the Form 990 is the | · | tion's first seco | nd third fourth | or fifth tax w | ear as a section | 1 501(c)(3) |
| •• | organization, check this box and stop here | - | | | | | |
| Sec | tion C. Computation of Public Su | | | | | | |
| 15 | Public support percentage for 2016 (line 8 | | | mn (f)) | | 15 | % |
| 16 | Public support percentage from 2015 Sch | | | | | 16 | % |
| | tion D. Computation of Investme | | | | | | /0 |
| 17 | Investment income percentage for 2016 (li | | | 13. column (f)) | | 17 | % |
| 18 | Investment income percentage from 2015 | | | | | 18 | % |
| | 331/3% support tests - 2016. If the or | | | | | | |
| 154 | 17 is not more than 331/3%, check th | | | | | | |
| h | 331/3% support tests - 2015. If the orga | - | - | • | | | |
| U | line 18 is not more than 331/3%, check | | | | | | |
| 20 | Private foundation. If the organization | | • | • | | | |
| 20 JSA | | dia not oneok | | , 100, 01 190 | | | 990 or 990-EZ) 2016 |
| 6E122 | 1 1.000 | | | | | • | |

0183055-00003

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Page 4

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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))? *If* "Yes," *provide detail in Part VI.*
- **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? *If* "*Yes*," *provide detail in Part VI.*
- **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? *If* "Yes," *provide detail in Part VI.*
- **10 a** 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)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | SMILE IRAIN, INC. 13-300 | 1410 | | |
|-------------|--|----------|---------|--------|
| _ | ule A (Form 990 or 990-EZ) 2016 | | F | Page 5 |
| Part | V Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Secti | ion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 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</i> "Yes," <i>explain in</i> Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | |
| Secti | ion C. Type II Supporting Organizations | 2 | | |
| 0000 | | | 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)? 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). | | 100 | |
| Cost | | 1 | | |
| Secu | ion 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 | 163 | NU |
| 2 | | - | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's organization's and the tax year?</i> | | | |
| | supported organizations played in this regard. | 3 | | |
| | ion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 a b | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. | structi | ons). | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | ə instru | ctions) | |
| • | A stitutes Test Annung (a) and (b) holow | | Yes | No |
| 2 | Activities Test. Answer (a) and (b) below. | | | |
| а | 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? 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. | 2a | | |
| | | | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b

Schedule A (Form 990 or 990-EZ) 2016

3a

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization | g trust o | n Nov. 20, 1970 (expla | , |
|---|-----------|------------------------|--------------------------------|
| 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) 7 Other expenses (see instructions) | 6 | | |
| 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) e Discount claimed for blockage or other factors (explain in detail in Part VI): | 1d | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |

7 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) 2016

| Sect | V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions | | | Current Year | | | | |
|------|---|-----------------------------|--|---|--|--|--|--|
| 1 | Amounts paid to supported organizations to accomplish ex | remot ourooses | | Guirent real | | | | |
| 2 | | | | | | | | |
| - | organizations, in excess of income from activity | | cu | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | ses of supported organi | zations | | | | | |
| 4 | Amounts paid to acquire exempt-use assets | ses of supported organi | | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | | | | | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | | | | | |
| Ŭ | (provide details in Part VI). See instructions. | | ONSIVE | | | | | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | | | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | | | | | |
| 10 | | | (::) | (:::) | | | | |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 | | | | |
| 1 | Distributable amount for 2016 from Section C, line 6 | | | | | | | |
| | Underdistributions, if any, for years prior to 2016 | | | | | | | |
| 2 | (reasonable cause required-explain in Part VI). See | | | | | | | |
| | instructions. | | | | | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | | | | | |
| а | | | | | | | | |
| b | | | | | | | | |
| С | From 2013 | | | | | | | |
| d | From 2014 | | | | | | | |
| е | From 2015 | | | | | | | |
| f | Total of lines 3a through e | | | | | | | |
| g | Applied to underdistributions of prior years | | | | | | | |
| h | Applied to 2016 distributable amount | | | | | | | |
| i | Carryover from 2011 not applied (see instructions) | | | | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | | | | | |
| 4 | Distributions for 2016 from | | | | | | | |
| | Section D, line 7: \$ | | | | | | | |
| а | Applied to underdistributions of prior years | | | | | | | |
| b | Applied to 2016 distributable amount | | | | | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | | | | | |
| 5 | Remaining underdistributions for years prior to 2016, if | | | | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | | | | | |
| | greater than zero, explain in Part VI. See instructions. | | | | | | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h | | | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | | | |
| | Part VI. See instructions. | | | | | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j | | | | | | | |
| | and 4c. | | | | | | | |
| 8 | Breakdown of line 7: | | | | | | | |
| а | | | | | | | | |
| b | Excess from 2013 | | | | | | | |
| С | Excess from 2014 | | | | | | | |
| d | Excess from 2015 | | | | | | | |
| е | Excess from 2016 | | | | | | | |

Page 8

Schedule A (Form 990 or 990-EZ) 2016

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

| | | | | | ATTACHMENT 1 | |
|-----------------------------|-------------|----------|----------|---------|--------------|------------|
| SCHEDULE A, PART II - | OTHER INCOM | E | | | | |
| | | | | | | |
| DESCRIPTION | 2012 | 2013 | 2014 | 2015 | 2016 | TOTAL |
| OTHER INCOME | | 121,286. | 617,433. | 11,060. | | 749,779. |
| | | 121,200. | 017,155. | 11,000. | | , 19,,,,9. |
| OTHER INC. FROM FUND EVENTS | | | | | | |
| | | | | | | |
| FUNDRAISING EVENTS | | 74,375. | 20,849. | 26,167. | 5,940. | 127,331. |
| | _ | 105 661 | | 27.027 | | 077 110 |
| TOTALS | = | 195,661. | 638,282. | 37,227. | 5,940 | 877,110. |

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

| Attach to | Form 990, Fo | rm 990-EZ, or | Form 990-PF. | |
|-------------------------|--------------|---------------|------------------------|--|
| all and Oals adults D/F | | | In characterized a set | |

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

Employer identification number

Name of the organization SMILE TRAIN, INC.

13-3661416

Organization type (check one):

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |
| | |

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

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

General Rule

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

Special Rules

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

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

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

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

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

Part I

(a)

No.

(a) No.

2

(a) No.

(a) No.

(a) No.

(a) No.

1

Name of organization SMILE TRAIN, INC.

13-3661416

| (b) | (c) | (d) |
|----------------------------|---------------------|--|
| Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | \$5,228,523. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (b) | (c) | (d) |
| Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | \$2,098,975. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (b) | (c) | (d) |
| Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (b) | (c) | (d) |
| Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (b) | (c) | (d) |
| Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (b) | (c) | (d) |
| Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

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

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

| ne of orga | nization SMILE TRAIN, INC. | | Employer identification number |
|--------------------------|--|--|---|
| (1 th c | 10) that total more than \$1,000 for t | he year from any one cont ons completing Part III, enter e year. (Enter this information | 13-3661416 ons described in section 501(c)(7), (8), or ributor. Complete columns (a) through (e) a the total of <i>exclusively</i> religious, charitable, e once. See instructions.) ► \$ |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| - | | (e) Transfer of gift | |
| | | | |
| 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, an | d ZIP + 4 | Relationship of transferor to transferee |
| a) No. | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |

(e) Transfer of gift

 Transferee's name, address, and ZIP + 4
 Relationship of transferor to transferee

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

 Part 1
 (b) Purpose of gift
 (c) Use of gift
 (d) Description of how gift is held

 Part 1
 (e) Transfer of gift
 (e) Transfer of gift
 Image: Comparison of transferee

 Image: Comparison of transferee's name, address, and ZIP + 4
 Relationship of transferor to transferee
 Image: Comparison of transferee

0183055-00003

| SCHEE | DULE | D |
|-------|------|---|
| (Form | 990) | |

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.

Open to Public Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number SMILE TRAIN, INC. 13-3661416 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose No Yes **Conservation Easements.** Part II 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 (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements 2a а 2b b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) С d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax vear 🕨 Number of states where property subject to conservation easement is located **>** 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? No Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 No and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and q 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (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. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet b 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 in Form 990, Part VIII, line 1..... ▶ \$ _ 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 SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1 а ▶ \$ b ▶ \$ For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

JSA

OMB No. 1545-0047

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| 1 | 3- | 3 | 6 | 6 | 1 | 4 | 1 | 6 | |
|---|----|---|---|---|---|---|---|---|--|
| | | | | | | | | | |

| Cart III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (conthued) Using the organization acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): d Loan or exchange programs a Public orbitation d Loan or exchange programs e b Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Suring 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 VE Escow and Custofial 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. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Immunt Yes No c Beginning balance 10 Immunt Immunt Immunt Immunt c Dotting the year, explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII Yes No b If Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII Yes No </th <th>Scheo</th> <th>lule D (Form 990) 2016</th> <th>, -</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>Pa</th> <th>age 2</th> | Scheo | lule D (Form 990) 2016 | , - | | | | | | | | Pa | age 2 |
|--|-------|-------------------------------------|-----------------------|--------------|--------------|------------|---------|---------|-----------------------|-----------------|---------|--------------|
| collection tiems (check all that apply): d Loan or exchange programs b Scholarly research e Other c Preservation for future generations Other 3 Unitig the year, did the organization's collections and explain how they further the organization's exempt purpose in Part Xill. 3 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 mainsined as part of the organization account of 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, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? c Beginning balance c It d Additions during the year. f It | Par | t III Organizations Maintainin | ng Collections of | Art, Hist | orical Tr | easur | es, c | or Oth | ner Similar Ass | ets (con | tinue | ed) |
| a Public exhibition d □ Coan or exchange programs b □ Charler □ Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization collection? □ Yes No 7 Window and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X7, line 21, line 24, lor escrew or custodial account lability? Ves No 8 If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII. Pert V Endowment Funds. 2 Did the organization answered "Yes" on Form 990, Part IV, line 10. Image: splain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Pert V Endowment Funds. 2 Provide the estimated percentage of the current year end balance (line 19, column (a)) held as: Beard estimate account lability? Yes No | 3 | | | other recor | ds, check | any o | f the | follow | ring that are a sig | gnificant u | se o | f its |
| b Scholarly research e Other 4 Provide a description of thure generations ************************************ | а | | .,,, | d | Loan o | r excha | ande i | orograr | ns | | | |
| c Preservation for future generations 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 solid to raise funds rather than to be maintained as part of the organization collection? Yes No PartW 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. Yes No 1 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No 1 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2 Bit Ho organization include an amount on Form 990, Part IV, line 10. Part W Endrog balance. No 2 Did the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 2 Provide the estimated parcentage of the current year end balance (line 1g, column (a)) held as: and torse balance. Image: Solid Part Part Part Part Part Part Part Part | _ | | | | - | | | | | | | |
| 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 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? | | | rations | | | | | | | | | |
| 5 During the year, did the organization solicit or receive donatons 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 PartN 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. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990 Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Yes No c Beginning balance 1d Image: Sold on Part X? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Dart Type: Yes O Other organization include an amount on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions (a) Current year (b) Frior year (c) Two years back (d) Frow years back (d) Four years back a Ke there endowment thruds. Sold designated or quasi-indowinet % <t< th=""><td></td><td>Provide a description of the organ</td><td></td><td>s and expla</td><td>ain how th</td><td>ney fur</td><td>ther</td><td>the org</td><td>ganization's exem</td><td>pt purpos</td><td>e in</td><td>Part</td></t<> | | Provide a description of the organ | | s and expla | ain how th | ney fur | ther | the org | ganization's exem | pt purpos | e in | Part |
| 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 an swered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 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: Imount Yes No c Beginning balance 1d Imount | - | | | | Carl Lines | | | | | | | |
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| 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year 1d 1d 2 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. No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part VI Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions | Par | | - | e" on Forn | 000 Po | art IV/ 1 | ina O | or ro | ported an amou | nt on For | m | |
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| b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance | 1a | | | | - | | | | | — | | 1 |
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| b Contributions | | | (a) Current year | (b) Pric | or year | | o years | S Dack | (u) Three years back | (e) Four | years i | баск |
| c Net investment earnings, gains, and losses | 1a | | | | | | | | | | | |
| and losses | | | | | | | | | | | | |
| d Grants or scholarships | С | | | | | | | | | | | |
| e Other expenditures for facilities and programs | | | | | | | | | | | | |
| and programs | | - | | | | | | | | | | |
| f Administrative expenses | е | - | | | | | | | | | | |
| g End of year balance | | and programs | | | | | | | | | | |
| 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Yes" on line 3a(ii), are the related organization's endowment funds. gai(i) gai(i) | f | - | | | | | | | | | | |
| a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(i) (ii) related organizations 3a(i) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI 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 (c) Accumulated (other) (d) Book value b Buildings 16,807,507. 16,807,507. c Leasehold improvements 458,365. 362,858. 95,507. d Equipment 558,478. 454,864. 103,614. | g | - | | | | | | | | | | |
| b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: | | | | | e (line 1g, | column | (a)) ł | neld as | : | | | |
| c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: | _ | | | _% | | | | | | | | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3a(ii) 3a(ii) 3a(ii) 3a(ii) 3a(ii) 3b 3b Are the related organizations is listed as required on Schedule R? 3b 3b 3b The percentages on line 3a(ii), are the related 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 (other) (c) Accumulated depreciation (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (other) (d) Book value (d) Book value (other) (d) Book value (d) Book value (d) Book value | | | | | | | | | | | | |
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| 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 16,807,507. 16,807,507. b Buildings 16,807,507. 16,807,507. c Leasehold improvements 458,365. 362,858. 95,507. d Equipment 558,478. 454,864. 103,614. | h | · · · | | | | | | | | | | |
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| 1a Land 16,807,507. b Buildings 16,807,507. c Leasehold improvements 458,365. d Equipment 558,478. | | Description of property | (a) Cost or | other basis | (b) Cost or | r other ba | isis | (C) Acc | umulated | (d) Book valu | ie | |
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| | d | | | | | | | | | | | |
| e Other 873,664. 721,830. 151,834. | е | Other | | | | | | | 21,830. | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 17, 158, 462. | Tota | I. Add lines 1a through 1e. (Columr | n (d) must equal Fori | n 990, Part | | | | | | | | |

Schedule D (Form 990) 2016

| Part VII | (Form 990) 2016 Investments - Other Securities. | | F |
|------------|--|-------------------|--|
| | | "Yes" on Form 990 | , Part IV, line 11b. See Form 990, Part X, line 12 |
| | (a) Description of security or category | (b) Book value | (c) Method of valuation: |
| | (including name of security) | (b) Book value | Cost or end-of-year market value |
| Financ | ial derivatives | | |
| | y-held equity interests | | |
|) Other | | | |
| , (A) _ | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| () | nn (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 | | |
| art VIII | | | |
| | | "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) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 13.) | | |
| art IX | Other Assets. | | , Part IV, line 11d. See Form 990, Part X, line 15 |
| | | | |
| | (a) De | scription | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| tal. (Co | lumn (b) must equal Form 990, Part X, col. (B) li | ine 15.) | · · · · · · · · · · · · · · · · · · · |
| Part X | Other Liabilities. | | |
| | Complete if the organization answered line 25. | "Yes" on Form 990 | , Part IV, line 11e or 11f. See Form 990, Part X, |
| | (a) Description of liability | (b) Book valu | e |
| (1) Fede | eral income taxes | | |
| () | | 20 | |

| (1) Federal income taxes | |
|--|---------|
| (2) DEFERRED RENT | 28,632. |
| (3) DUE TO AFFILIATES | 1,175. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 29,807. |

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

Schedule D (Form 990) 2016

Х

| SMILE | TRAIN, | INC. |
|-------|--------|------|
|-------|--------|------|

| Schedu | le D (Form 990) 2016 | | | | Page 4 |
|--------|--|---------|-------------|------|---------------|
| Part | | | | n. | |
| | Complete if the organization answered "Yes" on Form 990, Part I | V, line | e 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 170,802,874. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 16,503,159. | - | |
| b | Donated services and use of facilities | 2b | 53,298,250. | | |
| с | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 34,530. | | |
| е | Add lines 2a through 2d | | | 2e | 69,835,939. |
| 3 | Subtract line 2e from line 1 | | | 3 | 100,966,935. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 1,150,063. | | |
| b | Other (Describe in Part XIII.) | 4b | -9,315. | | |
| с | Add lines 4a and 4b | | | 4c | 1,140,748. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 102,107,683. |
| Part | | | | ırn. | |
| | Complete if the organization answered "Yes" on Form 990, Part I | V, line | e 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 134,823,379. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | 53,202,750. | | |
| b | Prior year adjustments | 2b | | | |
| с | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 9,315. | | |
| е | Add lines 2a through 2d | | | 2e | 53,212,065. |
| 3 | Subtract line 2e from line 1 | | | 3 | 81,611,314. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | 1,150,063. | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| с | Add lines 4a and 4b | | | 4c | 1,150,063. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 82,761,377. |
| | XIII Supplemental Information. | | | | |

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

SEE PAGE 5

Schedule D (Form 990) 2016

Part XIII Supplemental Information (continued)

PART X, LINE 2

INCOME TAX

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

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

JSA 6E1226 1.000

| Part XIII Supplemental Information (continued) | |
|--|-----------------------------|
| FORM 990, SCHEDULE D, PARTS XI & XII | |
| CONSOLIDATED FINANCIAL STATEMENTS | |
| SMILE TRAIN DOES NOT RECEIVE STANDALONE FINA | NCIAL STATEMENTS; ITS |
| OPERATIONS ARE CONSOLIDATED WITH AFFILIATED | ORGANIZATIONS. THE PARTS XI |
| AND XII RECONCILIATIONS ON SCHEDULE D TIE BA | ACK TO SMILE TRAIN, INC.'S |
| FINANCIAL INFORMATION IN THE SUPPLEMENTARY I | NFORMATION SECTION OF THE |
| AUDITED FINANCIAL STATEMENTS AND NOT TO THE | CONSOLIDATED NUMBERS. |
| | |
| FORM 990, SCHEDULE D, PART XI, LINE 2(D) | |
| OTHER CHANGES IN REVENUE | |
| FOREIGN EXCHANGE CURRENCY LOSS | \$(25,365) |
| REFUNDED GRANTS AND OTHER WRITEOFFS | \$ 59,895 |
| | |
| TOTAL | \$ 34,530 |
| | ====== |
| | |
| FORM 990, SCHEDULE D, PART XI, LINE 4(B) | |
| OTHER CHANGES IN REVENUE | |
| FUNDRAISING EXPENSES RECLASSED TO OFFSET | |
| SPECIAL EVENT INCOME IN PART VIII | \$(9,315) |
| | |
| TOTAL | \$(9,315) |
| | ====== |

13-3661416

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Schedule D (Form 990) 2016

| Schedule D (Form 990) 2016 SMILE TRAIN | , INC. | | 13-3661416 | Page 5 |
|---|--------|---|------------|--------|
| Part XIII Supplemental Information (continu | Jed) | | | |
| | | | | |
| FORM 990, SCHEDULE D, PART XII, LIN | E 2(D) | | | |
| | | | | |
| OTHER CHANGES IN REVENUE | | | | |
| | | | | |
| FUNDRAISING EXPENSES RECLASSED TO O | FFSET | | | |
| | | | | |
| SPECIAL EVENT INCOME IN PART VIII | 1 | \$9,315 | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL | | \$9,315 | | |
| | | , | | |
| | =: | ======= | | |
| | | | | |

| SCHEDULE F | Statem | nent of A | ctivities | Outside the Unit | ted States | OMB No. 1545-0047 |
|--|---------------|---|---|--|---|-------------------------------------|
| (Form 990) | ► Complete | if the organizat | | 'Yes" on Form 990, Part IV, | line 14b, 15, or 16. | 2016 |
| Department of the Treasury Internal Revenue Service | ► Information | n about Schedu | | to Form 990.) and its instructions is at <i>ww</i> | w.irs.gov/form990. | Open to Public Inspection |
| Name of the organization | | | | | Employer ide | ntification number |
| SMILE TRAIN, INC. | | | | | 13-36 | 61416 |
| Part I General Info Form 990, Par | | | outside the U | nited States. Complete i | f the organization an | swered "Yes" on |
| | | | | substantiate the amount of e, and the selection criteri | | |
| grants or assistance? | | | | | | X Yes No |
| 2 For grantmakers. D assistance outside th | | | ganization's p | rocedures for monitoring | the use of its gra | nts and other |
| 3 Activities per Region | . (The follow | ing Part I, line | 3 table can be | e duplicated if additional sp | ace 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 a program service, describe specific type service(s) in the regio | of expenditures for and investments |
| (1) CENTRAL AMERICA/CARI | IBBEAN | | | PROGRAM SERVICES | | 183,400. |
| (2) EAST ASIA AND THE PA | ACIFIC | 2. | 8. | PROGRAM SERVICES | | 10,867,812. |
| (3) EUROPE | | | | PROGRAM SERVICES | | 59,080. |
| (4) MIDDLE EAST AND NORT | TH AFRICA | 1. | 2. | PROGRAM SERVICES | | 998,000. |
| (5) NORTH AMERICA | | | 2. | PROGRAM SERVICES | | 695,965. |
| (6) RUSSIA/INDEPENDENT S | STATES | | | PROGRAM SERVICES | | 107,075. |
| (7) SOUTH AMERICA | | | 3. | PROGRAM SERVICES | | 2,161,071. |
| (8) SOUTH ASIA | | | | PROGRAM SERVICES | | 3,493,333. |
| (9) SUB-SAHARAN AFRICA | | 1. | 11. | PROGRAM SERVICES | | 5,450,947. |
| (10) EUROPE | | | | GRANTMAKING | | 2,911,025. |
| (11) SOUTH ASIA | | | | GRANTMAKING | | 11,315,000. |
| (12) EAST ASIA AND THE PA | ACIFIC | | | GRANTMAKING | | 4,310,000. |
| (13) SOUTH AMERICA | | | | GRANTMAKING | | 50,000. |
| (14) EUROPE | | | | INVESTMENTS | | 6,043,163. |
| <u>(15)</u> | | | | | | |
| (16) | | | | | | |
| <u>(17)</u> | | | | | | |
| 3a Sub-total b Total from co sheets to Part I | ntinuation | 4. | 26. | | | 48,645,871. |
| c Totals (add lines 3 | | 4. | 26. | | | 48,645,871. |
| For Paperwork Reduction A | | the Instruction | | | Sch | edule F (Form 990) 2016 |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 6E1274 1.000 7773CT 700J

| DRITTE INATE, INC. | SMILE | TRAIN, | INC. |
|--------------------|-------|--------|------|
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Schedule F (Form 990) 2016

| Part II | Grants and Other Assist | | | | | | | ed "Yes" on F | orm 990, |
|--|---|--|--|---|--|--|---|---|---|
| 1 | Part IV, line 15, for any re (a) Name of organization | (b) IRS code section and EIN (if applicable) | ved more than \$5,000. I (c) Region | Part II can be (d) Purpose of grant | duplicated if addit (e) Amount of cash grant | ional space i (f) Manner of cash disbursement | s needed. (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, |
| | | | | | | | | | appraisal, other) |
| (4) | | | | | | | | | |
| (1) | | | CENT. AMERICA/CARIBBEAN | CLEFT PALATE | 12,250. | CHECK/WIRE | | | + |
| (2) | | | CENT. AMERICA/CARIBBEAN | CLEFT PALATE | 25,500. | CHECK/WIRE | | | |
| . , | | | | | | | | | |
| (3) | | | CENT. AMERICA/CARIBBEAN | CLEFT PALATE | 54,900. | CHECK/WIRE | | | |
| | | | | | | | | | |
| (4) | | | CENT. AMERICA/CARIBBEAN | CLEFT PALATE | 11,250. | CHECK/WIRE | | | |
| (5) | | | | | C 200 | GURGK (MIDE | | | |
| (3) | | | CENT. AMERICA/CARIBBEAN | CLEFT PALATE | 6,300. | CHECK/WIRE | | | |
| (6) | | | CENT. AMERICA/CARIBBEAN | CLEFT PALATE | 13,800. | CHECK/WIRE | | | |
| | | | | | | | | | |
| (7) | | | CENT. AMERICA/CARIBBEAN | CLEFT PALATE | 7,800. | CHECK/WIRE | | | |
| | | | | | | | | | |
| (8) | | | CENT. AMERICA/CARIBBEAN | CLEFT PALATE | 20,650. | CHECK/WIRE | | | |
| (9) | | | CENT. AMERICA/CARIBBEAN | CLEFT PALATE | 19,750. | CHECK/WIRE | | | |
| (0) | | | CENT. AMERICA/CARIBBEAN | CHEFT FALATE | 19,750. | CHECK/WIKE | | | |
| (10) | | | CENT. AMERICA/CARIBBEAN | CLEFT PALATE | 5,950. | CHECK/WIRE | | | |
| | | | | | | | | | |
| (11) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 12,237. | CHECK/WIRE | | | |
| (12) | | | | | | | | | |
| (12) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 13,774. | CHECK/WIRE | | | |
| (13) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 49,324. | CHECK/WIRE | | | |
| , <i>,</i> , , , , , , , , , , , , , , , , , | | | | | | | | | |
| (14) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 8,543. | CHECK/WIRE | | | |
| | | | | | | | | | |
| (15) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 14,807. | CHECK/WIRE | | | <u></u> |
| (16) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 17,267. | CHECK/WIRE | | | |
| (,,,,) | | | BUDI DOTA/FACIFIC | L CURLI LUNAIR | 1,207. | CURCE WILE | I | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

►

| DRITTE INATE, INC. | SMILE | TRAIN, | INC. |
|--------------------|-------|--------|------|
|--------------------|-------|--------|------|

Page 2

Schedule F (Form 990) 2016

| Part II | Grants and Other Ass Part IV, line 15, for any | | | | | | | ed "Yes" on F | orm 990, |
|--------------|---|--|-------------------|----------------------|--------------------------|---------------------------------------|--|---|---|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other |
| (1) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 8,087. | CHECK/WIRE | | | |
| (2) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 11,769. | CHECK/WIRE | | | |
| (3) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 8,275. | CHECK/WIRE | | | |
| (4) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 9,242. | CHECK/WIRE | | | |
| (5) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 20,647. | CHECK/WIRE | | | |
| (6) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 33,407. | CHECK/WIRE | | | |
| (7) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 383,600. | CHECK/WIRE | | | |
| (8) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 7,962. | CHECK/WIRE | | | |
| (9) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 38,214. | CHECK/WIRE | | | |
| (10) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 32,873. | CHECK/WIRE | | | |
| (11) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 75,500. | CHECK/WIRE | | | |
| (12) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 72,826. | CHECK/WIRE | | | |
| (13) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 7,243. | CHECK/WIRE | | | |
| (14) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 96,306. | CHECK/WIRE | | | |
| | | | EAST ASIA/PACIFIC | CLEFT PALATE | 44,700. | | | | |
| (15) (16) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 44,700. | CHECK/WIRE CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

►

| DRITTE INATE, INC. | SMILE | TRAIN, | INC. |
|--------------------|-------|--------|------|
|--------------------|-------|--------|------|

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Schedule F (Form 990) 2016

| Part II | Grants and Other Ass Part IV, line 15, for any | | | | | | | ed "Yes" on F | orm 990, |
|---------|---|--|-------------------|----------------------|--------------------------|---------------------------------------|---|---|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | | | |
| (1) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 18,550. | CHECK/WIRE | | | |
| (2) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 58,500. | CHECK/WIRE | | | |
| (3) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 29,800. | CHECK/WIRE | | | |
| (4) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 38,550. | CHECK/WIRE | | | |
| (5) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 18,800. | CHECK/WIRE | | | |
| (6) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 11,065. | CHECK/WIRE | | | |
| (7) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 117,713. | CHECK/WIRE | | | |
| (8) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 9,100. | CHECK/WIRE | | | |
| (9) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 71,350. | CHECK/WIRE | | | |
| (10) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 17,445. | CHECK/WIRE | | | |
| (11) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 5,270. | CHECK/WIRE | | | |
| (12) | | | | | | | | | |
| | | | EAST ASIA/PACIFIC | CLEFT PALATE | 5,623. | CHECK/WIRE | | | |
| (13) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 13,123. | CHECK/WIRE | | | |
| (14) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 77,958. | CHECK/WIRE | | | |
| (15) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 52,584. | CHECK/WIRE | | | |
| (16) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 78,016. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

| DRITTE INATE, INC. | SMILE | TRAIN, | INC. |
|--------------------|-------|--------|------|
|--------------------|-------|--------|------|

Page 2

Schedule F (Form 990) 2016

| Part II | Grants and Other Assist Part IV, line 15, for any re | | | | | | | ed "Yes" on F | Form 990, |
|---------|---|--|-------------------|----------------------|-----------------------------|---------------------------------------|--|---|--|
| 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) |
| (4) | | | | | | | | | |
| (1) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 39,344. | CHECK/WIRE | | | |
| (2) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 6,695. | CHECK/WIRE | | | |
| (3) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 17,600. | CHECK/WIRE | | | |
| (4) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 12,000. | CHECK/WIRE | | | |
| (5) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 112,600. | CHECK/WIRE | | | |
| (6) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 26,000. | CHECK/WIRE | | | |
| (7) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 7,216. | CHECK/WIRE | | | |
| (8) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 13,369. | CHECK/WIRE | | | |
| (9) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 26,083. | CHECK/WIRE | | | |
| (10) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 21,000. | CHECK/WIRE | | | |
| (11) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 12,981. | CHECK/WIRE | | | |
| (12) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 23,600. | CHECK/WIRE | | | |
| (13) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 9,534. | CHECK/WIRE | | | |
| (14) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 108,231. | CHECK/WIRE | | | |
| (15) | | | | | | | | | |
| | | | EAST ASIA/PACIFIC | CLEFT PALATE | 25,589. | CHECK/WIRE | | | |
| (16) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 12,354. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

| DRITTE INATE, INC. | SMILE | TRAIN, | INC. |
|--------------------|-------|--------|------|
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Schedule F (Form 990) 2016

| Part II | Grants and Other Ass Part IV, line 15, for any | | | | | | | ed "Yes" on F | Form 990, |
|---------|---|--|-------------------|----------------------|--------------------------|---------------------------------------|---|---|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | | | |
| (1) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 58,212. | CHECK/WIRE | | | |
| (2) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 29,477. | CHECK/WIRE | | | |
| (3) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 172,063. | CHECK/WIRE | | | |
| (4) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 30,616. | CHECK/WIRE | | | |
| (5) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 16,674. | CHECK/WIRE | | | |
| (6) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 56,433. | CHECK/WIRE | | | |
| | | | | | | | | | |
| (7) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 42,963. | CHECK/WIRE | | | |
| (8) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 34,441. | CHECK/WIRE | | | |
| (9) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 8,689. | CHECK/WIRE | | | |
| (10) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 9,980. | CHECK/WIRE | | | |
| (11) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 221,962. | CHECK/WIRE | | | |
| (12) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 40,726. | CHECK/WIRE | | | |
| (13) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 34,344. | CHECK/WIRE | | | |
| (14) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 17,513. | CHECK/WIRE | | | |
| (15) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 6,518. | CHECK/WIRE | | | |
| (16) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 18,027. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

| DRITTE INATE, INC. | SMILE | TRAIN, | INC. |
|--------------------|-------|--------|------|
|--------------------|-------|--------|------|

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Schedule F (Form 990) 2016

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

| DRITTE INATE, INC. | SMILE | TRAIN, | INC. |
|--------------------|-------|--------|------|
|--------------------|-------|--------|------|

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Schedule F (Form 990) 2016

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

| DRITTE INATE, INC. | SMILE | TRAIN, | INC. |
|--------------------|-------|--------|------|
|--------------------|-------|--------|------|

Schedule F (Form 990) 2016

| Part II | Grants and Other Assist Part IV, line 15, for any re | | | | | | | ed "Yes" on F | orm 990, |
|---------|---|--|-------------------|----------------------|-----------------------------|---------------------------------------|--|---|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | | | | | | | |
| (1) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 235,200. | CHECK/WIRE | | | |
| (2) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 14,000. | CHECK/WIRE | | | |
| (3) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 10,400. | CHECK/WIRE | | | |
| (4) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 122,000. | CHECK/WIRE | | | |
| (5) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 65,065. | CHECK/WIRE | | | |
| (6) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 35,090. | CHECK/WIRE | | | |
| (7) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 79,812. | CHECK/WIRE | | | |
| (8) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 248,827. | CHECK/WIRE | | | |
| (9) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 52,250. | CHECK/WIRE | | | |
| (10) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 21,233. | CHECK/WIRE | | | |
| (11) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 36,248. | CHECK/WIRE | | | |
| (12) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 78,400. | CHECK/WIRE | | | |
| (13) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 23,600. | CHECK/WIRE | | | |
| (14) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 10,750. | CHECK/WIRE | | | |
| (15) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 101,000. | CHECK/WIRE | | | |
| (16) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 275,200. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

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| DRITTE INATE, INC. | SMILE | TRAIN, | INC. |
|--------------------|-------|--------|------|
|--------------------|-------|--------|------|

Schedule F (Form 990) 2016

| Part II | Grants and Other Assist Part IV, line 15, for any re | | | | | | | ed "Yes" on F | form 990, |
|---------|---|--|-------------------|-------------------------|-----------------------------|---------------------------------------|--|---|--|
| 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) |
| (4) | | | | | | | | | |
| (1) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 5,250. | CHECK/WIRE | | | |
| (2) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 7,632. | CHECK/WIRE | | | |
| (3) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 11,067. | CHECK/WIRE | | | |
| (4) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 708,670. | CHECK/WIRE | | | |
| (5) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 12,450. | CHECK/WIRE | | | |
| (6) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 39,250. | CHECK/WIRE | | | |
| (7) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 6,719. | CHECK/WIRE | | | |
| (8) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 14,411. | CHECK/WIRE | | | |
| (9) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 5,270. | CHECK/WIRE | | | |
| (10) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 19,095. | CHECK/WIRE | | | |
| (11) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 5,531. | CHECK/WIRE | | | |
| (12) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 26,800. | CHECK/WIRE | | | |
| (13) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 18,300. | CHECK/WIRE | | | |
| (14) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 7,967. | CHECK/WIRE | | | |
| (15) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 55,758. | CHECK/WIRE | | | |
| (16) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 55,599. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

| DRITTE INATE, INC. | SMILE | TRAIN, | INC. |
|--------------------|-------|--------|------|
|--------------------|-------|--------|------|

Page 2

Schedule F (Form 990) 2016

| Grants and Other Ass | | | | | | | ed "Yes" on F | orm 990, |
|--------------------------|--|---|---|---|--|--|--|---|
| (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 |
| | | EAST ASIA/PACIFIC | CLEFT PALATE | 17,759. | CHECK/WIRE | | | |
| | | EAST ASIA/PACIFIC | CLEFT PALATE | 13,197. | CHECK/WIRE | | | |
| | | EAST ASIA/PACIFIC | CLEFT PALATE | 10,288. | CHECK/WIRE | | | |
| | | EAST ASIA/PACIFIC | CLEFT PALATE | 35,325. | CHECK/WIRE | | | |
| | | EAST ASIA/PACIFIC | CLEFT PALATE | 49,291. | CHECK/WIRE | | | |
| | | EAST ASIA/PACIFIC | CLEFT PALATE | 13,268. | CHECK/WIRE | | | |
| | | EAST ASIA/PACIFIC | CLEFT PALATE | 23,521. | CHECK/WIRE | | | |
| | | EAST ASIA/PACIFIC | CLEFT PALATE | 102,616. | CHECK/WIRE | | | |
| | | EAST ASIA/PACIFIC | CLEFT PALATE | 116,436. | CHECK/WIRE | | | |
| | | EAST ASIA/PACIFIC | CLEFT PALATE | 61,717. | CHECK/WIRE | | | |
| | | EAST ASIA/PACIFIC | CLEFT PALATE | 6,411. | CHECK/WIRE | | | |
| | | EAST ASIA/PACIFIC | CLEFT PALATE | 248,625. | CHECK/WIRE | | | |
| | | EAST ASIA/PACIFIC | CLEFT PALATE | 5,288. | CHECK/WIRE | | | |
| | | EAST ASIA/PACIFIC | CLEFT PALATE | 55,150. | CHECK/WIRE | | | |
| | | | | | | | | |
| | Grants and Other Ass Part IV, line 15, for any (a) Name of | Part IV, line 15, for any recipient who recei (a) Name of (b) IRS code organization section and EIN | Part IV, line 15, for any recipient who received more than \$5,000 (a) Name of organization (b) IRS code section and EIN (if applicable) (c) Region EAST ASIA/PACIFIC EAST ASIA/PACIFIC EAST ASIA/PACIFIC EAST ASIA/PACIFIC | Grants and Other Assistance to Organizations or Entities Outside the United S Part IV, line 15, for any recipient who received more than \$5,000. Part II can be d (a) Name d (b) IRS code organization (b) IRS code section and EIN (c) Region (d) Purpose d grant (d) Purpose d (d) Purpose d grant (f) applicable) (d) Purpose d RAST ASIA/PACIFIC CLEFT PALATE RAST ASIA/PACIFIC CLEFT PAL | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if addit (a) Name of organization (b) RS code section and EN (f applicable) (a) Purpose of grant (b) Amount of cash grant (a) Name of organization (b) RS code section and EN (f applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant EAST ASTA/PACIFIC CLEFT PALATE 17,759. EAST ASTA/PACIFIC CLEFT PALATE 13,197. EAST ASTA/PACIFIC CLEFT PALATE 13,287. EAST ASTA/PACIFIC CLEFT PALATE 13,288. EAST ASTA/PACIFIC CLEFT PALATE 13,268. EAST ASTA/PACIFIC CLEFT PALATE 102,616. EAST ASTA/PACIFIC CLEFT PALATE 102,616. EAST ASTA/PACIFIC CLEFT PALATE 61,717. EAST ASTA/PACIFIC <td>Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organ Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is (a) Name of organization (b) Str code becina and EIN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant (f) Manner of disbursement (a) Name of organization (b) Str code becina and EIN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant (f) Manner of disbursement (a) Name of organization (b) Str code becina and EIN (if applicable) (e) Region (d) Purpose of grant (e) Amount of cash grant (f) Manner of disbursement (b) Amount of organization (b) Str code becina and EIN (if applicable) (e) Region (d) Purpose of grant (f) Amount of cash grant (f) Manner of disbursement (c) Amount of (if applicable) (c) Str code state astr Astr Astr Astr Astr Astr Astr Astr A</td> <td>Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answere Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name of organization (b)RS code section and EN (if applicable) (c)Region (d) Pupose of grant (e)Anount of cash grant (e)Anount of cash g</td> <td>Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on F Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (e) Name d (f) Maner d (f) Maner d (f) Maner d (f) Maner d (f) Description (a) Name d (f) opticologi (e) Region (f) Pupped (g) Pupped (g) Amount d (h) Description (a) Name d (f) opticologi (e) Region (g) Pupped (g) Pupped (g) Amount d (h) Description (f) opticologi (f) opticologi (f) opticologi (f) Description (f) Description (f) Description (f) opticologi (f) opticologi (f) Description (f) Description (f) Description (f) opticologi (f) opticologi (f) opticologi (f) Description (f) Description (f) opticologi (f) opticologi (f) opticologi (f) opticologi (f) opticologi (f) opticologi (f) opticologi (f) opticologi (f) opticologi (f) opticologi (f) opticologi (f) opticologi (g) Amount of the opticologi (f) opticologi (f) opticologi (f) opticologi (f) opticolo</td> | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organ Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is (a) Name of organization (b) Str code becina and EIN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant (f) Manner of disbursement (a) Name of organization (b) Str code becina and EIN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant (f) Manner of disbursement (a) Name of organization (b) Str code becina and EIN (if applicable) (e) Region (d) Purpose of grant (e) Amount of cash grant (f) Manner of disbursement (b) Amount of organization (b) Str code becina and EIN (if applicable) (e) Region (d) Purpose of grant (f) Amount of cash grant (f) Manner of disbursement (c) Amount of (if applicable) (c) Str code state astr Astr Astr Astr Astr Astr Astr Astr A | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answere Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name of organization (b)RS code section and EN (if applicable) (c)Region (d) Pupose of grant (e)Anount of cash grant (e)Anount of cash g | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on F Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (e) Name d (f) Maner d (f) Maner d (f) Maner d (f) Maner d (f) Description (a) Name d (f) opticologi (e) Region (f) Pupped (g) Pupped (g) Amount d (h) Description (a) Name d (f) opticologi (e) Region (g) Pupped (g) Pupped (g) Amount d (h) Description (f) opticologi (f) opticologi (f) opticologi (f) Description (f) Description (f) Description (f) opticologi (f) opticologi (f) Description (f) Description (f) Description (f) opticologi (f) opticologi (f) opticologi (f) Description (f) Description (f) opticologi (f) opticologi (f) opticologi (f) opticologi (f) opticologi (f) opticologi (f) opticologi (f) opticologi (f) opticologi (f) opticologi (f) opticologi (f) opticologi (g) Amount of the opticologi (f) opticologi (f) opticologi (f) opticologi (f) opticolo |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

| DRITTE INATE, INC. | SMILE | TRAIN, | INC. |
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Schedule F (Form 990) 2016

| Part II | Grants and Other Ass Part IV, line 15, for any | | | | | | | ed "Yes" on F | orm 990, |
|---------|---|--|-------------------|----------------------|--------------------------|---------------------------------------|--|---|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 11,200. | CHECK/WIRE | | | |
| (2) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 13,050. | CHECK/WIRE | | | |
| (3) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 18,400. | CHECK/WIRE | | | |
| (4) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 34,427. | CHECK/WIRE | | | |
| (5) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 17,575. | CHECK/WIRE | | | |
| (6) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 48,590. | CHECK/WIRE | | | |
| (7) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 15,830. | CHECK/WIRE | | | |
| (8) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 137,473. | CHECK/WIRE | | | |
| (9) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 66,260. | CHECK/WIRE | | | |
| (10) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 15,145. | CHECK/WIRE | | | |
| (11) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 11,802. | CHECK/WIRE | | | |
| (12) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 7,909. | CHECK/WIRE | | | |
| (13) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 64,197. | CHECK/WIRE | | | |
| (14) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 12,062. | CHECK/WIRE | | | |
| (15) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 6,993. | CHECK/WIRE | | | |
| (16) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 16,484. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

| DRITTE INATE, INC. | SMILE | TRAIN, | INC. |
|--------------------|-------|--------|------|
|--------------------|-------|--------|------|

Schedule F (Form 990) 2016

| Part II | Grants and Other Ass Part IV, line 15, for any | | | | | | | ed "Yes" on F | Form 990, |
|---------|---|--|-------------------|----------------------|--------------------------|---------------------------------------|---|---|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | | | |
| (1) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 94,399. | CHECK/WIRE | | | |
| (2) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 5,472. | CHECK/WIRE | | | |
| (3) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 19,403. | CHECK/WIRE | | | |
| (4) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 12,696. | CHECK/WIRE | | | |
| (5) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 5,200. | CHECK/WIRE | | | |
| (6) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 15,428. | CHECK/WIRE | | | |
| (7) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 9,078. | CHECK/WIRE | | | |
| (8) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 755,659. | CHECK/WIRE | | | |
| (9) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 30,482. | CHECK/WIRE | | | |
| (10) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 89,385. | CHECK/WIRE | | | |
| (11) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 22,569. | CHECK/WIRE | | | |
| (12) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 32,519. | CHECK/WIRE | | | |
| (13) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 45,309. | CHECK/WIRE | | | |
| (14) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 9,727. | CHECK/WIRE | | | |
| (15) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 89,814. | CHECK/WIRE | | | |
| (16) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 8,358. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

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| DRITTE INATE, INC. | SMILE | TRAIN, | INC. |
|--------------------|-------|--------|------|
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Schedule F (Form 990) 2016

| e of (b) IRS code section and EII (if applicable) | N | (d) Purpose of | (e) Amount of | (f) Manner of | (g) Amount of | (1) D | |
|---|-------------------|--|--|---|---|--|---|
| | | grant | cash grant | cash disbursement | noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other |
| | EAST ASIA/PACIFIC | CLEFT PALATE | 24,300. | CHECK/WIRE | | | |
| | EAST ASIA/PACIFIC | CLEFT PALATE | 16,320. | CHECK/WIRE | | | |
| | EAST ASIA/PACIFIC | CLEFT PALATE | 115,725. | CHECK/WIRE | | | |
| | EAST ASIA/PACIFIC | CLEFT PALATE | 7,252. | CHECK/WIRE | | | |
| | EAST ASIA/PACIFIC | CLEFT PALATE | 11,874. | CHECK/WIRE | | | |
| | EAST ASIA/PACIFIC | CLEFT PALATE | 25,754. | CHECK/WIRE | | | |
| | EAST ASIA/PACIFIC | CLEFT PALATE | 23,400. | CHECK/WIRE | | | |
| | EAST ASIA/PACIFIC | CLEFT PALATE | 52,986. | CHECK/WIRE | | | |
| | EAST ASIA/PACIFIC | CLEFT PALATE | 11,871. | CHECK/WIRE | | | |
| | EAST ASIA/PACIFIC | CLEFT PALATE | 124,901. | CHECK/WIRE | | | |
| | EAST ASIA/PACIFIC | CLEFT PALATE | 70,114. | CHECK/WIRE | | | |
| | EAST ASIA/PACIFIC | CLEFT PALATE | 33,943. | CHECK/WIRE | | | |
| | EAST ASIA/PACIFIC | CLEFT PALATE | 163,624. | CHECK/WIRE | | | |
| | EAST ASIA/PACIFIC | CLEFT PALATE | 37,045. | CHECK/WIRE | | | |
| | EAST ASIA/PACIFIC | CLEFT PALATE | 13,743. | CHECK/WIRE | | | |
| | | EAST ASIA/PACIFIC EAST ASIA/PACIFIC EAST ASIA/PACIFIC EAST ASIA/PACIFIC EAST ASIA/PACIFIC EAST ASIA/PACIFIC | EAST ASIA/PACIFIC CLEFT PALATE EAST ASIA/PACIFIC CLEFT PALATE | EAST ASIA/PACIFIC CLEFT PALATE 52,986. EAST ASIA/PACIFIC CLEFT PALATE 11,871. EAST ASIA/PACIFIC CLEFT PALATE 124,901. EAST ASIA/PACIFIC CLEFT PALATE 124,901. EAST ASIA/PACIFIC CLEFT PALATE 70,114. EAST ASIA/PACIFIC CLEFT PALATE 33,943. EAST ASIA/PACIFIC CLEFT PALATE 163,624. | EAST ASIA/PACIFIC CLEFT PALATE 52,986. CHECK/WIRE EAST ASIA/PACIFIC CLEFT PALATE 11,871. CHECK/WIRE EAST ASIA/PACIFIC CLEFT PALATE 124,901. CHECK/WIRE EAST ASIA/PACIFIC CLEFT PALATE 70,114. CHECK/WIRE EAST ASIA/PACIFIC CLEFT PALATE 70,114. CHECK/WIRE EAST ASIA/PACIFIC CLEFT PALATE 33,943. CHECK/WIRE EAST ASIA/PACIFIC CLEFT PALATE 163,624. CHECK/WIRE | EAST ASIA/PACIFIC CLEFT PALATE 52,986. CHECK/WIRE EAST ASIA/PACIFIC CLEFT PALATE 11,871. CHECK/WIRE EAST ASIA/PACIFIC CLEFT PALATE 124,901. CHECK/WIRE EAST ASIA/PACIFIC CLEFT PALATE 124,901. CHECK/WIRE EAST ASIA/PACIFIC CLEFT PALATE 70,114. CHECK/WIRE EAST ASIA/PACIFIC CLEFT PALATE 33,943. CHECK/WIRE EAST ASIA/PACIFIC CLEFT PALATE 163,624. CHECK/WIRE | EAST ASIA/PACIFIC CLEFT PALATE 52,986. CHECK/WIRE EAST ASIA/PACIFIC CLEFT PALATE 11,871. CHECK/WIRE EAST ASIA/PACIFIC CLEFT PALATE 124,901. CHECK/WIRE EAST ASIA/PACIFIC CLEFT PALATE 70,114. CHECK/WIRE EAST ASIA/PACIFIC CLEFT PALATE 70,114. CHECK/WIRE EAST ASIA/PACIFIC CLEFT PALATE 33,943. CHECK/WIRE EAST ASIA/PACIFIC CLEFT PALATE 163,624. CHECK/WIRE |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

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| DRITTE INATE, INC. | SMILE | TRAIN, | INC. |
|--------------------|-------|--------|------|
|--------------------|-------|--------|------|

Schedule F (Form 990) 2016

| Part II | Grants and Other Assis | | | | | | | ed "Yes" on F | orm 990, |
|---------|-----------------------------|--|--------------------------|----------------------|-----------------------------|---------------------------------------|--|---|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | | | |
| (1) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 55,007. | CHECK/WIRE | | | |
| (2) | | | EAST ASIA/PACIFIC | CLEFT PALATE | 110,996. | CHECK/WIRE | | | |
| (3) | | | EUROPE | CLEFT PALATE | 34,080. | CHECK/WIRE | | | |
| (4) | | | EUROPE | CLEFT PALATE | 25,000. | CHECK/WIRE | | | |
| (5) | | | | | | | | | |
| | | | MIDDLE EAST/NORTH AFRICA | CLEFT PALATE | 45,600. | CHECK/WIRE | | | |
| (6) | | | MIDDLE EAST/NORTH AFRICA | CLEFT PALATE | 5,200. | CHECK/WIRE | | | |
| (7) | | | MIDDLE EAST/NORTH AFRICA | CLEFT PALATE | 33,600. | CHECK/WIRE | | | |
| (8) | | | MIDDLE EAST/NORTH AFRICA | CLEFT PALATE | 431,940. | CHECK/WIRE | | | |
| (9) | | | MIDDLE EAST/NORTH AFRICA | CLEFT PALATE | 58,800. | CHECK/WIRE | | | |
| (10) | | | MIDDLE EAST/NORTH AFRICA | CLEFT PALATE | 41,070. | CHECK/WIRE | | | |
| (11) | | | MIDDLE EAST/NORTH AFRICA | CLEFT PALATE | 51,840. | CHECK/WIRE | | | |
| (12) | | | MIDDLE EAST/NORTH AFRICA | CLEFT PALATE | 16,500. | CHECK/WIRE | | | |
| (13) | | | | | | | | | |
| | | | MIDDLE EAST/NORTH AFRICA | CLEFT PALATE | 199,650. | CHECK/WIRE | | | |
| (14) | | | MIDDLE EAST/NORTH AFRICA | CLEFT PALATE | 52,400. | CHECK/WIRE | | | |
| (15) | | | MIDDLE EAST/NORTH AFRICA | CLEFT PALATE | 21,000. | CHECK/WIRE | | | |
| (16) | | | MIDDLE EAST/NORTH AFRICA | CLEFT PALATE | 39,200. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

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| DRITTE INATE, INC. | SMILE | TRAIN, | INC. |
|--------------------|-------|--------|------|
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| Schedule F (| Form C | 1000 | 2016 |
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| Part II | Grants and Other As Part IV, line 15, for an | | | | | | | | onn 990, |
|---------|---|--|---------------|----------------------|-----------------------------|---------------------------------------|---|---|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | NORTH AMERICA | CLEFT PALATE | 9,750. | CHECK/WIRE | | | |
| (2) | | | NORTH AMERICA | CLEFT PALATE | 37,000. | CHECK/WIRE | | | |
| (3) | | | NORTH AMERICA | CLEFT PALATE | 10,500. | CHECK/WIRE | | | |
| (4) | | | NORTH AMERICA | CLEFT PALATE | 40,800. | CHECK/WIRE | | | |
| (5) | | | NORTH AMERICA | CLEFT PALATE | 60,600. | CHECK/WIRE | | | |
| (6) | | | NORTH AMERICA | CLEFT PALATE | 12,000. | CHECK/WIRE | | | |
| (7) | | | NORTH AMERICA | CLEFT PALATE | 36,260. | CHECK/WIRE | | | |
| (8) | | | NORTH AMERICA | CLEFT PALATE | 29,000. | CHECK/WIRE | | | |
| (9) | | | NORTH AMERICA | CLEFT PALATE | 10,400. | CHECK/WIRE | | | |
| (10) | | | NORTH AMERICA | CLEFT PALATE | 9,500. | CHECK/WIRE | | | |
| (11) | | | NORTH AMERICA | CLEFT PALATE | 5,100. | CHECK/WIRE | | | |
| (12) | | | NORTH AMERICA | CLEFT PALATE | 7,000. | CHECK/WIRE | | | |
| (13) | | | NORTH AMERICA | CLEFT PALATE | 11,700. | CHECK/WIRE | | | |
| (14) | | | NORTH AMERICA | CLEFT PALATE | 6,000. | CHECK/WIRE | | | |
| (15) | | | NORTH AMERICA | CLEFT PALATE | 30,750. | CHECK/WIRE | | | |
| (16) | | | NORTH AMERICA | CLEFT PALATE | 12,350. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

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| Schedule F | (Form | 990) | 2016 | |
|------------|-------|------|------|--|

| Part II | | | tions or Entities Outsid ved more than \$5,000. F | | | | | ed "Yes" on F | orm 990, |
|---------|---------------------------------|--|--|----------------------|--------------------------|---------------------------------------|---|---|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | NORTH AMERICA | CLEFT PALATE | 40,250. | CHECK/WIRE | | | |
| (2) | | | NORTH AMERICA | CLEFT PALATE | 8,500. | CHECK/WIRE | | | |
| (3) | | | NORTH AMERICA | CLEFT PALATE | 6,600. | CHECK/WIRE | | | |
| (4) | | | NORTH AMERICA | CLEFT PALATE | 11,100. | CHECK/WIRE | | | |
| (5) | | | NORTH AMERICA | CLEFT PALATE | 12,750. | CHECK/WIRE | | | |
| (6) | | | NORTH AMERICA | CLEFT PALATE | 21,900. | CHECK/WIRE | | | |
| (7) | | | NORTH AMERICA | CLEFT PALATE | 43,140. | CHECK/WIRE | | | |
| (8) | | | RUSSIA AND NEIGHBORING S | CLEFT PALATE | 15,750. | CHECK/WIRE | | | |
| (9) | | | RUSSIA AND NEIGHBORING S | CLEFT PALATE | 28,800. | CHECK/WIRE | | | |
| (10) | | | RUSSIA AND NEIGHBORING S | CLEFT PALATE | 36,675. | CHECK/WIRE | | | |
| (11) | | | RUSSIA AND NEIGHBORING S | CLEFT PALATE | 7,800. | CHECK/WIRE | | | |
| (12) | | | RUSSIA AND NEIGHBORING S | CLEFT PALATE | 18,800. | CHECK/WIRE | | | |
| (13) | | | SOUTH AMERICA | CLEFT PALATE | 88,750. | CHECK/WIRE | | | |
| (14) | | | SOUTH AMERICA | CLEFT PALATE | 77,660. | CHECK/WIRE | | | |
| (15) | | | SOUTH AMERICA | CLEFT PALATE | 17,500. | CHECK/WIRE | | | |
| (16) | | | SOUTH AMERICA | CLEFT PALATE | 65,550. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

| DRITTE INATE, INC. | SMILE | TRAIN, | INC. |
|--------------------|-------|--------|------|
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| Schedule F (| Form C | 1000 | 2016 |
|--------------|--------|------|------|

| Part II | Grants and Other As Part IV, line 15, for ar | ssistance to Organiza | | | | | | ed "Yes" on F | orm 990, |
|---------|---|--|---------------|----------------------|--------------------------|---------------------------------------|---|---|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | SOUTH AMERICA | CLEFT PALATE | 5,500. | CHECK/WIRE | | | |
| (2) | | | SOUTH AMERICA | CLEFT PALATE | 15,750. | CHECK/WIRE | | | |
| (3) | | | SOUTH AMERICA | CLEFT PALATE | 17,700. | CHECK/WIRE | | | |
| (4) | | | SOUTH AMERICA | CLEFT PALATE | 63,520. | CHECK/WIRE | | | |
| (5) | | | SOUTH AMERICA | CLEFT PALATE | 26,100. | CHECK/WIRE | | | |
| (6) | | | SOUTH AMERICA | CLEFT PALATE | 41,650. | CHECK/WIRE | | | |
| (7) | | | SOUTH AMERICA | CLEFT PALATE | 92,510. | CHECK/WIRE | | | |
| (8) | | | SOUTH AMERICA | CLEFT PALATE | 5,515. | CHECK/WIRE | | | |
| (9) | | | SOUTH AMERICA | CLEFT PALATE | 53,260. | CHECK/WIRE | | | |
| (10) | | | SOUTH AMERICA | CLEFT PALATE | 10,000. | CHECK/WIRE | | | |
| (11) | | | SOUTH AMERICA | CLEFT PALATE | 7,050. | CHECK/WIRE | | | |
| (12) | | | SOUTH AMERICA | CLEFT PALATE | 34,400. | CHECK/WIRE | | | |
| (13) | | | SOUTH AMERICA | CLEFT PALATE | 24,655. | CHECK/WIRE | | | |
| (14) | | | SOUTH AMERICA | CLEFT PALATE | 7,500. | CHECK/WIRE | | | |
| (15) | | | SOUTH AMERICA | CLEFT PALATE | 6,270. | CHECK/WIRE | | | |
| (16) | | | SOUTH AMERICA | CLEFT PALATE | 17,700. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

| DRITTE INATE, INC. | SMILE | TRAIN, | INC. |
|--------------------|-------|--------|------|
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| Schedule F (| Form C | 1000 | 2016 |
|--------------|--------|------|------|

| Part II | Grants and Other As Part IV, line 15, for a | | | | | | | ed "Yes" on F | orm 990, |
|---------|--|--|---------------|----------------------|--------------------------|---------------------------------------|---|---|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | SOUTH AMERICA | CLEFT PALATE | 6,250. | CHECK/WIRE | | | |
| (2) | | | SOUTH AMERICA | CLEFT PALATE | 7,250. | CHECK/WIRE | | | |
| (3) | | | SOUTH AMERICA | CLEFT PALATE | 13,550. | CHECK/WIRE | | | |
| (4) | | | SOUTH AMERICA | CLEFT PALATE | 236,000. | CHECK/WIRE | | | |
| (5) | | | SOUTH AMERICA | CLEFT PALATE | 12,000. | CHECK/WIRE | | | |
| (6) | | | SOUTH AMERICA | CLEFT PALATE | 25,000. | CHECK/WIRE | | | |
| (7) | | | SOUTH AMERICA | CLEFT PALATE | 28,300. | CHECK/WIRE | | | |
| (8) | | | SOUTH AMERICA | CLEFT PALATE | 54,300. | CHECK/WIRE | | | |
| (9) | | | SOUTH AMERICA | CLEFT PALATE | 53,000. | CHECK/WIRE | | | |
| (10) | | | SOUTH AMERICA | CLEFT PALATE | 8,750. | CHECK/WIRE | | | |
| (11) | | | SOUTH AMERICA | CLEFT PALATE | 7,750. | CHECK/WIRE | | | |
| (12) | | | SOUTH AMERICA | CLEFT PALATE | 8,000. | CHECK/WIRE | | | |
| (13) | | | SOUTH AMERICA | CLEFT PALATE | 23,000. | CHECK/WIRE | | | |
| (14) | | | SOUTH AMERICA | CLEFT PALATE | 19,200. | CHECK/WIRE | | | |
| (15) | | | SOUTH AMERICA | CLEFT PALATE | 23,100. | CHECK/WIRE | | | |
| (16) | | | SOUTH AMERICA | CLEFT PALATE | 38,000. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

| DRITTE INATE, INC. | SMILE | TRAIN, | INC. |
|--------------------|-------|--------|------|
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| Schedule F (| Form C | 1000 | 2016 |
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| Part II | Grants and Other As Part IV, line 15, for ar | | | | | | | | - , |
|---------|---|--|---------------|----------------------|-----------------------------|---------------------------------------|--|---|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | SOUTH AMERICA | CLEFT PALATE | 9,750. | CHECK/WIRE | | | |
| (2) | | | SOUTH AMERICA | CLEFT PALATE | 85,700. | CHECK/WIRE | | | |
| (3) | | | SOUTH AMERICA | CLEFT PALATE | 9,000. | CHECK/WIRE | | | |
| (4) | | | SOUTH AMERICA | CLEFT PALATE | 5,500. | CHECK/WIRE | | | |
| (5) | | | SOUTH AMERICA | CLEFT PALATE | 14,400. | CHECK/WIRE | | | |
| (6) | | | SOUTH AMERICA | CLEFT PALATE | 89,300. | CHECK/WIRE | | | |
| (7) | | | SOUTH AMERICA | CLEFT PALATE | 5,250. | CHECK/WIRE | | | |
| (8) | | | SOUTH AMERICA | CLEFT PALATE | 6,250. | CHECK/WIRE | | | |
| (9) | | | SOUTH AMERICA | CLEFT PALATE | 24,250. | CHECK/WIRE | | | |
| (10) | | | SOUTH AMERICA | CLEFT PALATE | 13,300. | CHECK/WIRE | | | |
| (11) | | | SOUTH AMERICA | CLEFT PALATE | 20,500. | CHECK/WIRE | | | |
| (12) | | | SOUTH AMERICA | CLEFT PALATE | 33,500. | CHECK/WIRE | | | |
| (13) | | | SOUTH AMERICA | CLEFT PALATE | 33,000. | CHECK/WIRE | | | |
| (14) | | | SOUTH AMERICA | CLEFT PALATE | 5,900. | CHECK/WIRE | | | |
| (15) | | | SOUTH AMERICA | CLEFT PALATE | 18,900. | CHECK/WIRE | | | |
| (16) | | | SOUTH AMERICA | CLEFT PALATE | 78,640. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

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| Part II | Grants and Other As Part IV, line 15, for a | ssistance to Organiza | | | | | | ed "Yes" on F | orm 990, |
|---------|--|--|---------------|----------------------|--------------------------|---------------------------------------|---|---|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | SOUTH AMERICA | CLEFT PALATE | 15,600. | CHECK/WIRE | | | |
| (2) | | | SOUTH AMERICA | CLEFT PALATE | 18,250. | CHECK/WIRE | | | |
| (3) | | | SOUTH AMERICA | CLEFT PALATE | 20,010. | CHECK/WIRE | | | |
| (4) | | | SOUTH AMERICA | CLEFT PALATE | 11,000. | CHECK/WIRE | | | |
| (5) | | | SOUTH AMERICA | CLEFT PALATE | 86,450. | CHECK/WIRE | | | |
| (6) | | | SOUTH AMERICA | CLEFT PALATE | 56,250. | CHECK/WIRE | | | |
| (7) | | | SOUTH AMERICA | CLEFT PALATE | 26,000. | CHECK/WIRE | | | |
| (8) | | | SOUTH AMERICA | CLEFT PALATE | 18,600. | CHECK/WIRE | | | |
| (9) | | | SOUTH AMERICA | CLEFT PALATE | 19,600. | CHECK/WIRE | | | |
| (10) | | | SOUTH AMERICA | CLEFT PALATE | 66,690. | CHECK/WIRE | | | |
| (11) | | | SOUTH AMERICA | CLEFT PALATE | 20,200. | CHECK/WIRE | | | |
| (12) | | | SOUTH AMERICA | CLEFT PALATE | 15,050. | CHECK/WIRE | | | |
| (13) | | | SOUTH AMERICA | CLEFT PALATE | 6,500. | CHECK/WIRE | | | |
| (14) | | | SOUTH AMERICA | CLEFT PALATE | 9,100. | CHECK/WIRE | | | |
| (15) | | | SOUTH ASIA | CLEFT PALATE | 21,150. | CHECK/WIRE | | | |
| (16) | | | SOUTH ASIA | CLEFT PALATE | 8,750. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

| DRITTE INATE, INC. | SMILE | TRAIN, | INC. |
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|--------------------|-------|--------|------|

| Schedule F (| Form C | 1000 | 2016 |
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| Part II | Grants and Other Assis Part IV, line 15, for any r | | | | | | | d "Yes" on F | orm 990, |
|---------|---|--|------------|----------------------|-----------------------------|---------------------------------------|--|---|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | SOUTH ASIA | CLEFT PALATE | 141,710. | CHECK/WIRE | | | |
| (.) | | | SUUTH ASIA | CLEFI FALAIE | 141,710. | CHECK/WIKE | | | |
| (2) | | | SOUTH ASIA | CLEFT PALATE | 38,720. | CHECK/WIRE | | | |
| (3) | | | SOUTH ASIA | CLEFT PALATE | 24,750. | CHECK/WIRE | | | |
| (4) | | | SOUTH ASIA | CLEFT PALATE | 14,520. | CHECK/WIRE | | | |
| (5) | | | SOUTH ASIA | CLEFT PALATE | 16,650. | CHECK/WIRE | | | |
| (6) | | | SOUTH ASIA | CLEFT PALATE | 18,980. | CHECK/WIRE | | | |
| (7) | | | SOUTH ASIA | CLEFT PALATE | 184,944. | CHECK/WIRE | | | |
| (8) | | | | | | | | | |
| | | | SOUTH ASIA | CLEFT PALATE | 296,570. | CHECK/WIRE | | | |
| (9) | | | SOUTH ASIA | CLEFT PALATE | 12,000. | CHECK/WIRE | | | |
| (10) | | | SOUTH ASIA | CLEFT PALATE | 188,370. | CHECK/WIRE | | | |
| (11) | | | SOUTH ASIA | CLEFT PALATE | 8,280. | CHECK/WIRE | | | |
| (12) | | | SOUTH ASIA | CLEFT PALATE | 65,350. | CHECK/WIRE | | | |
| (13) | | | SOUTH ASIA | CLEFT PALATE | 21,423. | CHECK/WIRE | | | |
| (14) | | | SOUTH ASIA | CLEFT PALATE | 30,140. | CHECK/WIRE | | | |
| (15) | | | SOUTH ASIA | CLEFT PALATE | 34,980. | CHECK/WIRE | | | |
| | | | | | | | | | |
| (16) | | | SOUTH ASIA | CLEFT PALATE | 9,250. | CHECK/WIRE | | | |

...

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

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| DRITTE INATE, INC. | SMILE | TRAIN, | INC. |
|--------------------|-------|--------|------|
|--------------------|-------|--------|------|

| Schedule F (| Form C | 1000 | 2016 |
|--------------|--------|------|------|

| Part II | Grants and Other Assist Part IV, line 15, for any r | | | | | | | d "Yes" on F | orm 990, |
|---------|--|--|------------|----------------------|-----------------------------|---------------------------------------|--|---|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | | | 44 275 | | | | |
| (1) | | | SOUTH ASIA | CLEFT PALATE | 44,375. | CHECK/WIRE | | | |
| (2) | | | SOUTH ASIA | CLEFT PALATE | 11,782. | CHECK/WIRE | | | |
| (3) | | | SOUTH ASIA | CLEFT PALATE | 458,030. | CHECK/WIRE | | | |
| (4) | | | SOUTH ASIA | CLEFT PALATE | 160,283. | CHECK/WIRE | | | |
| (5) | | | SOUTH ASIA | CLEFT PALATE | 36,740. | CHECK/WIRE | | | |
| (6) | | | SOUTH ASIA | CLEFT PALATE | 48,600. | CHECK/WIRE | | | |
| (7) | | | SOUTH ASIA | CLEFT PALATE | 6,564. | CHECK/WIRE | | | |
| (8) | | | SOUTH ASIA | CLEFT PALATE | 96,075. | CHECK/WIRE | | | |
| (9) | | | SOUTH ASIA | CLEFT PALATE | 22,320. | CHECK/WIRE | | | |
| (10) | | | SOUTH ASIA | CLEFT PALATE | 53,360. | CHECK/WIRE | | | |
| (11) | | | SOUTH ASIA | CLEFT PALATE | 41,360. | CHECK/WIRE | | | |
| (12) | | | SOUTH ASIA | CLEFT PALATE | 229,820. | CHECK/WIRE | | | |
| (13) | | | SOUTH ASIA | CLEFT PALATE | 20,900. | CHECK/WIRE | | | |
| (14) | | | SOUTH ASIA | CLEFT PALATE | 10,340. | CHECK/WIRE | | | |
| (15) | | | SOUTH ASIA | CLEFT PALATE | 22,775. | CHECK/WIRE | | | |
| | | | | | | | | | |
| (16) | | | SOUTH ASIA | CLEFT PALATE | 76,950. | CHECK/WIRE | | | |

...

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

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| DRITTE INATE, INC. | SMILE | TRAIN, | INC. |
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| Schedule F (| Form C | 1000 | 2016 |
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| Part II | Grants and Other As Part IV, line 15, for ar | | | | | | | ed "Yes" on F | orm 990, |
|---------|---|--|--------------------|----------------------|-----------------------------|---------------------------------------|---|---|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | SOUTH ASIA | CLEFT PALATE | 74,500. | CHECK/WIRE | | | |
| (2) | | | SOUTH ASIA | CLEFT PALATE | 137,770. | CHECK/WIRE | | | |
| (3) | | | SOUTH ASIA | CLEFT PALATE | 13,920. | CHECK/WIRE | | | |
| (4) | | | SOUTH ASIA | CLEFT PALATE | 271,302. | CHECK/WIRE | | | |
| (5) | | | SOUTH ASIA | CLEFT PALATE | 51,000. | CHECK/WIRE | | | |
| (6) | | | SOUTH ASIA | CLEFT PALATE | 426,400. | CHECK/WIRE | | | |
| (7) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 50,150. | CHECK/WIRE | | | |
| (8) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 22,400. | CHECK/WIRE | | | |
| (9) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 14,425. | CHECK/WIRE | | | |
| (10) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 127,660. | CHECK/WIRE | | | |
| (11) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 14,800. | CHECK/WIRE | | | |
| (12) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 12,800. | CHECK/WIRE | | | |
| (13) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 119,150. | CHECK/WIRE | | | |
| (14) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 11,000. | CHECK/WIRE | | | |
| (15) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 8,000. | CHECK/WIRE | | | |
| (16) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 18,800. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

| DRITTE INATE, INC. | SMILE | TRAIN, | INC. |
|--------------------|-------|--------|------|
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| Schedule F | (Form 990) |) 2016 |
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| 1 | Part IV, line 15, for an (a) Name of | (b) IRS code | (c) Region | (d) Purpose of | (e) Amount of | (f) Manner of | (g) Amount of | (h) Description | (i) Method of |
|------|---|------------------------------------|--------------------|----------------|---------------|---------------|-----------------------|--------------------------|---|
| I | organization | section and EIN (if applicable) | (C) Region | grant | cash grant | disbursement | noncash assistance | of noncash assistance | (I) Method of valuation (book, FMV, appraisal, other |
| (1) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 19,600. | CHECK/WIRE | | | |
| (2) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 56,400. | CHECK/WIRE | | | |
| (3) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 7,600. | CHECK/WIRE | | | |
| (4) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 5,600. | CHECK/WIRE | | | |
| (5) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 25,600. | CHECK/WIRE | | | |
| (6) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 20,240. | CHECK/WIRE | | | |
| (7) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 18,200. | CHECK/WIRE | | | |
| (8) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 18,200. | CHECK/WIRE | | | |
| (9) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 16,000. | CHECK/WIRE | | | |
| (10) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 46,400. | CHECK/WIRE | | | |
| (11) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 15,600. | CHECK/WIRE | | | |
| (12) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 7,650. | CHECK/WIRE | | | |
| (13) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 177,310. | CHECK/WIRE | | | |
| (14) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 11,500. | CHECK/WIRE | | | |
| (15) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 28,000. | CHECK/WIRE | | | |
| (16) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 8,075. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

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| Schedule F (I | Form 990) | 2016 |
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| Part II | Part IV, line 15, for ar | ny recipient who recei | tions or Entities Outs |). Part II can be d | uplicated if addit | ional space is | s needed. | | |
|---------|--------------------------|--|------------------------|-------------------------|--------------------------|---------------------------------------|--|---|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 12,000. | CHECK/WIRE | | | |
| (2) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 21,400. | CHECK/WIRE | | | |
| (3) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 6,400. | CHECK/WIRE | | | |
| (4) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 9,800. | CHECK/WIRE | | | |
| (5) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 29,070. | CHECK/WIRE | | | |
| (6) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 15,000. | CHECK/WIRE | | | |
| (7) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 16,872. | CHECK/WIRE | | | |
| (8) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 108,856. | CHECK/WIRE | | | |
| (9) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 95,220. | CHECK/WIRE | | | |
| (10) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 7,389. | CHECK/WIRE | | | |
| (11) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 60,800. | CHECK/WIRE | | | |
| (12) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 59,976. | CHECK/WIRE | | | |
| (13) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 16,800. | CHECK/WIRE | | | |
| (14) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 31,200. | CHECK/WIRE | | | |
| (15) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 17,360. | CHECK/WIRE | | | |
| (16) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 10,625. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

| DRITTE INATE, INC. | SMILE | TRAIN, | INC. |
|--------------------|-------|--------|------|
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| Schedule F | (Form | 990) | 2016 | |
|------------|-------|------|------|--|

| Part II | Grants and Other As Part IV, line 15, for an | | | | | | | ed "Yes" on F | orm 990, |
|---------|---|--|--------------------|----------------------|--------------------------|---------------------------------------|---|---|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 14,400. | CHECK/WIRE | | | |
| (2) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 16,800. | CHECK/WIRE | | | |
| (3) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 46,075. | CHECK/WIRE | | | |
| (4) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 7,650. | CHECK/WIRE | | | |
| (5) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 18,700. | CHECK/WIRE | | | |
| (6) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 145,800. | CHECK/WIRE | | | |
| (7) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 16,000. | CHECK/WIRE | | | |
| (8) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 12,000. | CHECK/WIRE | | | |
| (9) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 22,100. | CHECK/WIRE | | | |
| (10) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 30,910. | CHECK/WIRE | | | |
| (11) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 10,800. | CHECK/WIRE | | | |
| (12) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 26,800. | CHECK/WIRE | | | |
| (13) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 9,125. | CHECK/WIRE | | | |
| (14) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 133,735. | CHECK/WIRE | | | |
| (15) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 178,800. | CHECK/WIRE | | | |
| (16) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 15,685. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

| DRITTE INATE, INC. | SMILE | TRAIN, | INC. |
|--------------------|-------|--------|------|
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| Schedule F | (Form | 990) | 2016 | |
|------------|-------|------|------|--|

| Part II | | | ations or Entities Outs | | | | | ed "Yes" on F | orm 990, |
|---------|---------------------------------|--|-------------------------|----------------------|--------------------------|---------------------------------------|---|---|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 162,375. | CHECK/WIRE | | | |
| (2) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 36,550. | CHECK/WIRE | | | |
| (3) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 30,230. | CHECK/WIRE | | | |
| (4) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 10,000. | CHECK/WIRE | | | |
| (5) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 57,400. | CHECK/WIRE | | | |
| (6) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 10,200. | CHECK/WIRE | | | |
| (7) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 65,400. | CHECK/WIRE | | | |
| (8) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 11,600. | CHECK/WIRE | | | |
| (9) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 30,635. | CHECK/WIRE | | | |
| (10) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 29,200. | CHECK/WIRE | | | |
| (11) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 44,667. | CHECK/WIRE | | | |
| (12) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 13,600. | CHECK/WIRE | | | |
| (13) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 10,200. | CHECK/WIRE | | | |
| (14) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 135,200. | CHECK/WIRE | | | |
| (15) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 74,800. | CHECK/WIRE | | | |
| (16) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 11,200. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

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| Schedule F | F (Form | 990) 2 | 016 |
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| Part II | Part IV, line 15, for ar | ny recipient who recei | tions or Entities Outs |). Part II can be d | uplicated if addit | ional space is | needed. | | |
|---------|--------------------------|--|------------------------|----------------------|--------------------------|---------------------------------------|--|---|---|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other |
| (1) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 6,800. | CHECK/WIRE | | | |
| (2) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 28,250. | CHECK/WIRE | | | |
| (3) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 79,196. | CHECK/WIRE | | | |
| (4) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 21,600. | CHECK/WIRE | | | |
| (5) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 14,400. | CHECK/WIRE | | | |
| (6) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 21,200. | CHECK/WIRE | | | |
| (7) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 306,400. | CHECK/WIRE | | | |
| (8) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 213,225. | CHECK/WIRE | | | |
| (9) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 52,225. | CHECK/WIRE | | | |
| (10) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 41,200. | CHECK/WIRE | | | |
| (11) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 5,950. | CHECK/WIRE | | | |
| (12) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 8,800. | CHECK/WIRE | | | |
| (13) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 5,800. | CHECK/WIRE | | | |
| (14) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 6,400. | CHECK/WIRE | | | |
| (15) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 43,350. | CHECK/WIRE | | | |
| (16) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 6,800. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

| DRITTE INATE, INC. | SMILE | TRAIN, | INC. |
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| Schedule F | F (Form | 990) 2 | 016 |
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| Part II | Grants and Other As Part IV, line 15, for ar | ssistance to Organizany recipient who recei | tions or Entities Outs | side the United S). Part II can be d | States. Complete | e if the organ ional space is | ization answere needed. | ed "Yes" on F | orm 990, |
|---------|---|--|------------------------|--|--------------------------|---------------------------------------|--|---|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 5,600. | CHECK/WIRE | | | |
| (2) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 31,600. | CHECK/WIRE | | | |
| (3) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 17,675. | CHECK/WIRE | | | |
| (4) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 249,350. | CHECK/WIRE | | | |
| (5) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 7,200. | CHECK/WIRE | | | |
| (6) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 27,360. | CHECK/WIRE | | | |
| (7) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 62,905. | CHECK/WIRE | | | |
| (8) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 15,600. | CHECK/WIRE | | | |
| (9) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 18,000. | CHECK/WIRE | | | |
| (10) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 22,075. | CHECK/WIRE | | | |
| (11) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 94,800. | CHECK/WIRE | | | |
| (12) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 7,650. | CHECK/WIRE | | | |
| (13) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 24,800. | CHECK/WIRE | | | |
| (14) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 14,000. | CHECK/WIRE | | | |
| (15) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 29,200. | CHECK/WIRE | | | |
| (16) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 155,800. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

| DRITTE INATE, INC. | SMILE | TRAIN, | INC. |
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| Schedule F (I | Form 990) | 2016 |
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| | | · · · · · · · · · · · · · · · · · · · | ved more than \$5,000 | | | | | | |
|------|--------------------------|--|-----------------------|-------------------------|-----------------------------|---------------------------------------|--|---|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 40,700. | CHECK/WIRE | | | |
| (2) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 14,000. | CHECK/WIRE | | | |
| (3) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 12,000. | CHECK/WIRE | | | |
| (4) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 6,800. | CHECK/WIRE | | | |
| (5) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 6,800. | CHECK/WIRE | | | |
| (6) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 310,096. | CHECK/WIRE | | | |
| (7) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 6,800. | CHECK/WIRE | | | |
| (8) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 31,600. | CHECK/WIRE | | | |
| (9) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 8,375. | CHECK/WIRE | | | |
| (10) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 7,600. | CHECK/WIRE | | | |
| (11) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 8,650. | CHECK/WIRE | | | |
| (12) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 8,738. | CHECK/WIRE | | | |
| (13) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 10,200. | CHECK/WIRE | | | |
| (14) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 95,250. | CHECK/WIRE | | | |
| (15) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 23,044. | CHECK/WIRE | | | |
| (16) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 12,320. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

| Schedule F | Form 990 | 2016 |
|------------|-----------|------|
| Schedule F | F0111 990 | 2010 |

| Part II | Grants and Other Assist Part IV, line 15, for any re | | | | | | | | |
|---------|---|---|--|--------------------------------------|---------------------------------|---------------------------------------|---|---|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | SUB-SAHARAN AFRICA | CLEFT PALATE | 74,400. | CHECK/WIRE | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |
| 2 Ente | er total number of recipient organe IRS, or for which the grantee | anizations listed abo | ve that are recognized as or rided a section 501(c)(3) eq | charities by the quivalency lette | foreign country, red | cognized as ta | x-exempt | 4 | 81. |

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016

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

Schedule F (Form 990) 2016

Page 3

13-3661416

SMILE TRAIN, INC.

| | Pag |
|--|-----|

| Sched | ile F (Form 990) 2016 | | Page 4 |
|-------|--|-------|--------|
| 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) | X Yes | No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) | Yes | X 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) | X 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? <i>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)</i> | Yes | X 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 | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)</i> | X Yes | No |

Schedule F (Form 990) 2016

Part V Supplemental Information

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

PROCEDURES FOR MONITORING THE USE OF GRANTS

SCHEDULE F, PART I, LINE 2

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

PROGRAM SERVICE EXPENDITURES

SCHEDULE F, PART I, LINE 3

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

THE GRANTS REPORTED AS HAVING BEEN MADE IN EUROPE, EAST ASIA AND SOUTH AMERICA REPRESENT FUNDING TO RELATED PARTIES SMILE TRAIN STIFTUNG IN Schedule F (Form 990) 2016

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

GERMANY, SMILE TRAIN INDONESIA AND THE ASSOCIACAO SMILE TRAIN BRAZIL

(RESPECTIVELY) TO ASSIST THOSE ORGANIZATIONS WITH THEIR OPERATING,

FUNDRAISING AND PROGRAM EXPENSES. THESE GRANTS INCLUDE FUNDING FOR CLEFT

SURGERIES.

PART IV, LINE 4

SMILE TRAIN, INC. INVESTS IN ONE FOREIGN CORPORATION; NEVERTHELESS, SMILE

TRAIN'S OWNERSHIP INTEREST IN THAT INVESTMENT MAY NOT RISE TO THE

THRESHOLD OF FILING EITHER THE FORM 926 OR FORM 5471. TO THE EXTENT THE

ORGANIZATION HAS COMPLETED SUCH A FILING, IT IS ATTACHED TO A FORM 990-T.

| Supplemental Information Regarding Fundraising or Gaming Activities | | | | | Activities | OMB No. 1545-0047 | | |
|---|--|---------------------|-----------|---|--------------------------------------|--|---|--|
| SCHEDULE G (Form 990 or 990-EZ) | Complete if the organization answered "Yes" on Form 990 Part IV lines 17, 18, or 19, or if the | | | | | | 2016 | |
| Department of the Treasury | e Treasury | | | | | | | |
| Internal Revenue Service | ternal Revenue Service Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. | | | | | | | |
| Name of the organization | | | | | | Employer identification | on number | |
| SMILE TRAIN, INC | | | | | | 13-3661416 | 47 | |
| | ng Activities. Com)-EZ filers are not | | | | Tres" on Form s | 990, Part IV, line | 17. | |
| 1 Indicate whether | the organization rais | sed funds through | | - | | | | |
| | | | | | | | | |
| | email solicitations | f | | | government grants | 5 | | |
| c X Phone solicit | | g | X Spec | cial fundra | ising events | | | |
| d X In-person so | | | | P. 1. 1. 1. C. | | | | |
| 2a Did the organizat | ion have a written o s listed in Form 990 | | | | | | X Yes No | |
| b If "Yes," list the 1 | | viduals or entities | | | | • | | |
| (i) Name and addre or entity (fur | | (ii) Activity | custody c | draiser have or control of outions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization | |
| | | | Yes | No | | | | |
| 1 | | | | | | | | |
| ATTACHMENT 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| Total | | <u> </u> | | | 1 276 712 | 1 160 470 | 108,243. | |
| 3 List all states in | which the organiza | | | | 1,276,713. contributions or | | | |
| registration or lice | - | | | | | | | |
| AL, AK, AZ, AR, CA, C | | | NV NC N | ייס די | | | | |
| KS, KY, LA, ME, MD, M OK, OR, PA, RI, SC, I | | | NY,NC,I | ND,OH, | | | | |
| | | , ·· ± / | | | | | | |
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| | | | | | | | | |

Schedule G (Form 990 or 990-EZ) 2016

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

Schedule G (Form 990 or 990-EZ) 2016

Part II

Page 2

| | | gross receipts greater than \$5,0 | 00. | | | |
|-----------------|----------|---|---------------------------------|---|------------------|--|
| | | | (a) Event #1 WORLD SMILE DAY | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through |
| | | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | 1 | Gross receipts | 22,270. | | | 22,270 |
| ĽĽ. | | Less: Contributions Gross income (line 1 minus | 16,330. | | | 16,330. |
| | | line 2) | 5,940. | | | 5,940. |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| Expenses | 6 | Rent/facility costs | | | | |
| ct Exp∉ | 7 | Food and beverages | 8,215. | | | 8,215. |
| Direct | 8 | Entertainment | 300. | | | 300 |
| | 9 | Other direct expenses | 800. | | | 800 |
| | 10 | Direct expense summary. Add lines | 1 through 9 in column (d) | | | 9,315. |
| Da | 11 rt | , | | | | -3,375. |
| Γa | | than \$15,000 on Form 990-E | Z, line 6a. | es on Form 990, Pa | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Re | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes% | Yes% | Yes% | • |
| | 7 | Direct expense summary. Add lines 2 | 2 through 5 in column (d) | | | |
| | 8 | Net gaming income summary. Subtra | act line 7 from line 1, col | umn (d) | > | |
| | ı İs | nter the state(s) in which the organizat the organization licensed to conduct of "No," explain: | | of these states? | | YesNo |
| | | /ere any of the organization's gaming "Yes," explain: | licenses revoked, suspe | | | Yes No |
| | | | | | Schedule | G (Form 990 or 990-EZ) 2016 |
| JSA 6E12 | 82 1. | 000 | | | | |
| | | 7773CT 700J | V 16-7 | 018 | 83055-00003 | PAGE 69 |

| | SMILE TRAIN, INC. 13-36614 | L6 | |
|----------|---|------|---------------|
| Sched | dule G (Form 990 or 990-EZ) 2016 | | Page 3 |
| 11 | | Yes | No |
| | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity | | |
| 12 | | ь. г | _ |
| | | Yes | No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| а | The organization's facility 13a | | % |
| b | | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and | | |
| 14 | records: | | |
| | | | |
| | | | |
| | Name | | |
| | | | |
| | Address ► | | |
| | | | |
| 15 0 | Does the organization have a contract with a third party from whom the organization receives gaming | | |
| 15 a | | | _ |
| | | Yes | No |
| b | If "Yes," enter the amount of gaming revenue received by the organization \blacktriangleright | | |
| | amount of gaming revenue retained by the third party \blacktriangleright | | |
| С | 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 | | |
| | Director/officer Employee Independent contractor | | |
| | | | |
| 17 | Mandatory distributions: | | |
| а | 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 | | and | |
| T al l | | | |
| | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informat | | |
| | (see instructions). | | |
| PROI | FESSIONAL FUNDRAISER COMPENSATION | | |
| | | | |
| SCHI | NEDULE G, PART I, LINE 2B COLUMN V | | |
| | | | |
| TUD | COMDENCATION DEDODTED IN COMEDITE C FOR INFOCIETON DEDDECENTE AMOUNTS | | |
| тне | COMPENSATION REPORTED IN SCHEDULE G FOR INFOCISION REPRESENTS AMOUNTS | | |
| | | | |
| PAII | D ON A FISCAL YEAR BASIS. INFOCISION IS AMONG SMILE TRAIN'S TOP FIVE | | |
| | | | |
| HIG | HEST PAID VENDORS; AMOUNTS DISCLOSED ON PART VII ARE REPORTED ON A | | |
| 01 | | | |
| <u> </u> | ENDAD VEAD DACTC | | |
| САЫ | JENDAR YEAR BASIS. | | |

Schedule G (Form 990 or 990-EZ) 2016

13-3661416

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

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

| SCHEDULE I (Form 990) | | Grants and Other Assistance to Organizations, overnments, and Individuals in the United States | | | | | | омв No. 1545-0047 20 16 | |
|----------------------------|---|---|------------------------------------|-----------------------------|---------------------------------------|--|---------------------------------------|---------------------------------------|--|
| | | - | wered "Yes" on F | | | | | | |
| Department of the Treasury | | | ► At | tach to Form 990. | | | | Open to Public | |
| Internal Revenue Service | Information | tion about Se | chedule I (Form | n 990) and its inst | uctions is at www | v.irs.gov/form990. | | Inspection | |
| Name of the organization | | | | | | | Employer identific | ation number | |
| SMILE TRAIN, IN | NC. | | | | | | 13-366141 | .6 | |
| Part I General I | nformation on Grants and | d Assistanc | е | | | | | | |
| 1 Does the organi | zation maintain records to su | ubstantiate th | e amount of the | e grants or assista | nce, the grantees | eligibility for the grant | s or assistance, and | | |
| | teria used to award the grant | | | | | | | X Yes No | |
| 2 Describe in Part | IV the organization's proced | lures for mor | nitoring the use | of grant funds in th | e United States. | | | | |
| | nd Other Assistance to D IV, line 21, for any recipi | | | | | | | es" on Form | |
| | nd address of organization government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | |
| (1) PLASTIC SURGERY H | FOUNDATION | | | | | | | | |
| 444 E. ALGONQUIN | RD. | 59-6144450 | 501(C)(3) | 33,550. | | | | TRAINING | |
| (2) UNIVERSITY OF CAI | LIFORNIA SAN FRANCISCO FOUN | | | | | | | | |
| 220 MONTGOMERY SA | AN FRANCISCO, CA 94104 | 94-2829914 | 501(C)(3) | 8,000. | | | | U.S. CLEFT CARE | |
| (3) STOP CLEFT - INTE | ERNATIONAL ALLIANCE | | | | | | | | |
| 780 LYNNHAVEN PAR | RKWAY, SUITE 400 | 54-1639160 | 501(C)(3) | 52,000. | | | | TREATMENT PARTNER | |
| (4) NEW MEXICO MEDICA | AL FOUNDATION | | | | | | | | |
| 316 OSUNA ROAD NE | E ALBUQUERQUE, NM 87107 | 85-0474774 | 501(C)(3) | 7,500. | | | | U.S. CLEFT CARE | |
| (5) TEACHERS COLLEGE | COLUMBIA UNIVERSITY | | | | | | | | |
| 525 W. 120TH ST. | NEW YORK, NY 10027 | 13-1624202 | 501(C)(3) | 7,000. | | | | TRAINING | |
| (6) | | - | | | | | | | |
| (7) | | - | | | | | | | |
| (8) | | - | | | | | | | |
| (9) | | _ | | | | | | | |
| (10) | | - | | | | | | | |
| (11) | | - | | | | | | | |
| (12) | | - | | | | | | | |
| | per of section 501(c)(3) and goer of other organizations list | 0 | 0 | | | | | 5. | |
| | on Act Notice, see the Instructi | | | | | | | edule I (Form 990) (2016 | |
| 104 | · · · · · · · · · · · · · · · · · · · | | | | | | ••• | | |

Schedule I (Form 990) (2016)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|---------------------------------|-----------------------------|-----------------------------------|--|--|
| | | | | | |
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| L . | | | | | |
| i | | | | | |
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SCHEDULE I, PART I, LINE 2

GRANT RECIPIENTS ARE REQUIRED TO SUBMIT FINAL GRANT REPORTS DESCRIBING

OUTCOMES AND HOW FUNDS WERE USED. GRANT RECIPIENTS ARE REQUIRED TO USE

FUNDS ONLY FOR DIRECT PROGRAM COSTS AND KEEP SEPARATE ACCOUNTING RECORDS

OF SMILE TRAIN GRANTS. SMILE TRAIN UNDERTAKES PERIODIC FINANCIAL AUDITS

TO ENSURE ACCURACY OF THESE RECORDS. ADDITIONALLY, ORGANIZATIONS

RECEIVING SURGICAL GRANTS MUST UPLOAD PATIENT RECORDS WITH PRE- AND

POST-OPERATIVE PHOTOS FOR EVERY SURGERY PERFORMED WITH SMILE TRAIN

FUNDING TO WWW.SMILETRAINEXPRESS.ORG, SMILE TRAIN'S ONLINE PATIENT RECORD

DATABASE. PATIENT RECORDS ARE REVIEWED DAILY BY SMILE TRAIN STAFF FOR

Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016)

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

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

information.

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

ADVISORY BOARD REGULARLY REVIEWS RANDOMLY SELECTED RECORDS FOR MEDICAL

QUALITY.

Schedule I (Form 990) (2016)

| (Forr | SCHEDULE J Compensation Information (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. | | | | OMB No. 1545-0047 | | | | |
|--------------|--|---|---|---|-------------------|---------|---------|--|--|
| | of the organization | | | Employer identification | | | | | |
| | LE TRAIN, I | INC | | 13-3661416 | nambe | | | | |
| Part | | is Regarding Compensation | | 13 3001410 | | | | | |
| ιαιι | Question | is negation good pensation | | | | Yes | No | | |
| 1a | 990, Part VII, First-cla Travel fo X Tax inde | Section A, line 1a. Complete Part III to ss or charter travel or companions emnification and gross-up payments | by by idea any of the following to or for a perse provide any relevant information regarding Housing allowance or residence for Payments for business use of persor Health or social club dues or initiatio | these items. personal use nal residence n fees | | | | | |
| | Discretio | onary spending account | Personal services (such as, maid, cha | auffeur, chef) | | | | | |
| | or reimburse explain | ment or provision of all of the ex | ne organization follow a written policy re penses described above? If "No," com | plete Part III to | 1b | x | | | |
| 2 | 0 | | to reimbursing or allowing expenses D/Executive Director, regarding the items | | | | | | |
| | | siees, and oncers, including the CEC | | checked on line | 2 | х | | | |
| 3 | Indicate which organization's related organ X Comper X Indepen | n, if any, of the following the filing organ cEO/Executive Director. Check all that | hization used to establish the compensation at apply. Do not check any boxes for method e CEO/Executive Director, but explain in Pa Written employment contract Compensation survey or study X Approval by the board or compensation | ds used by a art III. | | | | | |
| 4 | During the year | | Part VII, Section A, line 1a, with respect to | | | | | | |
| а | | | ayment? | | 4a | | X | | |
| b | | | ntal nonqualified retirement plan? | | 4b | | X | | |
| C | | | ased compensation arrangement? | | 4c | | X | | |
| 5 | For persons li compensation | isted on Form 990, Part VII, Section A, n contingent on the revenues of: | rganizations must complete lines 5-9. , line 1a, did the organization pay or accrue a | | | | | | |
| | | | | | 5a | | X | | |
| b | - | rganization? e 5a or 5b, describe in Part III. | | | 5b | | X | | |
| 6 | compensation | n contingent on the net earnings of: | , line 1a, did the organization pay or accrue a | - | | | | | |
| а | • | | | | 6a | | X | | |
| b | • | rganization? e 6a or 6b, describe in Part III. | | | 6b | | X | | |
| 7 | | | n A, line 1a, did the organization provi | | - | 77 | | | |
| 8 | Were any am | ounts reported on Form 990, Part VII, | escribe in Part III paid or accrued pursuant to a contract tha Regulations section 53.4958-4(a)(3)? If | t was subject | 7 | X | | | |
| 9 | in Part III | ine 8, did the organization also foll | low the rebuttable presumption procedu | ure described in | 8 | | X | | |
| | | | | | 9 | | | | |
| For Pa | aperwork Reduc | ction Act Notice, see the Instructions for Fo | orm 990. | Schedu | ie J (Fo | orm 990 | J) 2016 | | |

Schedule J (Form 990) 2016

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

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

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

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

Part ||| Supplemental Information

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

SCHEDULE J, LINE 1A

SMILE TRAIN INC. MADE A GROSS UP FOR CHINA INCOME TAX PAYMENTS TO SENIOR

VICE PRESIDENT AND REGIONAL DIRECTOR, DR. SHELL XUE IN CALENDAR YEAR

2016; THESE CHINA INCOME TAX GROSS-UP PAYMENTS ARE INCLUDED IN SCHEDULE

J, PART II, COLUMN B(III).

SCHEDULE J, LINE 7

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

| SCHEDULE L | Tra | ansactio | ons V | Nith | Interes | sted | Persons | | L | OME | 3 No. 1 | 545-00 |)47 | |
|---|---------------------------------------|---|----------------------------|-------------------|-----------------------------------|-----------------------|------------------------------------|---------------|------------|---------|-------------------------------|----------------|----------------|----|
| (Form 990 or 990-EZ) ► C | | organization a 28b, or 28 | inswere c, or Fe | ed "Ye orm 99 | es" on Form 9 90-EZ, Part V | 90, Par line 38 | rt IV, line 25a, 25 8a or 40b. | b, 26, 27 | 28a, | | 20 | <u>16</u> | | |
| Department of the Treasury Internal Revenue Service | Information abo | | | | 990 or Form | | Z. ons is at <i>www.irs.g</i> o | ov/form90 | <u>_</u> | | pen To specti | | С | |
| Name of the organization | intermation abo | | (10111135 | 50 01 5. | 70-22) and its ii | | | Employe | | | | | | سع |
| SMILE TRAIN, INC. | | | | | | | | | -3661 | | | | | |
| Part I Excess Benefit | Transactions | (section 501 | (c)(3) | socti | n = 501(c)(4) | and | 501(c)(20) or a | | | | | | | |
| Complete if the | | | | | | | | | | | line 4 | | | |
| 1 (a) Name of disqualified | l person | (b) Relatio | | etween organiz | disqualified pers ation | on and | (c) [| escription | of trans | action | | | l) Corr 'es | No |
| (1) | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | |
| _(3) | | | | | | | | | | | | | | |
| _(4) | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | |
| 2 Enter the amount of | tax incurred b | y the organiz | zation | mana | gers or disq | ualified | d persons durin | g the ye | ear | | | | | |
| under section 4958 | | | | | | | | | | ► \$_ | | | | |
| 3 Enter the amount of t | ax, if any, on li | ne 2, above, | reimb | ursed | by the orga | nizatio | n | | 🕨 | ► \$_ | | | | |
| | | | | | | | | | | | | | | |
| Part II Loans to and/o Complete if the organization rep | organization a | answered "Ye | es" on | | | | ne 38a or Form | 990, Pa | rt IV, lii | ne 26; | or if tl | he | | |
| | | | | | | | | | | | | | | |
| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of Ioan | (d) Loa from organiz | the | (e) Origin principal am | | (f) Balance due | (g) Ir | default | by bo | oproved bard or nittee? | (i) W agree | | |
| | | | То | From | | | | Yes | No | Yes | No | Yes | N | ١o |
| (1) | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | |
| _(5) | | | | | | | | | | | | | | |
| _(6) | | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | | |
| Total | | | | | | | \$ | | | | | | | |
| Part III Grants or Assis Complete if the | | | | | 990, Part IV | , line 2 [°] | 7. | | | | | | | |
| (a) Name of interested person | | ip between intere I the organizatior | |) Amou | nt of assistance | | (d) Type of assistance | e | (e |) Purpo | se of as | sistanc | e | |
| (1) | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | _ |
| (4) | | | | | | | | | | | | | | _ |
| (5) | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

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

Schedule L (Form 990 or 990-EZ) 2016

Schedule L (Form 990 or 990-EZ) 2016

Part IV

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | organi | aring of ization's nues? |
|-------------------------------|---|---------------------------|--------------------------------|--------|--------------------------------|
| | | | | Yes | No |
| (1) JASMINE WANG | DAUGHTER OF CHAIRMAN | 48,025. | SALARY | | x |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| 10) | | | | | |

Part V Supplemental Information

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

SCHEDULE L, PART IV, LINE 1

THE CHAIRMAN OF THE BOARD, CHARLES WANG, HAS A DAUGHTER THAT IS EMPLOYED

BY SMILE TRAIN. HER W-2, BOX 5 WAGES IN CALENDAR YEAR 2016 TOTALED

\$48,025.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Inspection Employer identification number

Name of the organization SMILE TRAIN, INC.

Department of the Treasury Internal Revenue Service

| 13- | 3661 | 416 |
|-----|------|-----|

| Par | t I Types of Property | | 1 | 1 | 1 |
|-------|--|--------------------------------------|---|--|---|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
| 1 | Art - Works of art | | | | |
| 2 | Art - Historical treasures | | | | |
| 3 | Art - Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household | | | | |
| - | goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities - Publicly traded | X | 144. | 2,121,552. | FAIR MARKET VALUE |
| 10 | Securities - Closely held stock | | | | |
| 11 | Securities - Partnership, LLC, | | | | |
| •• | or trust interests | | | | |
| 12 | Securities - Miscellaneous | | | | |
| 13 | Qualified conservation | | | | |
| | contribution - Historic | | | | |
| | structures | | | | |
| 14 | Qualified conservation | | | | |
| •• | contribution - Other | | | | |
| 15 | Real estate - Residential | | | | |
| 16 | Real estate - Commercial | | | | |
| 17 | Real estate - Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | X | 1. | 1,546,430. | FAIR MARKET VALUE |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ►(_ATCH 1) | | 1. | 127,900. | |
| 26 | Other ►() | | | | |
| 27 | Other ►() | | | | |
| 28 | Other ►() | | | | |
| | Number of Forms 8283 received | by the ora | anization during the tax v | ear for contributions for | |
| 25 | which the organization completed F | • • | • • | | 29 |
| | which the organization completed i | 0111 0200, | r art iv, Bonoo / toknowioug | | Yes No |
| 30a | During the year, did the organizat | ion receive | by contribution any prope | rty reported in Part L line | |
| | 28, that it must hold for at least th | | | | - |
| | to be used for exempt purposes for | - | | | · · · · · · · · · · · · · · · · · · · |
| b | If "Yes," describe the arrangement i | | | | |
| 31 | Does the organization have a | | tance policy that require | es the review of any i | nonstandard |
| ~ ' | contributions? | | | | |
| 32a | Does the organization hire or use | | | | |
| - Lu | contributions? | - | - | | |
| h | If "Yes," describe in Part II. | | | | |
| 33 | If the organization didn't report an | amount in c | column (c) for a type of pro | perty for which column (a) |) is checked |
| | describe in Part II. | | | | |
| For P | aperwork Reduction Act Notice, see the Insti | uctions for Fo | rm 990. | | Schedule M (Form 990) (2016) |

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

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

FORM 990, SCHEDULE M, LINE 32(B)

TO THE EXTENT THAT SMILE TRAIN RECEIVES NON-CASH CONTRIBUTIONS OF

SECURITIES, IT TASKS ITS INVESTMENT BROKER WITH LIQUIDATING THOSE

SECURITIES.

IN THE EVENT SMILE TRAIN RECEIVES NON-STANDARD CONTRIBUTIONS OTHER THAN

SECURITIES, SMILE TRAIN WILL RETAIN THE SERVICES OF CONSULTANTS TO

LIQUIDATE THOSE ITEMS OR DONATE THEM TO ITS PARTNER HOSPITALS.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

| DESCRIPTION | (A) CHECK | (B) NUMBER OF CONTRIBUTIONS | (C) REVENUES REPORTED | (D) METHOD OF DETERMINING |
|------------------|-----------|--------------------------------|--------------------------|------------------------------|
| DONATED SOFTWARE | Х | 1. | 127,900. | FAIR MARKET VALUE |
| TOTALS | = | 1. | 127,900. | |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

13-3661416

FORM 990, PART VI, LINE 2 BOARD MEMBER ROBERT T. BELL AND CHAIRMAN OF THE BOARD, CHARLES B. WANG

HAVE A BUSINESS RELATIONSHIP.

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

FORM 990, PART VI, LINE 11

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

FORM 990, PART VI, LINE 12C

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

FORM 990 PART VI, LINE 15A

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

FORM 990, PART VI, LINE 15B

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

FORM 990, PART VI, LINE 19

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

0183055-00003

Schedule O (Form 990 or 990-EZ) 2016

JSA

V 16-7.17

| Schedule O (Form 990 or 990-EZ) 2016 | | | | | |
|--------------------------------------|--------------------------------|--|--|--|--|
| Name of the organization | Employer identification number | | | | |
| SMILE TRAIN, INC. | 13-3661416 | | | | |

========

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

FORM 990, PART XI, LINE 9 RECONCILIATION OF NET ASSETS FOREIGN EXCHANGE CURRENCY LOSS \$(25,365) REFUNDED GRANTS AND OTHER WRITEOFFS \$ 59,895 CAPITALIZED SOFTWARE \$ 95,500 ------TOTAL...... \$130,030

ATTACHMENT 1

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

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

1. PROVIDE FREE CLEFT SURGERY FOR CHILDREN IN DEVELOPING COUNTRIES.

2. PROVIDE FREE CLEFT-RELATED TRAINING FOR LOCAL DOCTORS AND OTHER MEDICAL PROFESSIONALS IN DEVELOPING COUNTRIES.

3. TREAT THE WHOLE CHILD WITH COMPREHENSIVE CARE INCLUDING: SPEECH THERAPY, NUTRITIONAL SUPPORT, DENTAL CARE AND ORTHODONTICS.

| Schedule O (Form 990 or 990-EZ) 2016 | Page 2 |
|--------------------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| SMILE TRAIN, INC. | 13-3661416 |
| A | TTACHMENT 1 (CONT'D) |

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

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

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

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

ATTACHMENT 2

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

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

V 16-7.17

Employer identification number 13-3661416

ATTACHMENT 2 (CONT'D)

Page 2

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

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

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

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

| Schedule O (Form 990 or 990-EZ) 2016 | Page 2 |
|--------------------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| SMILE TRAIN, INC. | 13-3661416 |
| | |
| | ATTACHMENT 2 (CONT'D) |
| | |

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

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

ATTACHMENT 3

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

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

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

Employer identification number 13-3661416

ATTACHMENT 4

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

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

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

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

Schedule O (Form 990 or 990-EZ) 2016

| Schedule O (Form 990 or 990-EZ) 2016 | Page 2 |
|--|--------------------------------|
| Name of the organization | Employer identification number |
| SMILE TRAIN, INC. | 13-3661416 |
| | ATTACHMENT 4 (CONT'D) |
| TO 40,000+ MEDICAL PROFESSIONALS IN 149 COUNTRIES AROUND THE | |
| WORLD. SMILE TRAIN TOOK THIS TECHNOLOGY TO THE NEXT LEVEL AND | |
| LAUNCHED THE FIRST OPEN-ACCESS, WEB-BASED, INTERACTIVE VIRTUAL | |

SURGERY SIMULATOR DESIGNED TO ENHANCE TRAINING FOR SURGEONS ON HOW

RESOURCES TO THE MOST REMOTE PARTS OF THE WORLD, AND CHANGES THE

PARADIGM OF SURGICAL TRAINING INTERNATIONALLY. THE SIMULATOR HAS

BEEN DISTRIBUTED TO 1,100+ SMILE TRAIN PARTNER SURGEONS WORLDWIDE.

SINCE THE LAUNCH OF THE SIMULATOR, SMILE TRAIN CONFIRMED USERS OF

THE SYSTEM IN MORE THAN 100 COUNTRIES AROUND THE WORLD, INCLUDING

PLACES WHERE OVER HALF THE POPULATION LIVES BELOW THE POVERTY

LEVEL AND WHERE THE PER CAPITAL ANNUAL INCOME IS LESS THAN \$500

PER YEAR. THROUGH THIS UNIQUE APPROACH SMILE TRAIN HAS LEVERAGED

TECHNOLOGY TO CHANGE THE COURSE OF MEDICAL EDUCATION WHILE ALSO

TO REPAIR CLEFTS. THE SIMULATOR LINKS STATE-OF-ART SURGICAL

IMPROVING THE LIVES OF CHILDREN BORN WITH CLEFT IN THE DEVELOPING WORLD.

ATTACHMENT 5

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

INDIA

CHINA

INDONESIA

PHILIPPINES

BRAZIL

UNITED ARAB EMIRATES

GERMANY

UNITED KINGDOM

Schedule O (Form 990 or 990-EZ) 2016

SMILE TRAIN, INC.

Name of the organization

Employer identification number 13-3661416

ATTACHMENT 6

FORM 990, PART VI, LINE 17 - STATES

AL,AK,AZ,AR,AA,CA,CT,DE,

DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, MD, MA, MI,

 ${\tt MN}$, ${\tt MS}$, ${\tt MO}$, ${\tt MT}$, ${\tt NE}$, ${\tt NV}$, ${\tt NH}$, ${\tt NJ}$, ${\tt NM}$, ${\tt NY}$, ${\tt NC}$, ${\tt ND}$, ${\tt OK}$, ${\tt OR}$, ${\tt PA}$,

RI, SC, SD, TN, TX, UT, VT, VA, WV, WI, WY

ATTACHMENT 7

| 990, PART VII- COMPENSATION OF THE FIVE HIGHEST | PAID IND. CONTRACTORS | |
|---|-------------------------|--------------|
| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
| INFOCISION 325 SPRINGSIDE DRIVE AKRON, OH 44333 | FUNDRAISING/CONSLTNG | 1,015,573. |
| MARKETEAM LLC 600 NORTHPARK TOWN CENTER SUITE 1600 ATLANTA, GA 30328 | CONSULTING | 707,911. |
| DIRECT MAIL PROCESSORS 1150 CONRAD COURT HAGERSTOWN, MD 21740 | CONSULTING | 464,428. |
| BLACKBAUD P.O. BOX 930256 ATLANTA, GA 31193 | CONSULTING | 455,799. |
| SHEPARDSON STERN & KAMINSKY 88 PINE STREET, 30TH FLOOR NEW YORK, NY 10005 | CONSULTING | 157,389. |

0183055-00003

Schedule O (Form 990 or 990-EZ) 2016

OMB No. 1545-0047

Open to Public

Inspection

6

2

Employer identification number

13-3661416

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization

Part I

SMILE TRAIN, INC.

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|--------------------|--------------------------------|---|----------------------------|----------------------------------|-------------------------------------|
| (1) SMILE TRAIN INTERNATION | NAL, LLC | | | | | |
| 41 MADISON AVENUE | NEW YORK, NY 10010 | INACTIVE | DE | 157. | 100,423. | SMILE TRAIN |
| (2) SMILE TRAIN REAL ESTATI | E, LLC | | | | | |
| 41 MADISON AVENUE | NEW YORK, NY 10010 | REAL ESTATE | NY | 0. | 0. | SMILE TRAIN |
| (3) | | | | | | |
| | | | | | | |
| _(4) | | | | | | |
| | | | | | | |
| (5) | | | | | | |
| | | | | | | |
| (6) | | | | | | |
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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 | | | | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | Section 5 | g) 512(b)(13) rolled tity? |
|---|--|--|---|--|--|---|---|-----------|--|
| | | | | | | Yes | No | | |
| | | | | | | | | | |
| LONDON, UK EC4R 1BE | SEE PART VI | UK | N/A | | SMILE TRAIN | x | | | |
| | | | | | | | | | |
| 80339 MUNCHEN, GM | SEE PART VI | GM | N/A | | SMILE TRAIN | x | | | |
| | | | | | | | | | |
| NEW YORK, NY 10010 | SEE PART VI | FR | N/A | | SMILE TRAIN | x | | | |
| | | | | | | | | | |
| POCKET 6/7, VASANT KUNJ, N | SEE PART VI | IN | N/A | | SMILE TRAIN | x | | | |
| | | | | | | | | | |
| JAKARTA, ID 12430 | SEE PART VI | ID | N/A | | SMILE TRAIN | x | | | |
| INC. | | | | | | | | | |
| QUEZON CITY, RP | SEE PART VI | RP | N/A | | SMILE TRAIN | x | | | |
| | | | | | | | | | |
| SAO PAULO, BR 13.141-064 | SEE PART VI | BR | N/A | | SMILE TRAIN | x | | | |
| | LONDON, UK EC4R 1BE 80339 MUNCHEN, GM NEW YORK, NY 10010 POCKET 6/7, VASANT KUNJ, N JAKARTA, ID 12430 INC. QUEZON CITY, RP | LONDON, UK EC4R 1BE SEE PART VI 80339 MUNCHEN, GM SEE PART VI NEW YORK, NY 10010 SEE PART VI POCKET 6/7, VASANT KUNJ, N SEE PART VI JAKARTA, ID 12430 SEE PART VI INC. QUEZON CITY, RP SEE PART VI | ated organization Primary activity Legal domicile (state or foreign country) LONDON, UK EC4R 1BE SEE PART VI UK 80339 MUNCHEN, GM SEE PART VI GM NEW YORK, NY 10010 SEE PART VI FR POCKET 6/7, VASANT KUNJ, N SEE PART VI IN JAKARTA, ID 12430 SEE PART VI ID INC. QUEZON CITY, RP SEE PART VI RP | Atted organization Primary activity Legal domicile (state or foreign country) Exempt Code section LONDON, UK EC4R 1BE SEE PART VI UK N/A 80339 MUNCHEN, GM SEE PART VI GM N/A NEW YORK, NY 10010 SEE PART VI FR N/A POCKET 6/7, VASANT KUNJ, N SEE PART VI IN N/A JAKARTA, ID 12430 SEE PART VI ID N/A INC. QUEZON CITY, RP SEE PART VI RP N/A | ated organization Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3)) LONDON, UK EC4R 1BE SEE PART VI UK N/A | ated organization Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3)) Direct controlling entity LONDON, UK EC4R 1BE SEE PART VI UK N/A SMILE TRAIN 80339 MUNCHEN, GM SEE PART VI GM N/A SMILE TRAIN NEW YORK, NY 10010 SEE PART VI FR N/A SMILE TRAIN POCKET 6/7, VASANT KUNJ, N SEE PART VI IN N/A SMILE TRAIN JAKARTA, ID 12430 SEE PART VI ID N/A SMILE TRAIN INC. QUEZON CITY, RP SEE PART VI RP N/A SMILE TRAIN | Atted organization Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3)) Direct controlling entity Section 50 (c)(3) LONDON, UK EC4R 1BE SEE PART VI UK N/A SMILE TRAIN X 80339 MUNCHEN, GM SEE PART VI GM N/A SMILE TRAIN X MEW YORK, NY 10010 SEE PART VI FR N/A SMILE TRAIN X JAKARTA, ID 12430 SEE PART VI ID N/A SMILE TRAIN X JAKARTA, ID 12430 SEE PART VI RP N/A SMILE TRAIN X QUEZON CITY, RP SEE PART VI RP N/A SMILE TRAIN X | | |

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

Schedule R (Form 990) 2016

JSA

OMB No. 1545-0047

Open to Public

Inspection

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2

Employer identification number

13-3661416

SCHEDULE R (Form 990)

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.

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

Department of the Treasury Internal Revenue Service Name of the organization

SMILE TRAIN, INC.

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|--------------------------------|---|---------------------|---------------------------|--|
| (1) | | | | | |
| | | | | | |
| (2) | | | | | |
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| (3) | | | | | |
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| (4) | | | | | |
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| (5) | | | | | |
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| (6) | | | | | |
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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 | Section 5 cont | g) 512(b)(13) rolled tity? |
|---|--------------------------------|---|----------------------------|--|-------------------------------------|-------------------|--|
| | | | | | | Yes | No |
| (1) FUNDACION SMILE TRAIN MEXICO, AC | | | | | | | |
| ACORDADA 18, 101, SAN JOSE DEL. BENITO JUAREZ, MX | SEE PART VI | MX | N/A | | SMILE TRAIN | X | |
| (2) THE SMILE TRAIN CANADA | | | | | | | |
| 41 MADISON AVENUE NEW YORK, NY 10010 | SEE PART VI | CA | N/A | | SMILE TRAIN | X | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |

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

Schedule R (Form 990) 2016

JSA

Schedule R (Form 990) 2016

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

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

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

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

JSA 6E1308 1.000 Schedule R (Form 990) 2016

| SMILE | TRAIN, | INC. |
|-------|--------|------|
|-------|--------|------|

Schedule R (Form 990) 2016

| Part | Transactions With Related Organizations. Complete if the organization answered "Ye | es" on Form 990, Par | rt IV, line 34, 35b, or 36. | | | | |
|------------|--|--|------------------------------|------------------|--------------------|--------|------|
| Note | Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | No |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more | related organizations lis | ted in Parts II-IV? | | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | | Х |
| b | Gift, grant, or capital contribution to related organization(s) | | | | 1b | Х | |
| С | Gift, grant, or capital contribution from related organization(s) | | | | 1c | Х | |
| d | _oans or loan guarantees to or for related organization(s) | | | | 1d | | X |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | | X |
| | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | X |
| | Sale of assets to related organization(s) | | | | 1g | | X |
| h | Purchase of assets from related organization(s) | | | | 1h | | X |
| i | Exchange of assets with related organization(s) | | | | 1i | | X |
| j | ease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | X |
| 1 - | a = a = a = a = a = a = a = a = a = a = | | | | 41. | | х |
| K | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | х | |
| 1 | Performance of services or membership or fundraising solicitations for related organization(s) | | | | 1I 1 | | X |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | | X |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n 1o | х | |
| 0 | Sharing of paid employees with related organization(s) | | | | 10 | Λ | |
| р | Reimbursement paid to related organization(s) for expenses. | | | | 1p | | Х |
| | Reimbursement paid by related organization(s) for expenses | | | | 1q | Х | |
| ч | | | | | - 4 | | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | | х |
| s | Other transfer of cash or property from related organization(s) | | | | 1s | | х |
| 2 | f the answer to any of the above is "Yes," see the instructions for information on who must complete | this line, including cove | red relationships and transa | action three | | S. | |
| | (a) | (b) | (c) | | (d) | | |
| | Name of related organization | Transaction type (a-s) | Amount involved | Method o amou | of dete nt invo | | ıg |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | aniba | | | |
| | | | | | | | |
| (1) | | | | | | | |
| | | | | | | | |
| (2) | | | | | | | |
| (a) | | | | | | | |
| (3) | | | | | | | |
| (1) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| JSA | | 1 | Sch | edule R (F | orm 9 | 990) 2 | 2016 |
| 6E1309 | .000 | | | , | | • | |

Schedule R (Form 990) 2016

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|---|----|---------------------------------|--|---|--|---|---|--|--------------------------------|
| | | | | Yes | No | | Yes | No | | Yes | No | | |
| 1) | | | | | | | | | | | | | |
| 2) | | | | | | | | | | | | | |
| 3) | | | | | | | | | | | | | |
| 4) | _ | | | | | | | | | | | | |
| 5) | | | | | | | | | | | | | |
| 6) | | | | | | | | | | | | | |
| 7) | | | | | | | | | | | | | |
| 8) | | | | | | | | | | | | | |
| 9) | | | | | | | | | | | | | |
| 0) | | | | | | | | | | | | | |
| 1) | | | | | | | | | | | | | |
| 2) | | | | | | | | | | | | | |
| 3) | | | | | | | | | | | | | |
| 4) | | | | | | | | | | | | | |
| 5) | | | | | | | | | | | | | |
| 6) | | | | | | | | | | | | | <u> </u> |

JSA 6E1310 1.000 Schedule R (Form 990) 2016

Schedule R (Form 990) 2016

| Part VII | Supplemental Information | | | | |
|----------|--|--|--|--|--|
| | Provide additional information for responses to questions on Schedule R. See instructions. | | | | |

PART II, LINE 2

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

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

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

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