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) (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	
b (Code:) (Ex	penses \$ _{9,726,056} includir	ng grants of \$ (F	Revenue \$)
ATTACHMENT 3			
	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			
	<b>o</b>	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			<b>.</b> 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	<b>Sponsoring organizations maintaining donor advised funds.</b> 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	<b>Note.</b> 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 <b>6</b>
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 <b>1a</b>	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 <b>1b</b>			
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 <b>ATTACHMENT</b> 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>(B)</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	<b>(E)</b> Reportable compensation from related	<b>(F)</b> 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 <ul> <li>278,133.</li> <li>2,005,145.</li> <li>191,7</li> </ul> c Total (add lines 1b and 1c) <ul> <li>2,005,145.</li> <li>191,7</li> </ul> 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 <ul> <li>278,133.</li> <li>2,005,145.</li> <li>191,7</li> </ul> Total (add lines 1b and 1c) <ul> <li>2,005,145.</li> <li>191,7</li> </ul> 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			-									
c Total from continuation sheets to Part VII, Section A <ul> <li>278,133.</li> <li>2,005,145.</li> <li>191,7</li> </ul> Total (add lines 1b and 1c) <ul> <li>2,005,145.</li> <li>191,7</li> </ul> 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			-								ļ	
c Total from continuation sheets to Part VII, Section A <ul> <li>278,133.</li> <li>2,005,145.</li> <li>191,7</li> </ul> Total (add lines 1b and 1c) <ul> <li>2,005,145.</li> <li>191,7</li> </ul> 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 organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4         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       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         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)			-								ļ	
c Total from continuation sheets to Part VII, Section A <ul> <li>278,133.</li> <li>2,005,145.</li> <li>191,7</li> </ul> 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       Yes         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       4         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       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)         (A)       (B)       (C)         Name and business address       Description of services       Compensation			-								<u> </u>	
c Total from continuation sheets to Part VII, Section A <ul> <li>278,133.</li> <li>2,005,145.</li> <li>191,7</li> </ul> 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       Yes         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       4         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       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)         (A)       (B)       (C)         Name and business address       Description of services       Compensation			-								<u> </u>	
c Total from continuation sheets to Part VII, Section A <ul> <li>278,133.</li> <li>2,005,145.</li> <li>191,7</li> </ul> Total (add lines 1b and 1c) <ul> <li>2,005,145.</li> <li>191,7</li> </ul> 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 organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4         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       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       (B)       (C)         Complete this table for your five highest address       Compensation       (C)         Name and business address<											<u> </u>	
c Total from continuation sheets to Part VII, Section A <ul> <li>278,133.</li> <li>2,005,145.</li> <li>191,7</li> </ul> Total (add lines 1b and 1c) <ul> <li>2,005,145.</li> <li>191,7</li> </ul> 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 organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4         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       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         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)			-								<u> </u>	
c Total from continuation sheets to Part VII, Section A <ul> <li>278,133.</li> <li>2,005,145.</li> <li>191,7</li> </ul> Total (add lines 1b and 1c) <ul> <li>2,005,145.</li> <li>191,7</li> </ul> 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 organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4         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       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         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)									1 505 010			
d Total (add lines 1b and 1c)       0       191,         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       Yes         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       3         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         Exection B. Independent Contractors       Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         (A)       (B)       (C)       Compensation       Compensation												
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		-									-	
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       3         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       4       X         Exection B. Independent Contractors       5       5         Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.       6       (C)         Compensation       (A)       (B)       (C)       Compensation	Total number of individuals (including but not	limited to t	hose	listeo				o re		\$100,000 of	1	
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       5       5         Complete this table for your five highest 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       Compensation											`	Yes
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       4       X         ection B. Independent Contractors       5       5         Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.       6       (C)         (A)       (B)       (C)       Compensation											2	
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 <b>990</b> (2016)

JSA 6E1051 1.000

Form 990 (2016)

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		
			<b>(A)</b> Beginning of year		<b>(B)</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 <b>990</b> (2016)

Form 990 (2016)

0183055-00003

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

Form 9	00 (2016)				Pa	ge <b>12</b>	
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 <b>s</b>	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 <b>sectio</b>	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)			<b>D</b> (    )			
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 <b>section 509</b>	certain e able inco <b>(a)(2).</b> (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		<b>Type I</b> . A supporting orga	-				-	-
		the supported organization	on(s) the power to	regularly appoint or e	lect a m		- · ·	
b	Г	supporting organization. ∖ <b>Type II</b> . 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).				
	<b>(i)</b> N	ame of supported organization	<b>(ii)</b> 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) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	<b>(e)</b> 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) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 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>(b)</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	<b>Total.</b> 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>(b)</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	<b>Total support.</b> (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 <b>stop here</b>	-					
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	<b>Private foundation.</b> 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 <b>Part VI</b> 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> <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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. <b>Answer (a) and (b) below.</b>			
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 <b>Part VI identify those supported organizations and explain</b> 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 <b>Part VI</b> 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		
<ul> <li>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)</li> <li>7 Other expenses (see instructions)</li> </ul>	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		
<b>4</b> 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		
<b>6 Distributable Amount.</b> 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 <b>Part VI</b> ). See instructions.							
7	<b>Total annual distributions.</b> Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
Ŭ	(provide details in <b>Part VI</b> ). 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 <b>not</b> 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 <b>ons described in section 501(c)(7), (8), or</b> <b>ributor.</b> 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

h

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 <b>2</b></th>	Scheo	lule D (Form 990) 2016	, -								Pa	age <b>2</b>
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							
Part IV       Escrow and Custodial Arrangements. Complete if the organization an aswered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete if the organization during the year       Image: Complete if the organization answered "Yes" 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       Image: 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.         Part V       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.       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.         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.         Contrivoutions       Image: Complete i	5											
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:         c       Beginning balance         d       Additions during the year         e       Id         2       Distributions during the year         1a       Bedinning balance         1b       If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         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.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance         b       Contributions         c       Net investment earnings, gains, and losses         and programs       Image: Second Control (0) For year (c) Two years back       (d) Four years back         c       Other expenditures for facilities and programs       Image: Second Control (0) Four years back         d       Grants or scholarships       Image: Second Control (0) Four years back         c	Der			aineo as pa	in or the o	rganiza	ations	scolled	uon?	fes		NO
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	
included on Form 990, Part X?       Yes       No         b       If 'Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         2       Did the organization answered "Yes" on Form 990, Part IV, line 10.       Part Y         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back         1a       Beginning of year balance       (e) Four years         b       Contributions       (e) Four years       (e) Four years back         1a       Beginning of year balance       (e) Four years       (e) Four years back         1b       Contributions       (f) Three years back       (f) Three years back         1a       Beginning of year balance       (f) Three years back       (f) Three years back         1a       Grants or scholarships       (f)       (f) Three years back       (f) Four years back         1a       Grants or scholarships       (f)       (f) Three years back       (f) Four years back         1a		990, Part X, line 21.							-			
b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance	1a				-					<b>—</b>		1
c       Beginning balance       Amount         1c       It       It         a       Additions during the year       It         i       It       It         a       Distributions during the year       It         Complete if the organization naswered "Yes" on Form 990, Part IV, line 10.       It         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       It         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       It         Complete stimated parce       It       It         a do losses       It       It         a do l	_									Yes		No
c       Beginning balance       1c       1d         d       Additions during the year       1d       1d         2a       Distributions during the year       1f       1d         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "ves" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       No         b       f 'one'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       No         Part V       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.       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         a       Contributions       (a) Current year       (b) Prior year       (d) Three years back       (e) Four years back         a       Garants or scholarships       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       abcard designated or quasi-endowm	b	If "Yes," explain the arrangement i	n Part XIII and com	plete the fo	lowing tab	le:						
d Additions during the year       10         e Distributions during the year       10         12       Distributions during the year       11         2a Did the organization include an amount on Form 990, Part X, line 21, for escrew 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       No         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c Net investment earnings, gains, and losses       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g End of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g End of year balance       (b) Current year       (b) Course of the organization that are back provement b       %       %       %       %						-			Amount			
e       Distributions during the year       10         f       Ending balance       11         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back       No       four years back       four yea												
f       Ending balance       11         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       No         Part V       Endowment Funds.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       No       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       No the investment earnings, gains, and losses       (d) Three years back       (e) Four years back       (e) Four years back         c       Cher expenditures for facilities and programs       (d) Grants or scholarships       (d) Grants or scholarships       (e) Four years back       (												
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       No         PartV       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       No       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (a)       (a)       (c) Two years back       (d) Three years back       (e) Four years back	_											
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.         1a       Beginning of year balance         b       Contributions         c       Net investment earnings, gains, and losses         and losses												
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance												NO
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         (a) Current year       (c) Two years back       (d) Three years back       (e) Fur years back         1a Beginning of year balance         b Contributions			n Part XIII. Check h	ere if the e	xplanation	has bee	en pro	ovided	on Part XIII	<u></u>		
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance	Par		tion oneward "Va	o" on Earm	000 Do	r+ I\ / 1;	ina 1	0				
1a       Beginning of year balance       b       c       Net investment earnings, gains, and losses										(a) <b>Faur</b>		
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: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>b</li> <li>If "Yes" on line 3a(ii), are the related organization's endowment funds.</li> </ul> <ul> <li>Yes" on line 3a(ii), are the related organization's endowment funds.</li> </ul> <ul> <li>gai(i)</li> <li>gai(i)</li></ul>	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: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>3b</li> </ul> <ul> <li>3a(ii)</li> <li>3a(ii)</li> <li>3a(ii)</li> <li>3a(ii)</li> <li>3a(ii)</li> <li>3b</li> <li>3b</li> </ul> <ul> <li>Are the related organizations is listed as required on Schedule R?</li> <li>3b</li> <li>3b</li> <li>3b</li> </ul> <ul> <li>The percentages on line 3a(ii), are the related organization's endowment funds.</li> </ul> <ul> <li>Part VI</li> <li>Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> </ul> <ul> <li>Description of property</li> <li>(a) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(other)</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(other)</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li></ul>												
3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated (d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> </ul> 1a     Land, Land     16,807,507.     16,807,507.           b         Buildings         16,807,507.           c         Leasehold improvements         458,365.         362,858.               y <li>(a) Cost or other basis (b) Sost or 362,858.</li> <li>(b) Cost or 362,858.</li>	C			1000/								
organization by:       Yes       No         (i) unrelated organizations       3a(i)       3a(i)         (ii) related organizations       3a(ii)       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b       3b         9       It is the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       Complete if the organization answered "Yes" on other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land       16,807,507.       16,807,507.       16,807,507.         b       Buildings       458,365.       362,858.       95,507.         c       Leasehold improvements       458,478.       454,864.       103,614.	20		-		tion that a	aro boli	d and	admir	vistored for the			
(i) unrelated organizations       3a(i)         (ii) related organizations       3a(ii)         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       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)         (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       16,807,507.         b Buildings       16,807,507.         c Leasehold improvements       458,365.         458,478.       454,864.	Ja			ne organiza	illon inal a		u anu	aunni			'es	No
(ii) related organizations       3a(ii)         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       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       458,365.       362,858.       95,507.         d       Equipment       558,478.       454,864.       103,614.												
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       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.												
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	· · ·										
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.			0				•••					
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land16,807,507.16,807,507.b Buildings16,807,507.16,807,507.c Leasehold improvements458,365.362,858.d Equipment558,478.454,864.	_											
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land16,807,507.16,807,507.b Buildings16,807,507.16,807,507.c Leasehold improvements458,365.362,858.d Equipment558,478.454,864.	i ai	Complete if the organiza	tion answered "Ye	es" on Fori	n 990, Pa	art IV,	line 1	11a. S	<u>ee Form 990, P</u>	art X, line	10.	
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	
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.	1a	Land			,01	/						
c         Leasehold improvements         458,365.         362,858.         95,507.           d         Equipment         558,478.         454,864.         103,614.	_				16,8	07,50	)7.			16,80	7,5	07.
d Equipment	с					-		3	62,858.			
	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
	( <b>a</b> ) 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 <b>4</b>
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 <b>4a</b> and <b>4b</b>			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

Page 5

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.
--------------------	-------	--------	------

Page **2** 

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.
--------------------	-------	--------	------

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	<b>(a)</b> 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	<b>(g)</b> 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.
--------------------	-------	--------	------

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	<b>(g)</b> 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.
--------------------	-------	--------	------

Page 2

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.
--------------------	-------	--------	------

Page 2

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

►

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.
--------------------	-------	--------	------

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	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	<b>(g)</b> 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

►

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

Page 2

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

►

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

►

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

Page 2

Schedule F (	Form C	1000	2016

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	<b>(g)</b> 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

Page 2

Schedule F	(Form	990)	2016	

Part II			tions or Entities Outsid ved more than \$5,000. F					ed "Yes" on F	orm 990,
1	<b>(a)</b> 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	<b>(g)</b> 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.
--------------------	-------	--------	------

Page 2

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	<b>(g)</b> 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.
--------------------	-------	--------	------

Page 2

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	<b>(g)</b> 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.
--------------------	-------	--------	------

Page 2

Schedule F (	Form C	1000	2016

Part II	Grants and Other As Part IV, line 15, for ar								- <del></del> ,
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

►

Part II	Grants and Other As Part IV, line 15, for a	ssistance to Organiza						ed "Yes" on F	orm 990,
1	<b>(a)</b> 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	<b>(g)</b> 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.
--------------------	-------	--------	------

Schedule F (	Form C	1000	2016

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

►

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

►

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

Page 2

Schedule F (	Form C	1000	2016

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	<b>(g)</b> 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.
--------------------	-------	--------	------

Page 2

Schedule F	(Form 990)	) 2016

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

►

Schedule F (I	Form 990)	2016

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.
--------------------	-------	--------	------

Page 2

Schedule F	(Form	990)	2016	

Part II	Grants and Other As Part IV, line 15, for an							ed "Yes" on F	orm 990,
1	<b>(a)</b> 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	<b>(g)</b> 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.
--------------------	-------	--------	------

Page 2

Schedule F	(Form	990)	2016	

Part II			ations or Entities Outs					ed "Yes" on F	orm 990,
1	<b>(a)</b> 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	<b>(g)</b> 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

Page 2

Schedule F	F (Form	990) 2	016

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.
--------------------	-------	--------	------

Page 2

Schedule F	F (Form	990) 2	016

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.
--------------------	-------	--------	------

Page 2

Schedule F (I	Form 990)	2016

		· · · · · · · · · · · · · · · · · · ·	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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> 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	<b>(h)</b> 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				•		
<b>(i)</b> 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,				
		, ·· ± /						

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>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
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>(b)</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)	<b>&gt;</b>	
	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 <b>3</b>
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	<b>_</b>
		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			<b>_</b>
		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 <b>16</b>	
		-	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>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> 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>(b)</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
L .					
i					

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	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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)

<b>(Forr</b>	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
<b>3</b> ^{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 &amp; 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	<b>(e)</b> Origin principal am		(f) Balance due	<b>(g)</b> 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		<b>)</b> 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.

-				
	<ul> <li>Information</li> </ul>	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
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> 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 <b>2</b>
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 <b>2</b>
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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> 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)						

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	<b>g)</b> 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

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.

▶ 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

## Part II

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

(a) Name, address, and EIN of related organization	<b>(b)</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	<b>g)</b> 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	<b>(g)</b> 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?	<b>(k)</b> 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	<b>(h)</b> 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
<b>1</b> -	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.