

Form	990
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Department of the Treasury Internal Revenue Service

#### \*\* PUBLIC DISCLOSURE COPY \*\* **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.

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



Α	For th	e 2021 calendar year, or tax year beginning JUL 1, 2021 and e	ending Jt	JN 30, 2022								
в	Check if applicat	e: C Name of organization		D Employer identif	fication number							
	Addr chan	ess SMILE TRAIN, INC.										
	Nam Chan			13-3661416	5							
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	er							
	Final	633 THIRD AVENUE 9TH FL.		(212) 689-9	199							
	termi ated			<b>G</b> Gross receipts \$	246,051,915.							
	Ame	NEW FORK, NY 10017		H(a) Is this a group								
	Appli tion pend	F Name and address of principal officer: SUSANNAM SCHAEFER		for subordinate	es? Yes X No							
		633 THIRD AVENUE, NEW YORK, NY 10017		H(b) Are all subordinates								
		tempt status: $X = 501(c)(3) = 501(c) ( ) $ (insert no.) 4947(a)(1) o	r 🔝 527	,	a list. See instructions							
		te: WWW. SMILETRAIN.ORG		H(c) Group exempti								
	Form o art I	f organization: X Corporation Trust Association Other ► Summary	<b>L</b> Year (	of formation: 1992	M State of legal domicile: NY							
	1	Briefly describe the organization's mission or most significant activities: <u>SMILE T</u>	-									
e	1	EVERY PERSON HAS ACCESS TO SAFE, QUALITY CLEFT CARE.	INALIN ALIA	S TO ENSURE THAT								
uer uer	2	Check this box $\blacktriangleright$ if the organization discontinued its operations or dispose	ad of more	than 25% of its not as	seate							
veri	3											
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)										
2 0	5 5	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5										
itie	6	Total number of volunteers (estimate if necessary)			C							
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.							
٩	: b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.							
				Prior Year	Current Year							
đ	8  8	Contributions and grants (Part VIII, line 1h)		91,593,384	. 93,083,921.							
Revenue	9	Program service revenue (Part VIII, line 2g)		0	. 0.							
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		21,342,892	. 26,132,742.							
α	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		154,788.	/							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		113,091,064								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		51,112,281								
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0								
C, C	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		10,573,283	, ,							
SUS	16a	Professional fundraising fees (Part IX, column (A), line 11e)		260,431	. 118,997.							
Fxnenses	<u>í</u> b	Total fundraising expenses (Part IX, column (D), line 25)  23,035,7		20 604 002	25.254.400							
	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		32,691,823	, ,							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		94,637,818	, ,							
		Revenue less expenses. Subtract line 18 from line 12		18,453,246								
ts or				ginning of Current Year								
Assets		Total assets (Part X, line 16)		431,829,319								
Net A	-	Total liabilities (Part X, line 26)		9,039,301 422,790,018	, ,							
	<u>] 22</u> art II	Net assets or fund balances. Subtract line 21 from line 20		722,190,010,	•  501,255,054.							

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

		TAXPA	YER COPY									
Sign		Signature of	f officer				Date					
Here	SUSANNAH SCHAEFER, PRESIDENT & CEO											
		Type or prin	nt name and title									
	Prir	nt/Type prepar	er's name		Preparer's signature 🧷 🛧 纠	**	Date	Check	PTIN			
Paid	SCOTT THOMPSETT					mell	5/12/2023	self-employed	P00741490			
Preparer	Firr	n's name 🕒	GRANT THO	RNTON LLP			Firm	Firm's EIN 🕨 36-6055558				
Use Only	Firr	n's address 🕨	757 THIRD	AVENUE, 3RD FL	OOR							
	NEW YORK, NY 10017-2013 Phone no. (212) 599-0100											
May the I	RS d	iscuss this re	eturn with the	preparer shown abo	ve? See instructions				X Yes	No		
									~~~	<b>A</b>		

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. (Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

#### File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Type of print	Name of exempt organization or other filer, see ins	tructions.		Taxpayer identification number (TIN)			
print	SMILE TRAIN, INC.				13-366141	16	
File by th due date filing you return, S	for Number, street, and room or suite no. If a P.O. box 633 THIRD AVENUE 9TH FL.	<, see instruct	ions.	1			
instructio		a foreign add	ress, see instructions.				
Enter	he Return Code for the return that this application is for	(file a separat	te application for each return)			0 1	
Applic	ation	Return	Application			Return	
ls For		Code	Is For			Code	
Form 9	990 or Form 990-EZ	01	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 990-PF 04 Form 5227						10	
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above) 06 Form 8870							
Form 9	990-T (corporation)	07					
● If th box ▶	<ul> <li>e organization does not have an office or place of busine is is for a Group Return, enter the organization's four dig</li> <li>. If it is for part of the group, check this box</li> <li>request an automatic 6-month extension of time until</li> </ul>	git Group Exe	mption Number (GEN) ch a list with the names and TINs o	If this is fo f all memb	r the whole grou	in is for.	
	he organization named above. The extension is for the c	organization's	,				
2	f the tax year entered in line 1 is for less than 12 months Change in accounting period	s, check reaso	on: Initial return	Final retur	'n		
3a	f this application is for Forms 990-PF, 990-T, 4720, or 60	069, enter the	tentative tax, less				
	any nonrefundable credits. See instructions.			3a	\$	0.	
b	f this application is for Forms 990-PF, 990-T, 4720, or 60	069, enter any	refundable credits and				
	estimated tax payments made. Include any prior year over	erpayment all	owed as a credit.	3b	\$	0.	
С	Balance due. Subtract line 3b from line 3a. Include your	payment wit	h this form, if required, by				
	using EFTPS (Electronic Federal Tax Payment System).	See instructio	ns.	3c	\$	0.	
Cautio instruc	n: If you are going to make an electronic funds withdrav tions.	val (direct deb	bit) with this Form 8868, see Form 8	453-TE and	d Form 8879-TE	for payment	

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

Form 8868 (Rev. 1-2022)

Form	990 (2021) SMILE TRAIN, INC.	13-3661416	Page <b>2</b>
	rt III Statement of Program Service Accomplishments		9
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	SMILE TRAIN, INC.'S PRIMARY PURPOSE IS TO PROVIDE CHILDREN BORN WITH A		
	CLEFT THE SAME OPPORTUNITIES IN LIFE AS THOSE BORN WITHOUT CLEFTS.		
	(CONT'D ON SCH. O).		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?		es 🗴 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		es 🛛 No
-	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	leasured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$67,455,315. including grants of \$58,744,818. ) (Revenue	e \$	0.)
	TREATMENT PROGRAM: FREE CLEFT SURGERIES - WHILE OUR COST PER SURGERY		
	VARIES ACROSS THE 90+ DIFFERENT COUNTRIES WHERE WE HAVE WORKED, OUR		
	CONTRIBUTION PER SURGERY CAN BE AS LOW AS \$250. THIS AMOUNT REFLECTS		
	THE CONTRIBUTION PER SURGERY THAT WE PROVIDE OUR PARTNER HOSPITALS. IT		
	ALSO COVERS A SIGNIFICANT PORTION OF EACH SURGERY AS PART OF OUR		
	COST-SHARING AGREEMENT AND MEDICAL PARTNERSHIPS. (CONT'D ON SCH. O).		
			0.)
4b	(Code:)(Expenses \$11,700,544. including grants of \$985,612. ) (Revenue PUBLIC EDUCATION PROGRAM - AROUND THE WORLD, MANY PEOPLE ARE UNFAMILIAR	e\$	)
	WITH CLEFT LIP AND PALATE. FOR MANY OF THE FAMILIES WE SUPPORT, THE		
	FIRST TIME THEY SEE A CLEFT IS WHEN THEY FIRST LOOK AT THE FACE OF		
	THEIR NEWBORN CHILD. THIS LACK OF AWARENESS, COUPLED WITH STIGMA AND		
	MYTHS AROUND CLEFTS, OFTEN LEADS TO BABIES WITH CLEFTS BEING ABANDONED,		
	ISOLATED, OR SIMPLY NEVER BROUGHT TO A HOSPITAL FOR TREATMENT BECAUSE		
	FAMILIES AND COMMUNITIES DON'T KNOW THAT TREATMENT IS AVAILABLE. NO		
	MATTER WHERE THEY LIVE, IT IS ESSENTIAL THAT EVERY FAMILY IS AWARE OF		
	CLEFT LIP AND PALATE AND THE CARE THAT THEIR CHILD WILL NEED AS THEY		
	GROW AND DEVELOP. (CONT'D ON SCH. O).		
4c	(Code:) (Expenses \$ 7,491,937. including grants of \$ 6,232,742. ) (Revenue	e \$	0.)
	TRAINING PROGRAMS - SMILE TRAIN PROVIDES FREE TRAINING AND EDUCATION TO		
	CLEFT CARE PROFESSIONALS AROUND THE WORLD. ACCESS TO EDUCATION AND		
	TRAINING OPPORTUNITIES IS CRITICAL TO SMILE TRAIN'S WORK EMPOWERING		
	LOCAL MEDICAL TEAMS TO PROVIDE SAFE, HIGH-QUALITY COMPREHENSIVE CLEFT		
	CARE. SINCE 1999, WE HAVE PROVIDED MORE THAN 40,000 TRAINING		
	OPPORTUNITIES TO IMPROVE CLEFT TREATMENT IN COUNTRIES AROUND THE WORLD.		
	(CONT'D ON SCH. O).		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses     86,647,796.		n <b>990</b> (2021)
105-		Form	n 990 (2021)
132002	2 12-09-21 <b>2</b>		
805	$2^{2}$ 2021.05080 SMTLE TRAIN TI 2021.05080 SMTLE TRAIN TI	NC	01830

Part IV         Checklist of Required Schedules           1         Is the organization described in section 3911(g)(g) or 4827(g)(1) (other than a private foundation)?         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1	Form	990 (2021) SMILE TRAIN, INC. 13-36614	16	Р	age <b>3</b>
1         Is the argenization described in sectors 501(q) or 4047(q)(1) other than a private foundation?         I         X           2         Is the argenization request index or index positional company activities on bahal of or in opposition to candidate for public officin? (If Yes, 1' complete Schedule 0, Part I         3         X           3         Section 501(q) argenization. Both the organization engage in tobbying activities, or have a section 501(q) election in effect direct or index position engage in tobbying activities, or have a section 501(q) election in effect direct and anoths in such that or accounts for which donors have the regime to provide addice on the distribution or investment Tyres, "complete Schedule 0, Part I         6         X           6         Date the argenization request in anounts in such that or accounts for which donors have the regime Schedule 0, Part I         6         X           7         X         Define argenization in active or hold a complex schedule 0, Part I         6         X           8         Define argenization request on hold a schedule 0, Part I         7         X           8         Define argenization request on hold a schedule 0, Part I         7         X           9         Define argenization request on works of art, historical transures, or other similar assets? If "Yes," complete Schedule 0, Part IV         7         X           9         Define argenization request an amount in Part X, line 21, for secret or custodial account liability, serve as a custodiam or a nucliability of the orga	Par	t IV Checklist of Required Schedules			
If "Yes," complete Schedule A       Is the organization required to complete Schedule B, Schedule AC Contribution? See instructions       Is the organization analysis of the organization engage in labbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II       Is the organization a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II       Is the organization match and year of the organization that neares membership dues, assessments, or similar amounts as defined in Rev. Proc. 98 197 If "Yes," complete Schedule C, Part II       Is the organization match and year of the organization that neares membership dues, assessments, or similar amounts as defined in Rev. Proc. 98 197 If "Yes," complete Schedule D, Part II       Is X         D D the organization revention of a mounts in such funds or accounts? If "Yes," complete Schedule D, Part II       Is X         D D the organization match and a conservation assemets, funding assements to provide advice on the distribution or investment of amounts in such funds or account?       If "Yes," complete Schedule D, Part II       Is X         D D the organization match and analysis of a structures?       If "Yes," complete Schedule D, Part II       If Wes," complete Schedule D, Part II       If X         D D the organization report an amount in Part X, ine 21, for escrete association in Part X, ine 10, were association in Part X, ine 21, for escrete association in Part X, ine 10, were association in Part X, ine 21, for escrete association in Part X, ine 10, were association in Part X, ine 10, were association in Part X, ine 21, for escrete association in Part X, ine 10, if X       If X         D				Yes	No
2         is the organization required to complete Schedule B, Schedule of Contributors 7 See instructions         2         X           3         Did the organization required to complete Schedule C, Part I         3         X           4         Section 501(c)(3) organizations. Did the organization engage in b0bying activities, or have a section 501(f) election in offect dump the twy? If 'Nes', complete Schedule C, Part I         4         X           5         Is the organization activities of the organization that acceves membership dues, assessments, or similar amounts as defined In Park (Science) C, Part I // 'Nes', complete Schedule C, Part I         5           6         Did the organization in viscement of amounts in such Indio a coccurst for which donorn have the right I.         6         X           7         Did the organization required and scient function and that accounts for which donorn have the right I.         6         X           7         Did the organization required and activities of the organization and the organization andecont for investiments - other securities in Part X,	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
Dot the organization engage in direct or indirect Biological campaign activities on behalf of or in opposition to candidates for public direct if it is equivalent if it is the organization a section 50 (b)(4) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II           A Section 501(b)(4) solicities in Solicities (amplaign activities on behalf of or in opposition to candidates for public direction in effect during the tax year? If 'Yes,' complete Schedule C, Part II         4         X           B Did the organization a section 501(b)(6) solicit(6): 501(c)(6): 501(c		If "Yes," complete Schedule A	1	х	
3         Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public affects (PT vrgs. "complete Schedule C, Part I         3         X           4         Section 501(p(3) organizations. Did the organization engage in böbying activities, or have a section 501(p) election in effect during the usy and (Prise, "complete Schedule C, Part I         5         X           5         Is the organization matchin any door advisad funds or any similar funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which doors have the right to provide advice on the distribution or investment of an anount in the start is such funds or accounts for which doors have the right to provide advice on the distribution or investment of an anount in Part X, line 21, for secret or or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide organization, hold assets in donorrestricted endowments?         7         X           10         Did the organization anismum to fund, buildings, and equipment in Part X, line 21, for secret or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide organization, hold assets in donorrestricted endowments?         9         X           11         If the organization anismum to rule accound in light organization and anount for threat, buildings, and equipment in Part X, line 127, the 128 section of its total assets reported in Part X, ine 127 the secomplete Schedule D, Part W         10         X<	2		2	Х	
biblic office? If "res," complete Schedule C, Part I         3         X           4 sectors 051(6)(3) organizations. Dd the organization engage in lobbying activities, or have a section 501(6) electron in effect and/ar annual sa defined in Rev. Proc. 96 10(c)(6), of 01(c)(6), of 01(c)(6)	3				
Section 501(c)(8) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4) completes Cachedue C, Part II         Image: Complete Schedule C, Part II         Image: C		public office? If "Yes." complete Schedule C. Part I	3		x
during the fax year? If Yes," complete Schedule C, Part II         4         X           5         Is the organization a section D(x)(A) 501(x)(A) 501	4				
5         Is the organization action (a) (b) (b) (b) (c) or S01 (c) (b) or s01 (c) (b) organization mututs as defined in Rev. Proc. B 17 (a) "Yes," completes Schedule (D, Part II)         5         X           6         Did the organization maintain any donor advised funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in sub-links or accounts for which donors have the right to provide advise on the distribution or investment of amounts in sub-links or accounts for which donors have the right to provide advise on the distribution or investment of amounts in sub-links or accounts for which donors have the right to part II.         6         X           7         Did the organization maintain any donor advised funds or accounts in which donors have the right to part II.         7         X           8         Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts in sub-part IV.         8         X           10         Did the organization report an amount for investments - other securities in Part X, line 12, link is 6% or more of its total assets reported in Part X, line 21, for secrew or custodial account liability, serve as a custodian for amounts in visco accounts in Visco accounts for whice accounts in Visco accounts for whice accounts in Visco accounts in Visc			4	х	
asimilar anounds as defined in Rev. Proc. 98-19? # 'Yes,' complete Schedule C, Part II       5       X         6       Did the organization maintain any door advised funds or any sounds for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // 'Yes,' complete Schedule D, Part II       6       X         7       Did the organization maintain advess, or historic structure? // 'Yes,' complete Schedule D, Part II       6       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar asset? // 'Yes,' complete Schedule D, Part II       7       X         9       Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? // 'Yes,' complete Schedule D, Part V       7       X         10       Did the organization report an amount for hough a related organization, hold assets in donor restricted endowments or in quasi endowments? // 'Yes,' complete Schedule D, Part V       10       X         11       If the organization report an amount for investments - other securities in Part X, line 10? // Wes,' complete Schedule D, Part VII       10       X         12       Did the organization report an amount for investments - other securities in Part X, line 12? // Wes,' complete Schedule D, Part X       10       X         13       Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16?	5				
6 Did the 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in press. The security are adviced at the similar assets? If "Yes," complete Schedule D, Part III       7       X         7       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV       7       X         8       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for a mount and the right organization report an amount for lands dorganization, forder assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       9       X         10       Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VI       10       X         11       If the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VI       11       X         11       Did the organization is separate or consolidated financial statements for the tax year include a foothort that dataset reported in Part X, line 167 If "Yes," complete Schedule D, Part VI       11       X         12       D			5		x
provide advice on the distribution or investment of anounts in such funds or accounts? If "Yes," complete Schedule D, Part I       6       X         7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land ureas, or historic structures? If "Yes," complete Schedule D, Part II       7       X         8       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no tisked in Part X, or provide credit conseling, dabt management, credit repair, or debt negotiation services?       8       X         9       Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi edowments?       10       X       10       X         10       Did the organization report an amount for land, buildings, and equipment 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 IV       10       X         11a       X       Did the organization report an amount for investments - order securities 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 IV       11a       X         11b       X       Did the organization report an amount for other assets 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 X       11a       X         11b       X       Did the organization report an	6				
7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historical treasures, or other similar assets? If Yes," complete Schedule D, Part II       X         8       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian in part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       Y       X         10       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian in part X, inc provide credit counseling, debt management, credit repair, or debt negotiation services?       Y       X         10       Did the organization, firedity or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If Yes," complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment 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 VI       11a       X         11       Did the organization report an amount for investments - order securities 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 X       11e       X         11       Did the organization report an amount for rivestments ro that axy rear include a footonet that addresses the organization report an amount for ther isabilities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? I	•		6		x
the environment, historic land areas, or historic structures? <i>µ</i> "Yes," complete Schedule D, Part <i>II</i> .       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>II</i> "Yes," complete Schedule D, Part <i>II</i> .       8       X         9       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts no listed in Part X, ico provide credit counsaling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization directly or through a related organization, hold assets in donor-restricted endowments       9       X         11       the organization answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, X, or X, as applicable.       10       X         11       Did the 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 167. If 'Yes,' complete Schedule D, Part VII       11       X         11       Did the organization report an amount for investments - other securities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167. If 'Yes,' complete Schedule D, Part VII       11       X         11       Did the organization report an amount for inter assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167. If 'Yes,' complete Schedule D, Part X       114       X         12 <td>7</td> <td></td> <td></td> <td></td> <td></td>	7				
8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete       8       X         9       X       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X. or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       11a       X         12       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         13       X       End the organization report an amount for land, buildings, and equipment in Part X, line 13? If Yes," complete Schedule D, Part VI       11a       X         14       Did the organization report an amount for lands, buildings, and equipment in Part X, line 13? If Yes," complete Schedule D, Part XI       11a       X         15       Did the organization report an amount for lands, buildings, and equipment Part X, line 13? If Yes," complete Schedule D, Part XI       11a       X         14       Did the organization report an amount for other assets in Part X, li	•		7		x
Schedule D, Part III       B       X         9       Did the organization report an amount in Part X, line 21, line 21, line 21, or debt negotiation services?       If "yes," complete Schedule D, Part IV         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "yes," complete Schedule D, Part V       10       X         11       If the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "yes," complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "yes," complete Schedule D, Part VI       11       In       X         11       Did the 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       11       X         11       Did the organization report an amount for investments - other securities 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       11       X         11       Did the organization report an amount for ther assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Part X       116       X         11       Z       Did the organization report an amount for investments tor the tax year?       <	8		<u> </u>		
9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X: or provide credit counseling, debt management, credit repair, or debt negotiation services?       y         10       Ub the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       11a       X         12       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         13       Did the organization report an amount for investments - other securities in Part X, line 130, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VI       11a       X         14       Did the organization report an amount for there assets in Part X, line 156, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X       11d       X         15       Did the organization report an amount for other liabilities in Part X, line 156, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X       11d       X         16       Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X       11d	0				x
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?       y       x         If "Yes," complete Schedule D, Part V       10       x       10       x         If the organization, "exception through a related organization, hold assets in donor-restricted endowments" or in quasi endowments? If "Yes," complete Schedule D, Part V       10       x       10       x         If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       x       11a       x         D Did the 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         D Did the organization report an amount for investments - other assets 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 VII       11c       x         D Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       x         D Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       x         D Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11td       x	٩				
If "Yes," complete Schedule D, Part IV       9       X         10 Did the organization, directly or through a related organization, hold assets in domorrestricted endowments       10       X         11 If the organization, directly or through a related organization, hold assets in domorrestricted endowments       10       X         12 Did the organization generation is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VI, VI, VII, VII, V	5				
n Pas, Comparization, directly or through a related organization, hold assets in donor-restricted endowments       10         Not the organization, directly or through a related organization, hold assets in donor-restricted endowments       10         x as applicable.       11       If the organization as answer to any of the following questions is "Yes," then complete Schedule D, Parts VI.       11         x as applicable.       10       12       11       11         x as applicable.       10       11       11       11       11         x as applicable.       10       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       <			6		x
or in quasi endowments? If 'Yes,' complete Schedule D, Part V     10     X       11     If the organization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Parts VI, VII, VIII, X, or X, as applicable.     11     11       a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,'' complete Schedule D, Part VI     11     11       b Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,'' complete Schedule D, Part VII     11     11       c Did the organization report an amount for investments - other securities 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 VII     11     11     X       c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part X     11     X       e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,'' complete Schedule D, Part X     11     X       e Did the organization is port an amount for other liabilities in Part X, line 25? If 'Yes,'' complete Schedule D, Part X     11     X       11     X     11     X     11     X       12     Did the organization included in consolidated financial statements for the tax year?     11     X       13     Is the organization aschool described in section 170(D)(1)/(N)/// If 'Yes,'' complete Schedule D, Part X     12	10		9		
11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,	10		10	x	
as applicable.       a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         b) Did the 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 the 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 VII       11d       X         d) Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         e) Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11t       X         e) Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year?       11t       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         13       Is the organization a school described in section 170(b)(11/A)(0)?       If Yes," complete Schedule D, Part X       12a       X         14       X       Did the organization maintain an office, employees, or agerts outside of the United States?       14b       X </th <td>44</td> <td>of in quasi endowinents? If "Yes," complete Schedule D, Part V</td> <td></td> <td></td> <td></td>	44	of in quasi endowinents? If "Yes," complete Schedule D, Part V			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         b Did the 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 the 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 VII       11c       X         d Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         e Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         13       Is the organization aschool described in section T/Ob(1)(/////) " "Yes," complete Schedule E       13       X         14       Did the organization aschool described in section T/Ob(1)/////// " Yes," complete Schedule E       13       X         15       Did the organization aschool describe					
Part VI       11a       X         b Did the 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? /f 'Yes,' complete Schedule D, Part VII       11b       X         c Did the 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? /f 'Yes,' complete Schedule D, Part VII       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? /f 'Yes,' complete Schedule D, Part XI       11c       X         d Did the organization report an amount for other assets in Part X, line 25? /f 'Yes,'' complete Schedule D, Part X       11c       X         e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11ff       X         12a       Did the organization ashoel described in section 170(b)(1/(A)(ii)? ff 'Yes,'' complete Schedule D, Part X and XII is optional       12b       X         13       Is the organization neaport on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States?       14a       X         14       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garets or other assistance to or or foreign individuals? If 'Yes,'' complete	_				
bit the 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? (h 'Yes," complete Schedule D, Part VII       11b       X         c Did the 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? (h 'Yes," complete Schedule D, Part VIII       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? (h 'Yes," complete Schedule D, Part VIII       11d       X         d Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes," complete Schedule D, Part X       11t       X         f Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes," complete Schedule D, Part X       11t       X         2D Did the organization batin separate, independent audited financial statements for the tax year?       11t       X         2D Did the organization included in consolidated, independent audited financial statements for the tax year?       11t       X         12a       X       Was the organization aschool described in section 170(b)(1)(A)(ii)? If 'Yes," complete Schedule D, Part X A and XII is optional       12b       X         13       Is the organization aschool described in section 170(b)(1)(A)(ii)? If 'Yes," complete Schedule E, Parts II and IV       14a       X         14       Did the organization aservere are	а		44-	v	
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c Did the 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 VII       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization separate independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11e       X         12a Did the organization obtain separate, independent audited financial statements for the tax year?       11f       X         13 Is the organization maintain an office, employees, or agents outside of the United States?       13a       X         14a X       12a       X       14a       X         15 Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or om ore? If "Yes," complete Schedule E, Part S II and IV       16       X         16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreig			11a	л	
c       Did the 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? /f "Yes," complete Schedule D, Part VIII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part X       11d       X         e       Did the organization report an amount for other iassets in Part X, line 25? /f "Yes," complete Schedule D, Part X       11e       X         f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is lability for uncertain tax positions under FIN 48 (ASC 740?) F "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization notuded in consolidated, independent audited financial statements for the tax year?       11f       X         13       Is the organization naintain an office, employees, or agents outside of the United States?       1a       X         14a       Did the organization naintain an office, employees, or agents outside of the United States?       1a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization?       1a       X         14a       X       16       X       13       X         15       X	a		44		v
assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VIII       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a Did the organization included in consolidated, independent audited financial statements for the tax year?       11t       X         12a Did the organization aschool described in section 170(b)(1)(A)(ii)? /f "Yes," complete Schedule D, Parts XI and XII       12a       X         14a Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization?       115       X         16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or			110		
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part X       11d       X         e Did the organization's expondence Schedule D, Part X       11e       X         11d       X       11e       X         e Did the organization's expondence or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       11f       X         13 Is the organization action asswered "No" to line 12a, then completing Schedule D, Parts X and XII is optional       12b       X         14a       Did the organization aschool described in section 170(bi(1)(4)(ii)? If "Yes," complete Schedule E       13a       X         14b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV       14b       X         15       Did the organization? If "Yes," complete Schedule F, Parts II and IV       16       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or other assistance to or for foreign individu	С				v
Part X, line 16? /f "Yes," complete Schedule D, Part IX       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? // f "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? // fr "Yes," complete Schedule D, Part X       11f       X         12a Did the organization obtain separate, independent audited financial statements for the tax year?       // fr "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12a       X         b Was the organization maintain an office, employees, or agents outside of the United States?       11a       X         14a Did the organization maintain an office, employees, or agents outside of the United States?       11a       X         15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       16       X         17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         18 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16 </th <td></td> <td></td> <td>110</td> <td></td> <td><u> </u></td>			110		<u> </u>
Did the organization report a mamount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X       11e       X         f Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? /f "Yes," complete Schedule D, Part X       11t       X         12a Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? /f "Yes," complete Schedule D, Part X       11t       X         12a Did the organization separate, independent audited financial statements for the tax year? /f "Yes," complete Schedule D, Parts XI and XII       12a       X         b Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12a       X         13 Is the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States?       11a       X         14a Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         18 Did the organization report more than \$15,000 of gross income from gaming activities on Part IX, column (A), line 3, more than	d				
bit die organization aan ander aan ander aan ander aander aand		Part X, line 16? If "Yes," complete Schedule D, Part IX			
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? /f "Yes," complete Schedule D, Part X       111       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       /f "Yes," complete       X         12b       Was the organization included in consolidated, independent audited financial statements for the tax year?       /f "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization as chool described in section 170(b)(1)(A)(ii)?       /f "Yes," complete Schedule E       13       X         14a       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         18       Did the organization report more than \$15,000 of expenses for professional fundraising services on	е		11e		
12a       Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i> 12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X <i>If</i> "Yes," <i>and if the organization aswered</i> "No" to <i>line 12a, then completing Schedule D, Parts XI and XII is optional</i> 12b       X         13       Is the organization aschool described in section 170(b)(1)(A)(iii)? <i>If</i> "Yes," <i>complete Schedule E</i> 13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> 16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule G, Part III and IV</i> 16       X         18       Did the organization report more than \$15,000 of grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 16       X         17       Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1a </th <td>f</td> <td></td> <td></td> <td></td> <td></td>	f				
Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         if "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E       13       X         14a       Did the organization anitatian an office, employees, or agents outside of the United States?       14a       X       14a       X         b       Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 8, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I. See instructions       16       X         18       Did the organization report more than \$15,000 tot al of fundraising event			11f	X	<u> </u>
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	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	-		
	132003	12-09-21	Form	990	(2021)

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Form	990 (2021) SMILE TRAIN, INC. 13-366	1416		Page 4
Par	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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 through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	1	x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		)	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	240	;	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	1	
	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	1	x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25	,	x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	288	1	x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		•	X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	280	;	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		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		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			x
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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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)?		X	
	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	35	•	x
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			x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
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	<u></u>	<u></u>	X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	65		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	. 1c	х	
132004	¥ 12-09-21	For	m <b>990</b>	(2021)

132004 12-09-21

4 2021.05080 SMILE TRAIN, INC.

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	990 (2021) SMILE TRAIN, INC.					age 🕻
Pal	<b>TV</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)				V-	
0-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		l		Yes	No
Za	filed for the calendar year ending with or within the year covered by this return	2a	93			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х	
D	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ . See instruction			20		
20				3a		х
3a h				3b		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•	4-	x	
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	υ <i>?</i>	4a	А	
D	If "Yes," enter the name of the foreign country SEE SCHEDULE O					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		х
5a				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction tax shelter transaction tax shelter transaction tax shelter tax she			5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi		•			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	lired			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	:?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 889	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the	e			
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b				9b		
0	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
1	Section 501(c)(12) organizations. Enter:					
		11a				
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	446				
0-	amounts due or received from them.)	11b		40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		r I	12a		
-	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	l			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		
а	Is the organization licensed to issue qualified health plans in more than one state?			<u>13a</u>		
_	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	I			
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
4a				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incom	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
	Continue 504/2/201) encoderations. Did the twent any discussified several any size as write any start and any size of the twent any size of twent any size of the twent any size of twent any size	2014				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any			1	
7	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
7					990	

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Form	990 (2021) SMILE TRAIN, INC.			13-3661			age <b>6</b>					
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b bel	ow, and fo	ra "No"	respon	se					
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.											
	Check if Schedule O contains a response or note to any line in this Part VI						X					
Sec	tion A. Governing Body and Management											
						Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a			9							
	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 on Schedule 0.											
b	Enter the number of voting members included on line 1a, above, who are independent	1b			8							
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
	officer, director, trustee, or key employee?				2		x					
3	Did the organization delegate control over management duties customarily performed by or under the			ision/								
					3		x					
4	Did the organization make any significant changes to its governing documents since the prior Form 9						x					
5	Did the organization become aware during the year of a significant diversion of the organization's ass						x					
6	Did the organization have members or stockholders?						x					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap											
	more members of the governing body?				7a		x					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st											
	persons other than the governing body?				7b		x					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea											
a	The governing body?			•	8a	х						
b	Each committee with authority to act on behalf of the governing body?					х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read											
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re											
		<u>venue</u>	0000.)			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?				10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such ch											
	and branches to ensure their operations are consistent with the organization's exempt purposes?		, aa.	,	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befoi	e filina <sup>.</sup>	the form?	11a	х						
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		5									
	12a Did the organization have a written conflict of interest policy? If "No," go to line 13											
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise					х						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y											
-	on Schedule O how this was done	,			12c	х						
13	Did the organization have a written whistleblower policy?					х						
14	Did the organization have a written document retention and destruction policy?					х						
15	Did the process for determining compensation of the following persons include a review and approva											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	~ ~ j										
а	The organization's CEO, Executive Director, or top management official				15a	x						
	Other officers or key employees of the organization					х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a									
	taxable entity during the year?				16a		x					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat											
2	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ											
	exempt status with respect to such arrangements?				16b							
Sec	tion C. Disclosure				100		L					
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (sect	ion 501(c)(	(3)s only)	availal	hle					
10	for public inspection. Indicate how you made these available. Check all that apply.		1 (0001			avana	010					
	X       Own website       X       Another's website       X       Upon request       Other (explain	on Se	bodulo	$\sim$								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co				and finan	cial						
	statements available to the public during the tax year.			ponoy, c		5.01						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d record	is 🕨								
_0	BEATRIZ GONZALEZ - 212-689-9199			·· · ·								
	633 THIRD AVENUE, NEW YORK, NY 10017											
132004	j 12-09-21				Forr	n <b>990</b>	(2021)					
	6						(_3_ )					
805	12 153424 0183055-00003 2021.05080 SMILE TRA	AIN	, IN	с.		01	830					

Form 990 (2021)	SMILE TRAIN, INC.	13-3661416	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employee	es, and Independent Contractors									
Check if Sch	nedule O contains a response or note to any line in this Part VI	l								
Section A. Officers, D	irectors, Trustees, Key Employees, and Highest Compensa	ated Employees								
1a Complete this table f	for all persons required to be listed. Report compensation for t	he calendar year ending with or within the organization's	s tax year.							
<ul> <li>List all of the organ</li> </ul>	nization's current officers, directors, trustees (whether individu	uals or organizations), regardless of amount of compens	ation.							

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	box, unless pers		rson i	s both	n an	compensation	compensation	amount of
	week		cer ar		Irecto	r/trus	lee)	from	from related	other
	(list any	irecto	recto					the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	organization and related
	below	ndividual trustee or director	nstitutional trustee	_	nploy	st cor	1	1000 (120)		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) SUSANNAH SCHAEFER	40.00									
PRESIDENT AND CEO	0.00	х		х				505,135.	0.	43,356.
(2) DR. SHELL XUE	40.00									
SR VP & REGIONAL DIR. N.A.	0.00					х		474,547.	0.	15,009.
(3) WILLIAM HORAN	40.00									
CHIEF OPERATING OFF. (THRU 03/16/22)	0.00			Х				252,408.	0.	30,495.
(4) BEATRIZ GONZALEZ	40.00									
CHIEF FINANCIAL OFFICER	0.00			Х				232,882.	0.	32,120.
(5) ERIN STIEBER	40.00									
CHIEF PROGRAMS OFFICER	0.00			Х				221,532.	0.	42,847.
(6) TROY REINHART	40.00									
SENIOR VP, DEVELOPMENT	0.00					X		223,760.	0.	31,096.
(7) ELYSE TAUB	40.00									
CHIEF DEVELOPMENT OFFICER	0.00			х				224,716.	0.	22,415.
(8) ASHLEY OCHS	40.00									
COO (AS OF 3/17/22) & GENERAL COUNSE	0.00			х				207,010.	0.	29,126.
(9) SHANNON LAMBERT	40.00									
VP & REGIONAL DIRECTOR	0.00					X		169,549.	0.	30,593.
(10) SHARI LEVINE	40.00									
VP, BRAND MARKETING	0.00					x		155,240.	0.	35,773.
(11) MELANIE BUHRMASTER	40.00									
VP, DEVELOPMENT	0.00					X		172,840.	0.	15,776.
(12) ROBERT T. BELL	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(13) ED GOREN	1.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(14) ARTHUR J. MCCARTHY	1.00									
TREASURER	0.00	х		х				0.	0.	0.
(15) ROY E. REICHBACH	3.00									
CHAIRPERSON	0.00	Х		Х				0.	0.	0.
(16) RICHARD RUDERMAN	1.00								_	0
BOARD MEMBER	0.00	X						0.	0.	0.
(17) MATHIAS KIWANUKA	1.00									•
BOARD MEMBER	0.00	Х			L			0.	0.	0. Form <b>990</b> (2021)

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Form 990 (2021)

Form 990 (2021) SMILE TRAIN,	INC.								13-360	5141	6	P	age <b>X</b>
Part VII Section A. Officers, Directors, Trus	stees, Key Em	oloy	ees,	anc	d Hig	ghes	st C	ompensated Employee	s (continued)				
<b>(A)</b> Name and title	(B) Average hours per week	(do box	not c	<b>Pos</b> heck i ss per	C) itior <sup>more</sup> rson i		one n an	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related			<b>(F)</b> stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	s	fr org an	pensa rom th anizat d relat anizati	e ion ed
(18) PAULA SHUGART	1.00												
BOARD MEMBER (AS OF 06/07/22)	0.00	Х						0.		٥.			٥.
(19) CRYSTLE STEWART BOARD MEMBER (AS OF 06/07/22)	1.00	x						0.		٥.			Ο.
		-											
		-											
1b Subtotal				1				2,839,619.		٥.	328,606.		
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but r</li> </ul>								2,839,619.	000 of roportable	0.		328,	606.
compensation from the organization		1056	liste	uat	000	<i>)</i>		eceived more than \$100,					20
										r		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer		,				,	0		5		-		77
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su											4	х	
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>										·····			
rendered to the organization? If "Yes." con											5		х
Section B. Independent Contractors			01 30		0013	011 .							1
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs tł	hat received more than \$	100,000 of comp	ensat	ion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	rith c	or wi	thin	n the organization's tax y	ear.				
(A)								(B)		~	(0		
Name and business								Description of s	ervices	C	ompe	nsatio	n
FREEPORT METRICS, INC., 245 COMMERCI	AL ST.							COEMMADE CONCULETN			1	100	247
STE 245, PORTLAND, ME 04101 MARKETEAM LLC, 600 NORTHPARK TOWN CE	איזידיס							SOFTWARE CONSULTIN	9		1	,486,	547.
STE 1600, ATLANTA, GA 30328	IN I EIX							DIR. MAIL PROCESSI	NG			938	000.
GRANT THORNTON LLP, 757 THIRD AVENUE	3RD											, ,,	
FLOOR, NEW YORK, NY 10017	,							AUDITING/CONSULTIN	G			488	052.
DIRECT MAIL PROCESSORS												/	•
1150 CONRAD COURT, HAGERSTOWN, MD 21	740							MAIL PROCESSING				476.	527.
INFOCISION												,	
325 SPRINGSIDE DR, AKRON, OH 44333	25 SPRINGSIDE DR, AKRON, OH 44333 FUNDRAISING									386,	538.		
2 Total number of independent contractors ( \$100,000 of compensation from the organi		ot lir	niteo	d to f	thos 11		ted	above) who received mo	ore than				
, , , , , , , , , , , , , , , , , , ,	F										_	000	

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Form **990** (2021)

			E TRAIN, INC.				13-366141	.6 Page <b>9</b>
Pa	rt VI							
		Check if Schedule O o	contains a response	e or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d f g h 2 a	Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in <b>Total.</b> Add lines 1a-1f	1b       1c       1d       ibutions)       1e       grants, and       above       1f       lines 1a-1f       1g \$	Business Code	93,083,921.			sections 512 - 514
rog	e							
	T a	All other program service <b>Total.</b> Add lines 2a-2f						
	3 4	Investment income (includ other similar amounts) Income from investment o	ding dividends, inte	rest, and proceeds	6,619,057.			6,619,057.
	5 6 a b c	Less: rental expenses	(i) Real 6a 6b 6c	(ii) Personal	53,352.			53,352.
	d 7a			(ii) Other				
r Revenue	d	and sales expenses Gain or (loss) Net gain or (loss)		•	19,513,685.			19,513,685.
Other R	b c	contributions reported on Part IV, line 18 Less: direct expenses Net income or (loss) from	of line 1c). See 8 undraising events	b				
	9a b c		9	a b				
	10 a b	Gross sales of inventory, I and allowances Less: cost of goods sold	less returns 11	)b				
eous		Net income or (loss) from     MISCELLANEOUS REVEN		Business Code 900099	94,301.			94,301.
Miscellaneous Revenue	b c d	All other revenue			04.225			
	е	Total. Add lines 11a-11d			94,301. 119,364,316.	0.	0.	26,280,395.
13200	<b>12</b> 9 12-09	<b>Total revenue</b> . See instructio	JIIS	🕨	117,304,310.	1 0.	I 0.	Form <b>990</b> (2021)

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SMILE TRAIN, INC.

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 Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations		expenses	general expenses	expenses
and domestic governments. See Part IV, line 21	3,629,931.	3,629,931.		
2 Grants and other assistance to domestic	, ,	, ,		
individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	62,333,241.	62,333,241.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	964,553.	197,746.	564,010.	202,797.
6 Compensation not included above to disqualified	,	,	,	
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,644,244.	3,239,881.	1,183,851.	4,220,512
<ul> <li>8 Pension plan accruals and contributions (include</li> </ul>	, , ,	, , , ,		, , –
section 401(k) and 403(b) employer contributions)	422,997.	147,986.	77,875.	197,136,
9 Other employee benefits	1,641,763.	574,372.	302,252.	765,139
10 Payroll taxes	848,316.	296,784.	156,177.	395,355
11 Fees for services (nonemployees):	,			,-00
a Management				
	370,328.	215,973.	30,399.	123,956.
b Legal	281,078.	,	281,078.	,
c Accounting	8,300.	8,300.		
<ul> <li>d Lobbying</li> <li>e Professional fundraising services. See Part IV, line 17</li> </ul>	118,997.			118,997.
f Investment management fees	1,395,431.		1,395,431.	,
g Other. (If line 11g amount exceeds 10% of line 25,	1,000,101.		1,000,101.	
	2,316,183.	2,066,670.	39,777.	209,736,
column (A), amount, list line 11g expenses on Sch 0.)	6,598,008.	135,839.	230.	6,461,939.
12 Advertising and promotion	1,028,905.	632,313.	75,982.	320,610,
13 Office expenses	449,512.	246,611.	42,097.	160,804
14 Information technology	119,512.	240,011.	=2,007.	100,004
15 Royalties	286,170.	191,534.	18,564.	76,072.
16 Occupancy	655,123.	507,125.	2,223.	145,775.
17 Travel	055,125.	507,125.	2,223.	145,775
<b>18</b> Payments of travel or entertainment expenses				
for any federal, state, or local public officials	482,412.	377,996.	681.	103,735,
19 Conferences, conventions, and meetings	402,412.	377,330.	001.	103,735,
20 Interest				
21 Payments to affiliates	1 550 020	1 107 000	74 017	207 000
22 Depreciation, depletion, and amortization	1,559,930. 208,861.	1,197,923. 114,435.	74,917. 19,591.	287,090. 74,835.
23 Insurance	200,001.	114,435.	19,591.	74,035.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column (A),				
amount, list line 24e expenses on Schedule 0.)	10 775 706	0 714 110	1 567	0.060.040
a PRINTED PROG. MATERIALS	18,775,726.	9,714,110.	1,567.	9,060,049
b REPAIRS AND MAINTENANCE	852,631.	716,444.	24,930.	111,257.
c MEDICAL ADVISORY BOARD	102,582.	102,582.		
d				
e All other expenses	112 055 000		4 004 600	
25 Total functional expenses. Add lines 1 through 24e	113,975,222.	86,647,796.	4,291,632.	23,035,794.
<b>26 Joint costs.</b> Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here X if following SOP 98-2 (ASC 958-720)	12,425,789.	7,721,573.	0.	4,704,216.

10

33

431,829,319.

33

11

Form 990 (2021)

		Check if Schedule O contains a response or note	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			49,564.	1	49,956.
	2	Savings and temporary cash investments	13,833,309.	2	12,786,074.		
	3	Pledges and grants receivable, net	1,170,263.	3	1,203,580.		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Âŝ	9				2,012,169.	9	3,054,491.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	25,864,529.			
	b	Less: accumulated depreciation	10b	4,797,024.	20,576,538.	10c	21,067,505.
	11	Investments - publicly traded securities			386,426,069.	11	328,207,886.
	12	Investments - other securities. See Part IV, line 1	7,539,101.	12	8,445,353.		
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			222,306.	15	668,003.
	16	Total assets. Add lines 1 through 15 (must equa	I line 3	3)	431,829,319.	16	375,482,848.
	17	Accounts payable and accrued expenses	4,963,460.	17	6,322,781.		
	18	Grants payable		4,075,841.	18	7,907,033.	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D		21	
Se	22	Loans and other payables to any current or form	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
iabi		controlled entity or family member of any of thes	e perso	ons		22	
	23	Secured mortgages and notes payable to unrelate		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pay	ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D		·····		25	
	26	Total liabilities. Add lines 17 through 25			9,039,301.	26	14,229,814.
s		Organizations that follow FASB ASC 958, chee	ck here				
lce		and complete lines 27, 28, 32, and 33.					
alar	27			·····	416,212,441.	27	355,257,544.
Net Assets or Fund Balances	28	Net assets with donor restrictions			6,577,577.	28	5,995,490.
Jun		Organizations that do not follow FASB ASC 95	68, che	ck here 🕨 🛄			
Ϋ́		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
it A	31	Retained earnings, endowment, accumulated inc			400 700 010	31	261 252 024
Ne	32			·····	422,790,018. 431 829 319.	32	361,253,034. 375 482 848.
	33	Total liabilities and net assets/fund balances			411 829 19	33	

375,482,848.

Form 990 (2021)

01830551

Total liabilities and net assets/fund balances

Form	1990 (2021) SMILE TRAIN, INC.	13-366141	.6	Pa	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				<i>.</i>
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	119,	364,	316.
2	Total expenses (must equal Part IX, column (A), line 25)	2	113,	975,	222.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,	389,	094.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	422,	790,	018.
5	Net unrealized gains (losses) on investments	5	-66,	875,	274.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-50,	804.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	361,	253,	034.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	
			<b>F</b>	uur)	(0001)

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public

		r	15	5	Je	e	π	10	I	•	

Name of th	e organization
------------	----------------

Nam	e of t	the organization						Employer	identification number			
			TRAIN, INC.						13-3661416			
Par	tl	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.				
The c	rgan	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4 [		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:										
5 [		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
_		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that norma	lly receives a substar	ntial part of its support f	rom a gove	ernmental	unit or from th	ne general p	public described in			
_		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9 [		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college			
		or university or a non-land-g	grant college of agrice	ulture (see instructions).	Enter the	name, city	, and state of	the college	or			
_		university:										
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from			
		activities related to its exem	npt functions, subject	t to certain exceptions;	and (2) no	more than	33 1/3% of it	s support f	rom gross investment			
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acquii	red by the org	anization a	fter June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	or section	509(a)(2).	See section !	509(a)(3). (	Check the box on			
		lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	12g.				
а		<b>Type I.</b> A supporting orga	anization operated, si	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving			
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting			
		organization. You must c	omplete Part IV, Se	ections A and B.								
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	d organizatio	n(s), by hav	ring			
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ported			
		organization(s). You mus	-									
С		<b>Type III functionally inte</b>						ly integrate	d with,			
		its supported organization	.,.,,	•			-					
d		Type III non-functionally						-				
		that is not functionally int			•		-	an attentiv	reness			
		requirement (see instructi	,	•								
е		Check this box if the orga					Туре I, Туре	II, Type III				
		functionally integrated, or		nally integrated supporti	ng organiz	ation.						
		er the number of supported o	•									
g		vide the following information			(iv) is the ora	anization listed	(v) Amount of		(vi) A many wat of others			
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	support (see ir	,	(vi) Amount of other support (see instructions)			
		organization		above (see instructions))	Yes	No	Support (See II	istructions)				
Total									1			

SMILE TRAIN, INC.

	Support Schedule for	Organizations	Described in Section	ons 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.)

Se	ction A. Public Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	79,832,191.	79,765,267.	92,042,568.	91,593,384.	93,083,921.	436,317,331.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	79,832,191.	79,765,267.	92,042,568.	91,593,384.	93,083,921.	436,317,331.
5	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						436,317,331.
	ction B. Total Support						, ,
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	79,832,191.	79,765,267.	92,042,568.	91,593,384.	93,083,921.	436,317,331.
	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	7,203,224.	7,099,614.	6,808,633.	6,024,372.	6,672,409.	33,808,252.
9	Net income from unrelated business	, , -	, , , -	, , -	, , , -		
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	169,420.	957,759.	74,522.	63,826.	94,301.	1,359,828.
11	Total support. Add lines 7 through 10			,	,	,	471,485,411.
	Gross receipts from related activities,	oto (soo instructio				12	
	First 5 years. If the Form 990 is for th			ourth or fifth tax y			
13	organization, check this box and stop	-					
Se	ction C. Computation of Public					<u></u>	
14	Public support percentage for 2021 (li			olumn (f))		14	92.54 %
15	Public support percentage from 2020					15	91.75 %
	<b>33 1/3% support test - 2021.</b> If the c						,,,
100	stop here. The organization qualifies						
r	<b>33 1/3% support test - 2020.</b> If the c		-				······································
	and <b>stop here.</b> The organization quali						
17-	10% -facts-and-circumstances test					and line $1/1$ is $10\%$	
170	and if the organization meets the facts	-					
	meets the facts-and-circumstances te			-	-	-	
L		-			-	Za and line 15 is	
L C	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						
40	organization meets the facts-and-circu						
18	Private foundation. If the organizatio	n uld not check a l	box on line 13, 168	i, 100, 17a, or 17b	, CHECK THIS DOX A		

Schedule A (Form 990) 2021

132022 01-04-22

Part III	Support Schedule for (	<b>Drganizations Described in</b>	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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202	1 <b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Add lifes 1 through 5						
	3 received from disqualified persons						
E	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	L					
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	nization,
	check this box and stop here						
See	ction C. Computation of Publi	<u>c Support Per</u>	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from					18	%
<b>19</b> a	<b>33 1/3% support tests - 2021.</b> If the						line 17 is not
	more than 33 1/3%, check this box ar	-	•				▶∟
k	33 1/3% support tests - 2020. If the	-					
	line 18 is not more than 33 1/3%, che			•		•	ation
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in		▶∟
1320	23 01-04-22		1 5	;		Sche	dule A (Form 990) 2021

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 lines 3b and 3c 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")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 disgualified person (as defined on 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 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.)

132024 01-04-21

16

Part IV Sup	porting Organ	izations	(continu	2
Schedule A (Form 9	990) 2021	SMILE	TRAIN,	INC

13-3661416	Page 5
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No

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

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

Section C. Type II Supporting	Organizations

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

Section D. All Type III Supporting Organizations	

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

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how you supported a gove	ernmental entity (see instruction <u>s).</u>
---	--	---------------------------------------------------	----------------------------------------------	----------------------------------------------

17

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

3b | | Schedule A (Form 990) 2021

2a

2b

3a

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2021.05080 SMILE TRAIN, INC.

Yes No

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructio
	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2021

132026 01-04-22

Sche	dule A (Form 990) 2021 SMILE TRAIN, INC.				13-3661416	Page 7
Pa	rt V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ied)		
Sect	ion D - Distributions				Current Y	'ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Coot	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution	s	(iii) Distributa	able
Seci		EXCESS DISUIDUIIONS	Pre-2021		Amount for	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
~	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
	From 2016					
	From 2017					
	From 2018					
	From 2019					
	From 2020					
	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Carryover from 2016 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D.					
•	line 7: \$					
a	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
-	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
-	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					

Schedule A (Form 990) 2021

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

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

OTHER INCOME		
2017 AMOUNT: \$ 103,770.		
2018 AMOUNT: \$ 131,825.		
2019 AMOUNT: \$ 64,332.		
2020 AMOUNT: \$ 63,826.		
2021 AMOUNT: \$ 94,301.		
FUNDRAISING EVENTS		
2017 AMOUNT: \$ 65,650.		
2018 AMOUNT: \$ 825,934.		
2019 AMOUNT: \$ 10,190.		
2020 AMOUNT: \$ 0.		
2021 AMOUNT: \$ 0.		
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## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* *

## Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

202<sup>.</sup>

Employer identification number

2	SMILE TRAIN, INC.			
Organization type (check	Organization type (check one):			
Filers of:	Section:			
Form 990 or 990-EZ X 501(c)( <sup>3</sup> ) (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

X 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

Schedule I	B (Form 990) (2021)		Page
Name of o	rganization	Emp	loyer identification number
SMILE TR	RAIN, INC.		13-3661416
Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$8,533,309.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$3,783,270.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-11		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

nization N, INC. Noncash Property (see instructions). Use duplicate copies of Par (b) Description of noncash property given	t II if additional space is needed. (c) FMV (or estimate)	mployer identification number 13-3661416
Noncash Property (see instructions). Use duplicate copies of Par (b)	(c) FMV (or estimate)	13-3661416
(b)	(c) FMV (or estimate)	
	FMV (or estimate)	
	(See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	_
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	(b) Control (c) Co

2021.05080 SMILE TRAIN, INC.

01830551

ame of org	ganization		Employer identification number
MILE TRA	NIN, INC.		13-3661416
Part III	Exclusively religious, charitable, etc., contributi	) through (e) and the following line entry charitable, etc., contributions of <b>\$1,000 or le</b>	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
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, ar	nd ZIP + 4	Relationship of transferor to transferee
a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar		Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
3454 11-11-2	21		Schedule B (Form 990) (24

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2021.05080 SMILE TRAIN, INC.

01830551

Internal Revenue Service		Go to www.irs.gov/Form990 fo	or instructions and the	latest information.	Inspection
If the organization a	inswered "Yes," or	n Form 990, Part IV, line 3, or F	orm 990-EZ, Part V, li	ne 46 (Political Campai	gn Activities), then
<ul> <li>Section 501(c)(3)</li> </ul>	organizations: Corr	plete Parts I-A and B. Do not co	omplete Part I-C.		
<ul> <li>Section 501(c) (or</li> </ul>	ther than section 50	01(c)(3)) organizations: Complete	e Parts I-A and C below	. Do not complete Part I-	В.
<ul> <li>Section 527 orga</li> </ul>	nizations: Complete	e Part I-A only.			
If the organization a	inswered "Yes," or	n Form 990, Part IV, line 4, or F	orm 990-EZ, Part VI, I	line 47 (Lobbying Activit	ties), then
<ul> <li>Section 501(c)(3)</li> </ul>	organizations that I	nave filed Form 5768 (election u	nder section 501(h)): C	omplete Part II-A. Do not	complete Part II-B.
<ul> <li>Section 501(c)(3)</li> </ul>	organizations that I	have NOT filed Form 5768 (elect	tion under section 501(	h)): Complete Part II-B. D	o not complete Part II-A.
f the organization a	inswered "Yes," or	n Form 990, Part IV, line 5 (Pro	xy Tax) (See separate	instructions) or Form 9	90-EZ, Part V, line 35c (Proxy
Tax) (See separate i					
()()		tions: Complete Part III.			
Name of organizatior				E	mployer identification number
	SMILE TRAIN		lar agation EOd (a)	aria a contian 507	13-3661416
Part I-A Com	iplete if the org	anization is exempt und	ler section 501(c)	or is a section 527	organization.
		ation's direct and indirect polition			
		ures			►\$
3 Volunteer hours	for political campai	gn activities			
Part I-B Com	nlete if the ora	anization is exempt und	ler section 501(c)(	(3)	
	• •	· · · · · · · · · · · · · · · · · · ·	. ,	. ,	
		incurred by the organization un			
		incurred by organization manag			
		n 4955 tax, did it file Form 4720			
<b>b</b> If "Yes," describ					
		anization is exempt und	ler section 501(c).	except section 50	1(c)(3).
	• •	by the filing organization for se			
		ization's funds contributed to of			Ψ
			-		\$
		. Add lines 1 and 2. Enter here a			• •
•	•			,	► \$
		1120-POL for this year?			
		nployer identification number (El			
		tion listed, enter the amount pai		-	
contributions re	ceived that were pro	omptly and directly delivered to	a separate political org	anization, such as a sepa	arate segregated fund or a
political action o	committee (PAC). If	additional space is needed, prov	vide information in Part	IV.	
(a) Na	ame	(b) Address	(c) EIN	(d) Amount paid fro	m (e) Amount of political
.,				filing organization's	
				funds. If none, enter	-0 promptly and directly delivered to a separate
					political organization.
					If none, enter -0

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Schedule C (Form 990) 2021

OMB No. 1545-0047

**Open to Public** 

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132041 11-03-21

SCHEDULE C

Department of the Treasury

(Form 990)

	SMILE TRAIN				8661416	Page <b>2</b>
Part II-A Complete if the org section 501(h)).	anization is	exempt under see	ction 501(c)(3) and file	d Form 5768 (ele	ection und	er
	ation belongs to	an affiliated aroun (and	list in Part IV each affiliated	aroun member's nam	e address Fl	N
		bying expenditures).			ie, address, Ei	.,
		ox A and "limited contro	I" provisions apply			
¥ ¥	its on Lobbying			<b>(a)</b> Filing organization's	(b) Affiliated	
(The term "expen	ditures" means	amounts paid or incu	rred.)	totals	total	0
1a Total lobbying expenditures to infl	uence public op	inion (grassroots lobbyi	ng)			
<b>b</b> Total lobbying expenditures to infl	uence a legislati	ive body (direct lobbying	g)			
c Total lobbying expenditures (add l	ines 1a and 1b)					
d Other exempt purpose expenditure	es					
e Total exempt purpose expenditure	es (add lines 1c a	and 1d)				
f Lobbying nontaxable amount. Ent	er the amount fr	om the following table i	n both columns.			
If the amount on line 1e, column (a) of	or (b) is: T	he lobbying nontaxabl	e amount is:			
Not over \$500,000	2	0% of the amount on lin	ie 1e.			
Over \$500,000 but not over \$1,00	0,000 \$	100,000 plus 15% of the	e excess over \$500,000.			
Over \$1,000,000 but not over \$1,5	500,000 \$	175,000 plus 10% of the	e excess over \$1,000,000.			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.						
Over \$17,000,000	\$	1,000,000.				
<ul> <li>g Grassroots nontaxable amount (er</li> <li>h Subtract line 1g from line 1a. If zer</li> <li>i Subtract line 1f from line 1c. If zer</li> <li>j If there is an amount other than zer</li> </ul>	ro or less, enter o or less, enter -	-0- 0-	ganization file Form 4720			
reporting section 4911 tax for this	year?				Yes	No
(Some organizations t	hat made a sec	• •	nder Section 501(h) not have to complete all o for lines 2a through 2f.)	f the five columns b	elow.	
	Lobbying	Expenditures During	4-Year Averaging Period			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	<b>(e)</b> ⊺o	tal
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount						
(150% of line 2a, column(e))					_	
<b>c</b> Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						
				Schod	ule C (Eorm C	aum 2021

Schedule C (Form 990) 2021

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## Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		x		
a b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		x	•	
	Media advertisements?		x		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?	x			8,300.
g			x		,
•	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		x		
	Other activities?		x		
i	Total. Add lines 1c through 1i				8,300.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(	5), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information			•	
instru	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group uctions); and Part II-B, line 1. Also, complete this part for any additional information. ! II-B, LINE 1, LOBBYING ACTIVITIES:	list); Part II-	A, lines 1 a	nd 2 (See	
SMII	E TRAIN DOES NOT TYPICALLY ENGAGE IN ANY LOBBYING ACTIVITIES; IN				
FISC	AL YEAR 2022, SMILE TRAIN INCURRED \$8,300 IN LOBBYING EXPENSES TO				
ADVO	CATE FOR THE PASSAGE OF THE ENSURING LASTING SMILES ACT. THE				
ENSU	RING LASTING SMILES ACT (ELSA) WOULD REQUIRE ALL PRIVATE INSURANCE				
GROU	IP AND INDIVIDUAL HEALTH CARE PLANS TO COVER MEDICALLY NECESSARY		Schodu	ulo C (Eorm	990) 2021

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Schedule C (Form 990) 2021

SMILE TRAIN, INC.

Part IV Supplemental Information (continued)

SERVICES RESULTING FROM CONGENITAL ABNORMALITIES. THAT COVERAGE WOULD

INCLUDE SERVICES AND PROCEDURES FOR ANY MISSING OR ABNORMAL BODY PART

NECESSARY TO ACHIEVE NORMAL BODY FUNCTION, INCLUDING TEETH.

Schedule C (Form 990) 2021

132044 11-03-21

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SCHEDULE [	)
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(Form 9	90)
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d

### **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. OMB No. 1545-0047 Public Inspection

No

No

Employer identification number 13-3661416

Held at the End of the Tax Year

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

Department of the Treasury Internal Revenue Service		<ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>					Open to Publi Inspection	
Nam	e of the organization				Employe	r identificatio		
		SMILE TRAIN, INC.				13-366141		
Pa		ations Maintaining Donor Advised n answered "Yes" on Form 990, Part IV, lin		ds or Ac	counts.	Complete if t	he	
			(a) Donor advised funds	(	<b>b)</b> Funds an	nd other acco	unts	
1	Total number at er	nd of year						
2		f contributions to (during year)						
3		f grants from (during year)						
4		t end of year						
5		on inform all donors and donor advisors in v	vriting that the assets held in donor a	dvised fund	ls			
	are the organizatio	n's property, subject to the organization's	exclusive legal control?			Yes		
6		on inform all grantees, donors, and donor a						
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpo	ose conferri	ng			
	impermissible priva	ate benefit?	- 			Yes		
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 99	90, Part IV,	line 7.			
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that apply).					
	Preservation	of land for public use (for example, recreat	tion or education) 🛛 🗌 Preservatio	n of a histo	rically impo	rtant land are	a	
	Protection o	f natural habitat	Preservatio	n of a certif	fied historic	structure		
	Preservation	of open space						
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the fo	orm of a cor	nservation e	asement on t	he last	
	day of the tax year	2			Held	at the End of t	he Tax	
а	Total number of co	onservation easements			2a			
b	Total acreage rest	ricted by conservation easements			2b			
~	Number of consor	vation assemants on a cortified historic stru	icture included in (a)		20			

Inditible of conservation easements of a certified historic structure included in (a)	20
Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
listed in the National Register	2d
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organized	ation

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

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

5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	📃 No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	r

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

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

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

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

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

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

	(I) Revenue included on Form 990, Part VIII, line 1		\$_		
	(ii) Assets included in Form 990, Part X		\$		
2	2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide				
	the following amounts required to be reported under FASB ASC 958 relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		\$_		
b	Assets included in Form 990, Part X		\$		

b	Assets	included	in	Form	990,	Par

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

29 15180512 153424 0183055-00003 2021.05080 SMILE TRAIN, INC. No

Sche	dule D (Form 990) 2021 SMILE TRAIN					13-366		Pa	<sub>age</sub> 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant u	se of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b									
с	Preservation for future generations								
4	Provide a description of the organization's co	plections and explain	how they further th	e organization's ex	empt purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simil	ar assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's co	llection?			Yes		No
Par	t IV Escrow and Custodial Arrang				on Form 990,	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.	-						
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contribution	s or other assets no	ot included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
		·	Ū				Amount	t	
с	Beginning balance				1c				
	Additions during the year								
f		Distributions during the year							
2a	Did the organization include an amount on Fe						Yes		No
	If "Yes," explain the arrangement in Part XIII.						_		j
Par									2
	·	(a) Current year	(b) Prior year	(c) Two years back		ears back	(e) Four	years	back
1a	Beginning of year balance	298,614,664.	221,998,225.	212,184,623					
b	Contributions	10,000.	197,701.		•		208,	885,	326.
c	Net investment earnings, gains, and losses	-37,956,743.	66,168,738.			99,297.			
d	Grants or scholarships	, ,		, ,	,	,			
	Other expenditures for facilities								
Ū	and programs	15,213,177.	-10,250,000.	250,000					
f	Administrative expenses	, , .	, , -	,	-				
g	End of year balance	245,454,744.	298,614,664.	221,998,225	. 212,18	34,623.	208,	885.	326.
2	Provide the estimated percentage of the curr				· / /	, .	,	,	
-	Board designated or quasi-endowment	98.3100	%						
b	Permanent endowment <u>1.6899</u>	%							
		<u> </u>							
C	The percentages on lines 2a, 2b, and 2c sho								
20	Are there endowment funds not in the posse		tion that are hold ar	d administored for	the organiza	tion			
Ja		ssion of the organiza			the organiza		ſ	Yes	No
	by: (i) Unrelated organizations						3a(i)		x
	· · · · · · · · · · · · · · · · · · ·						3a(ii)		x
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the								
	t VI Land, Buildings, and Equipm		vinent lunus.						
	Complete if the organization answere		Part IV line 11a S	ee Form 990 Part	X line 10				
	Description of property	(a) Cost or of			Accumulate	d	(d) Bool	< volu	
	Description of property	basis (investm	• •		depreciation	a	( <b>a</b> ) Bool	k valu	3
10	Land								
	Land		20	,101,219.	2,064,1	174	1 8	037,	045
	Buildings		20	, = 3 = , 2 = 3 •	2,004,1	- / - •	±°,	<u> </u>	<u>.</u>
	Leasehold improvements			728,520.	626,6	50.9		101,	911
	Equipment		F	,034,790.	2,106,2		2	928,	
	Other			, ,	2,100,2			067,	
iota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part 〉</u>	<u>K. column (B), line 1</u>	UC.)					
						Schedule	D (Form	1 990)	2021

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13-3661416 Page **3** 

	estments - Other Securities.	on Form 000 Port IV line	11b Cas Form 000 Dart V line 12	
	nplete if the organization answered "Yes" f security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1) Financial der				or year market value
. ,	equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) mu	st equal Form 990, Part X, col. (B) line 12.) 🕨			
	estments - Program Related.			
	nplete if the organization answered "Yes"			
(a	Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	at aqual Form 000 Dart V and (P) line 12			
	st equal Form 990, Part X, col. (B) line 13.)  rer Assets.			
	nplete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	-	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (k Part X Otl	a) must equal Form 990, Part X, col. (B) line Ther Liabilities.	e 15.)		
Cor	nplete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
(1) Federal in	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	) must equal Form 990, Part X, col. (B) line			
•	ncertain tax positions. In Part XIII, provide		-	
organization'	s liability for uncertain tax positions under	FASB ASC 740. Check he	ere it the text of the footnote has been pro	vided in Part XIII X

Schedule D (Form 990) 2021

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Sche	dule D (Form 990) 2021 SMILE TRAIN, INC.			13-36	61416 Page
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	<b>1</b> .			
1	Total revenue, gains, and other support per audited financial statements	1	87,238,67		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-66,875,274.		
b	Donated services and use of facilities		36,195,868.		
с	Recoveries of prior year grants		14,595.		
d	Other (Describe in Part XIII.)		-65,399.		
е	Add lines 2a through 2d			2e	-30,730,21
3	Subtract line 2e from line 1			3	117,968,88
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	1,395,431.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>	4c	1,395,43		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)					119,364,31
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	I Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.			
1	Total expenses and losses per audited financial statements			1	148,775,65
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	36,195,868.		
b	Prior year adjustments				
с	Other losses				
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	36,195,86
3	Subtract line 2e from line 1			3	112,579,79
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	4a	1,395,431.		
b	Other (Describe in Part XIII.)				
с	Add lines 4a and 4b			4c	1,395,43
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	113,975,22
Pa	t XIII Supplemental Information.			•	

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

PART	V,	LINE	4:
------	----	------	----

ENDOWMENT FUNDS

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

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

THE TEMPORARILY RESTRICTED AND PERMANENT ENDOWMENTS SHOULD REMAIN

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

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

ENDOWMENT BALANCE IS \$4,147,921 IN DONOR-RESTRICTED ENDOWMENT ASSETS.

PART X, LINE 2:

LIABILITY FOR UNCERTAIN TAX POSITIONS

15180512 153424 0183055-00003

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

132054 10-28-21

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 SMILE TRAIN, INC.	13-3001410	Page 5
Part XIII Supplemental Information (continued)		
UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX		
RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND		
MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN		
TAX POSITION CAN ONLY BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL		
STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF		
THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT		
OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE		
POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE		
CHALLENGED.		
SMILE TRAIN, INC. IS EXEMPT FROM INCOME TAX UNDER IRC SECTION 501(C)(3),		
THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE,		
UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. SMILE TRAIN HAS		
PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT		
STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING		
AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO		
IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS.		
SMILE TRAIN HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX		
POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED		
FINANCIAL STATEMENTS.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
FOREIGN EXCHANGE CURRENCY LOSS -65,399.		
FORM 990, SCHEDULE D, PARTS XI & XII		
CONSOLIDATED FINANCIAL STATEMENTS		
SMILE TRAIN DOES NOT RECEIVE STANDALONE FINANCIAL STATEMENTS; ITS		
OPERATIONS ARE CONSOLIDATED WITH AFFILIATED ORGANIZATIONS. THE PARTS XI		
	Schedule D (Form	n 990) 2021

15180512 153424 0183055-00003

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SMILE TRAIN, INC.

Part XIII Supplemental Information (continued)

AND XII RECONCILIATIONS ON SCHEDULE D TIE BACK TO SMILE TRAIN, INC.'S

FINANCIAL INFORMATION IN THE SUPPLEMENTARY INFORMATION SECTION OF THE

AUDITED FINANCIAL STATEMENTS AND NOT TO THE CONSOLIDATED NUMBERS.

Schedule D (Form 990) 2021

132055 10-28-21

15180512 153424 0183055-00003

132071 12-20-21

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1 F th Yes Г No 2 F de the U (f) Total expenditures for and investments in the region CENTRA THE CA 245,926. EAST A PACIFI 7,140,305. EUROPE ICELAN GREENL 455,905. MIDDLE NORTH 1,721,829. NORTH 1,237,258. RUSSIA INDEPE 925,424. SOUTH AMERICA 0 4 PROGRAM SERVICES CLEFT PALATE SURGERIES 2,281,636. SOUTH ASIA 0 3 PROGRAM SERVICES CLEFT PALATE SURGERIES 5,679,200. 3 21 19,687,483. 3 a Subtotal **b** Total from continuation 1 19 51,091,111. sheets to Part I c Totals (add lines 3a 4 40 70,778,594. and 3b)

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ntes L	OMB No. 1545-0047
(Form 990)			n answered "Yes" on Form 990, Part			2021
		C C	Attach to Form 990.		-	Open to Public
Department of the Treasury Internal Revenue Service	► Go to v	www.irs.gov/Fo	rm990 for instructions and the latest	information.		Inspection
Name of the organization					Employer ic	dentification number
SMILE TRAIN, INC.					13-36614	
Part I General Info	rmation on A	ctivities Out	side the United States. Compl	ete if the organ	ization answei	red "Yes" on
Form 990, Part I	•					
-	•		ds to substantiate the amount of its gra		-	
the grantees' eligibility f	for the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance?	X Yes No
2 For grantmakers. Deso United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance	e outside the
	he following Part	I. line 3 table ca	an be duplicated if additional space is r	eeded.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d	
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)		e specific type (s) in the regio	investments
		in the region				in the region
CENTRAL AMERICA AND						
THE CARIBBEAN	0	0	PROGRAM SERVICES	CLEFT PALAT	TE SURGERIE	s 245,926.
EAST ASIA AND THE						
PACIFIC	2	5	PROGRAM SERVICES	CLEFT PALAT	TE SURGERIE	s 7,140,305.
EUDODE (INGLUDING						
EUROPE (INCLUDING ICELAND AND						
GREENLAND)	0	1	PROGRAM SERVICES	CLEFT PALAT	TE SURGERIE	s 455,905.
						,
MIDDLE EAST AND	1	2				
NORTH AFRICA	1	3	PROGRAM SERVICES	CLEFT PALAT	TE SURGERIE	s 1,721,829.
NODELL ANDLES		_	DROGDAN GERVITGES			
NORTH AMERICA	0	5	PROGRAM SERVICES	CLEFT PALAJ	re surgerie	<u>s 1,237,258.</u>
RUSSIA AND THE NEWLY						
INDEPENDENT STATES	0	0	PROGRAM SERVICES	CLEFT PALAT	TE SURGERIE	s 925,424.

35 2021.05080 SMILE TRAIN, INC.



on of Activitie	s per Regior	. (Schedule F (Form 990), Part I, line 3	3)	Page
		(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
1	19	PROGRAM SERVICES	CLEFT PALATE SURGERIES	14,664,665
0	0	GRANTMAKING		558,267
0	0	GRANTMAKING		5,725,987
0	0	GRANTMAKING		17,805,000
0	0	GRANTMAKING		1,841,839
0	0	GRANTMAKING		2,050,000
0	0	INVESTMENTS		8,445,353
	(b) Number of offices in the region	(b) Number of offices in the region       (c) Number of employees or agents in region         1       19         1       19         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0         0       0	(b) Number of offices in the region       (c) Number of employees or agents in region       (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)         1       19       PROGRAM SERVICES         0       0       GRANTMAKING         0       0       GRANTMAKING	offices in the region       employees or agents in region       (by type) (i.e., fundraising, program services, grants to recipients located in the region)       is a program service, describe specific type of service(s) in region         1       19       PROGRAM SERVICES       CLEFT PALATE SURGERIES         0       0       SRANTMAKING       Image: classical structure         0       0       SRANTMAKING       Image: classical structure

132181 04-01-21 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> 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)
		CENTRAL AMERICA						
		AND THE CARIBBEAN	CLEFT TX	58,200.	CHECK/WIRE	0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN	CLEFT TX	47,878.	CHECK/WIRE	0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN	CLEFT TX	31,071.	CHECK/WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CLEFT TX	30 904.	CHECK/WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CI.RET TX	24 460	CHECK/WIRE	0.		
				21,100.		•.		
		CENTRAL AMERICA		15 000		0		
		AND THE CARIBBEAN	CLEFT TX	15,008.	CHECK/WIRE	0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN	CLEFT TX	10,900.	CHECK/WIRE	0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN	CLEFT TX	10,502.	CHECK/WIRE	0.		
			ecognized as charities by the		-	•		528
	•	-	or counsel has provided a sec		• • • • • • • • • • • • • • • • • • • •	📘 -		520

Schedule F (Form 990) 2021

Schedule F (Form 990)	SMILE T	RAIN, INC.			13-3663	1416		Page <b>2</b>
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	)	-
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CLEFT TX	6,360.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	716,256.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	379,764.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	319,001.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	308 686.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX		CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	216,766.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	170,022.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	149,774.	CHECK/WIRE	0.		

Schedule F (Form 990)	SMILE T	RAIN, INC.			13-366	1416		Page <b>2</b>
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	CLEFT TX	149,550.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	146,464.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	134,976.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	129,371.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	115,198.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	114,601.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	114,000.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	109,858.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	107,752.	CHECK/WIRE	0.		

Schedule F (Form 990)	SMILE T	RAIN, INC.			13-3663	L416		Page <b>2</b>
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	CLEFT TX	99,499.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	91,800.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	87,740.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	85,927.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	85,564.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	83,642.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	81,590.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	81,075.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	79,450.	CHECK/WIRE	0.		

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Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	77,009.	CHECK/WIRE	ο.		
				,				
		EAST ASIA AND THE PACIFIC		75 200	OURCE (MIDE	0.		
		PACIFIC	CLEFT TX	75,300.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	69,179.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	66 403.	CHECK/WIRE	ο.		
				, -				
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	62,075.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	60,974.	CHECK/WIRE	Ο.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	EQ 475	CHECK/WIRE	0.		
		L VOLLA C		55,475.	CHECK/WIRE	· ·		+
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	59,150.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
			CLEFT TX	57 991.	CHECK/WIRE	0.		

Schedule F (Form 990)	SMILE T	RAIN, INC.			13-366	L416		Page <b>2</b>
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EAST ASIA AND THE PACIFIC	CLEFT TX	54,639.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	48,835.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	48,300.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	46,395.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	44,288.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	44,040.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	42,600.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	42,250.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	39,763.	CHECK/WIRE	0.		

Schedule F (Form 990)	SMILE T	RAIN, INC.			13-3663	1416		Page <b>2</b>
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	)	-
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	CLEFT TX	39,525.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	39,052.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	38,739.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	38,700.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	38,563.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	38,553.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	35,700.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	35,058.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	34,332.	CHECK/WIRE	0.		

Schedule F (Form 990)	SMILE T	RAIN, INC.			13-3663	1416		Page <b>2</b>
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EAST ASIA AND THE PACIFIC	CLEFT TX	34,200.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	33,909.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	33,736.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	32,920.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	31,780.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	30,850.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	30,284.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	28,120.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	28,113.	CHECK/WIRE	0.		

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Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	)	1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	26,823.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	26,325.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	26,250.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	26 105	CHECK/WIRE	0.		
				20,103.				
		EAST ASIA AND THE PACIFIC	CLEFT TX	25,200.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	24,368.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	24,300.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	23,100.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	22,945.	CHECK/WIRE	0.		

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Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	CLEFT TX	22,569.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	22,540.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	22,485.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	21,700.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	СLЕFТ ТХ	21,086.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	20,703.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	20,119.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	19,750.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	19,168.	CHECK/WIRE	0.		

Schedule F (Form 990)	SMILE T	RAIN, INC.			13-3663	L416		Page 2
Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	18,819.	CHECK/WIRE	Ο.		
				,				
		EAST ASIA AND THE PACIFIC	CLEFT TX	10 475	CHECK/WIRE	0.		
		PACIFIC		10,475.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	17,757.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	16,984.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	16 676	CHECK/WIRE	0.		
				10,070.				
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	16,500.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	16,172.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	15,600.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	15,600.	CHECK/WIRE	0.		

Schedule F (Form 990)	SMILE TI	RAIN, INC.			13-3663	L416		Page <b>2</b>
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	14,800.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	14,718.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	14,718.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	14,234.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	14,005.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	13,676.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	13,483.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	12,947.	CHECK/WIRE	0.		
		EAST ASIA AND THE		11 550	CHECK /MIDE	0.		
		PACIFIC	CLEFT TX	11,559.	CHECK/WIRE	٥.		

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Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	11,083.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	10,751.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	10,278.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	9,803.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	9,461.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	9,203.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	9,084.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	9 072	CHECK/WIRE	0.		
				5,072.				
		EAST ASIA AND THE PACIFIC	CLEFT TX	9 045.	CHECK/WIRE	0.		

Schedule F (Form 990)	SMILE T	RAIN, INC.			13-3663	L416		Page <b>2</b>
		Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	)	
1 (a) Name of organiza	tion <b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	CLEFT TX	8,796.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	8,761.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	8,557.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	8,260.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	СLЕFТ ТХ	7,820.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	7,742.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	7,588.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	7,456.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	7,420.	CHECK/WIRE	0.		

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Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	)	1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	7,328.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	7 223.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	7,200.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	7,150.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	7,000.	CHECK/WIRE	0.		
		EAST ASIA AND THE		6 550				
		PACIFIC	CLEFT TX	6,750.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	6,739.	CHECK/WIRE	٥.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	6,391.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	6,337.	CHECK/WIRE	0.		

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) EAST ASIA AND THE PACIFIC CLEFT TX 6,269. CHECK/WIRE Ο. EAST ASIA AND THE PACIFIC CLEFT TX 6,212. CHECK/WIRE 0. EAST ASIA AND THE PACIFIC CLEFT TX 5,955. CHECK/WIRE 0. EAST ASIA AND THE PACIFIC CLEFT TX 5,925. CHECK/WIRE 0. EAST ASIA AND THE PACIFIC 5,896. CHECK/WIRE CLEFT TX 0. EAST ASIA AND THE PACIFIC CLEFT TX 5,596. CHECK/WIRE 0 EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 150,000. CHECK/WIRE 0. EUROPE (INCLUDING ICELAND & GREENLAND) 50,125. CHECK/WIRE CLEFT TX Ο. EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 46,000. CHECK/WIRE 0.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 43,839. CHECK/WIRE Ο. EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 40,024. CHECK/WIRE 0. EUROPE (INCLUDING ICELAND & 36,062. CHECK/WIRE GREENLAND) CLEFT TX 0. EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 24,118. CHECK/WIRE 0. EUROPE (INCLUDING ICELAND & 16,648. CHECK/WIRE GREENLAND) CLEFT TX 0. EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 13,435. CHECK/WIRE 0 EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 13,000. CHECK/WIRE 0. EUROPE (INCLUDING ICELAND & GREENLAND) 7,000. CHECK/WIRE CLEFT TX Ο. MIDDLE EAST AND NORTH AFRICA CLEFT TX 570,520. CHECK/WIRE 0.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (i) Method of (g) Amount of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) MIDDLE EAST AND NORTH AFRICA CLEFT TX 224,852. CHECK/WIRE Ο. MIDDLE EAST AND NORTH AFRICA CLEFT TX 162,600. CHECK/WIRE 0. MIDDLE EAST AND 135,070. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 94,400. CHECK/WIRE Ο. MIDDLE EAST AND 57,200. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 48,000. CHECK/WIRE 0 MIDDLE EAST AND NORTH AFRICA CLEFT TX 47,821. CHECK/WIRE 0. MIDDLE EAST AND NORTH AFRICA 44,122. CHECK/WIRE CLEFT TX Ο. MIDDLE EAST AND 41,700. CHECK/WIRE NORTH AFRICA CLEFT TX 0.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (i) Method of (g) Amount of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) MIDDLE EAST AND NORTH AFRICA CLEFT TX 40,800. CHECK/WIRE Ο. MIDDLE EAST AND NORTH AFRICA CLEFT TX 38,150. CHECK/WIRE 0. MIDDLE EAST AND 34,200. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 33,000. CHECK/WIRE 0. MIDDLE EAST AND 31,312. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 25,500. CHECK/WIRE 0 MIDDLE EAST AND NORTH AFRICA CLEFT TX 23,200. CHECK/WIRE 0. MIDDLE EAST AND NORTH AFRICA 13,467. CHECK/WIRE CLEFT TX Ο. MIDDLE EAST AND NORTH AFRICA CLEFT TX 10,400. CHECK/WIRE 0.

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Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	e United States.	(Schedule F (Form 9	90), Part II, line 1)	)	
1 (a) Name of organization	<b>(b)</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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	9,600.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	8,520.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	8,000.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	368,184.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX		CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX		CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX		CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX		CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	61,517.	CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.			13-3663			Page 2
Part II     Continuation of       1     (a) Name of organization	f Grants and Other A (b) IRS code section and EIN (if applicable)	(a) Pagian	ations or Entities Outside the (d) Purpose of grant	(e) Amount	(f) Manner of	90), Part II, line 1) (g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		NORTH AMERICA	CLEFT TX	51,861.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	45,971.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	43,524.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	31,200.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	28,740.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	27,500.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	25,750.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	23,700.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	20,250.	CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.			13-3661			Page <b>2</b>
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9			
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		NORTH AMERICA	CLEFT TX	20,200.	CHECK/WIRE	0.		
				10.000				
		NORTH AMERICA	CLEFT TX	18,800.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	14,380.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	14,300.	CHECK/WIRE	0.		
				0.500				
		NORTH AMERICA	CLEFT TX	8,700.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	7,000.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	7,000.	CHECK/WIRE	0.		
				C 0-0				
		NORTH AMERICA	CLEFT TX	6,370.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	5,919.	CHECK/WIRE	0.		

Schedule F (Form 990)	SMILE T	RAIN, INC.			13-3663	1416		Page <b>2</b>
Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	CLEFT TX	5,100.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES ARMENIA	CLEFT TX	500,000.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES ARMENIA	CLEFT TX	250.000.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES ARMENIA	CLEFT TX		CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES ARMENIA	CLEFT TX		CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES ARMENIA	CLEFT TX		CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES ARMENIA	CLEFT TX	16,250.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES ARMENIA	CLEFT TX	15,000.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES ARMENIA	CLEFT TX	14,377.	CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.			13-3663			Page 2
Part II Continuation of 1 (a) Name of organization	of Grants and Other (b) IRS code section and EIN (if applicable)	(a) Pagian	ations or Entities Outside th (d) Purpose of grant	(e) Amount	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line 1) (g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		RUSSIA AND NEIGHBORING STATES ARMENIA	CLEFT TX	5,460.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	337,426.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	329,372.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	188,870.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	135,650.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	119,018.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	90,887.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	88,760.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	81,350.	CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.			13-3663			Page <b>2</b>
	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	<u>(Schedule F (Form 9</u>			
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH AMERICA	CLEFT TX	75,746.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	59,472.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	59,196.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	53,042.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	42,829.	CHECK/WIRE	0.		
				40.000				
		SOUTH AMERICA	CLEFT TX	40,080.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	38 800	CHECK/WIRE	0.		
		DOUTH AMERICA		50,000.	CHECK/ WIKE			
		SOUTH AMERICA	CLEFT TX	36,000.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	35,895.	CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.			13-3663			Page 2
	of Grants and Other	Assistance to Organiz	ations or Entities Outside th	e United States.	<u>(Schedule F (Form 9</u>			
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH AMERICA	CLEFT TX	30 559.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	25,840.	CHECK/WIRE	0.		
				,				
		SOUTH AMERICA	CLEFT TX	24,600.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	23,371.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	19,120.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	18,770.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	18,150.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	16,900.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	16,350.	CHECK/WIRE	Ο.		

Schedule F (Form 990)	m 990) SMILE TRAIN, INC. ntinuation of Grants and Other Assistance to Organizations or Entities Outside the U				Page <b>2</b>			
		Assistance to Organiza		United States.				
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH AMERICA	CLEFT TX	16,106.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	15,000.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	14 964	CHECK/WIRE	0.		
		SOUTH AMERICA		14,504.	CHECK/WIKE	0.		
		SOUTH AMERICA	CLEFT TX	13,837.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	13 175	CHECK/WIRE	0.		
				10,170.		· · ·		
		SOUTH AMERICA	CLEFT TX	13,100.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	12,672.	CHECK/WIRE	0.		
				,				
		SOUTH AMERICA	CLEFT TX	12,000.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	8,153.	CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.			Page <b>2</b>			
	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	e United States.	<u>(Schedule F (Form 9</u>			
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM) appraisal, other)
		SOUTH AMERICA	CLEFT TX	7,232.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	6,877.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	6,250.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	5,950.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	5,700.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	5,259.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	5,120.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	705,759.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	632,525.	CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.			Page			
Part II Continuation of 1 (a) Name of organization	of Grants and Other (b) IRS code section and EIN (if applicable)	(a) Pagian	ations or Entities Outside the (d) Purpose of grant	(e) Amount	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line 1) (g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SOUTH ASIA	CLEFT TX	426,600.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	370,500.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	218,400.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	217,700.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	193,050.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	170,775.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	170,200.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	127,960.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	122,975.	CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.			Page <b>2</b>			
Part II         Continuation of           1         (a) Name of organization	of Grants and Other ( (b) IRS code section and EIN (if applicable)	(a) Pagian	tions or Entities Outside the (d) Purpose of grant	(e) Amount	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line 1 (g) Amount of non-cash assistance	) (h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH ASIA	CLEFT TX	90,200.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	88,480.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	86,500.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	83,250.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	82,775.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	75,040.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	71,400.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	69,500.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	69,160.	CHECK/WIRE	0.		

Schedule F (Form 990) Part II Continuation of		RAIN, INC.			Page			
art II     Continuation of       1     (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Pagian	tions or Entities Outside the (d) Purpose of grant	(e) Amount	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line 1) (g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SOUTH ASIA	CLEFT TX	66,148.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	65,644.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	62,900.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	61,880.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	57,700.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	54,880.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	50,750.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	50,680.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	50,400.	CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.			Page 2			
Part II         Continuation of           1         (a) Name of organization	f Grants and Other (b) IRS code section and EIN (if applicable)	(a) Pagian	tions or Entities Outside the (d) Purpose of grant	(e) Amount	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line 1 (g) Amount of non-cash assistance	) (h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
	(,,		3			assistance	assistance	appraisal, other)
		SOUTH ASIA	CLEFT TX	50,120.	CHECK/WIRE	0.		
				,				
		SOUTH ASIA	CLEFT TX	49,000.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	45 100	CHECK/WIRE	0.		
		SUUTH ASIA		45,100.	CHECK/WIKE	0.		
		SOUTH ASIA	CLEFT TX	41,800.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	37,475.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	36,680.	CHECK/WIRE	0.		
				,				
		SOUTH ASIA	CLEFT TX	35,840.	CHECK/WIRE	0.		
				24.600				
		SOUTH ASIA	CLEFT TX	34,680.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	33,463.	CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.		13-3661416 ne United States. (Schedule F (Form 990), Part II, line 1)				
Part II Continuation of 1 (a) Name of organization	f Grants and Other (b) IRS code section and EIN (if applicable)	(a) Pagian	tions or Entities Outside the (d) Purpose of grant	(e) Amount	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line 1 (g) Amount of non-cash assistance	) (h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		SOUTH ASIA	CLEFT TX	31,920.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	30,240.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	27,000.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	26,560.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	25,500.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	23,250.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	19,525.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	17,450.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	14,700.	CHECK/WIRE	Ο.		

Schedule F (Form 990)		RAIN, INC.			Page 2			
Part II     Continuation of       1     (a) Name of organization	f Grants and Other ( (b) IRS code section and EIN (if applicable)		ations or Entities Outside the (d) Purpose of grant	(e) Amount	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line 1) (g) Amount of non-cash assistance	) (h) Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FM appraisal, other)
		SOUTH ASIA	CLEFT TX	14,400.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	12,040.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	11,825.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	10,450.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	8,000.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	7 199	CHECK/WIRE	0.		
				.,				
		SUB-SAHARAN AFRICA	CLEFT TX	1,113,595.	CHECK/WIRE	0.		
		SUB-SAHARAN						
		AFRICA	CLEFT TX	836,331.	CHECK/WIRE	0.		
		SUB-SAHARAN						
		AFRICA	CLEFT TX	535,300.	CHECK/WIRE	0.		

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 524,841. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 504,215. CHECK/WIRE 0. SUB-SAHARAN AFRICA 461,000. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 424,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 327,807. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 313,864. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 297,761. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 279,434. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 252,000. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 236,737. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 235,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA 225,500. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 221,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA 212,643. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 205,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 191,904. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 178,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 171,824. CHECK/WIRE CLEFT TX Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 159,552. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 154,125. CHECK/WIRE 0. SUB-SAHARAN AFRICA 147,000. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 126,313. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 125,648. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 112,668, CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 111,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 104,140. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 102,518, CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (i) Method of (g) Amount of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) grant of cash grant cash disbursement assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 101,369. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 97,178. CHECK/WIRE 0. SUB-SAHARAN 91,500. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA 87,950. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 84,500.CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 84,499. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 80,870. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 80,810. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 80,141. CHECK/WIRE CLEFT TX Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 78,280. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 76,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA 74,702. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 74,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA 73,145. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 72,041. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 70,745. CHECK/WIRE 0. SUB-SAHARAN AFRICA 69,000. CHECK/WIRE CLEFT TX Ο. SUB-SAHARAN AFRICA 68,260. CHECK/WIRE CLEFT TX Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (i) Method of (g) Amount of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 66,589. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 66,057.CHECK/WIRE 0. SUB-SAHARAN 62,000. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 61,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA 61,468.CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 60,500. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 60,180. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 56,900. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 53,760. CHECK/WIRE CLEFT TX Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 52,630. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 52,226. CHECK/WIRE 0. SUB-SAHARAN 51,075. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 48,847. CHECK/WIRE 0. SUB-SAHARAN AFRICA 48,500. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 46,907. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 44,636. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 43,825. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 43,200. CHECK/WIRE CLEFT TX Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 41,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 40,200. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN 40,000. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA 39,663. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 38,377.CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 38,029. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 37,980. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 36,525. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 36,424. CHECK/WIRE CLEFT TX Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 36,026. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 35,472. CHECK/WIRE 0. SUB-SAHARAN AFRICA 34,512. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 34,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA 34,207. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 33,791. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 32,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 31,695.CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 31,623. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 31,415. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 31,136. CHECK/WIRE 0. SUB-SAHARAN AFRICA 30,100. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 29,500. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 29,443. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 29,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 28,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 28,134. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 27,580. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 27,529. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 27,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA 27,500. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 27,040. CHECK/WIRE 0. SUB-SAHARAN AFRICA 26,250. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 26,193.CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 25,337. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 25,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 25,000. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 24,057. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 24,043. CHECK/WIRE 0. SUB-SAHARAN 24,000. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 23,717. CHECK/WIRE 0. SUB-SAHARAN AFRICA 23,500. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 23,060. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 23,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 22,620. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 22,500. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 22,300. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 22,100. CHECK/WIRE 0. SUB-SAHARAN 22,052. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 21,620. CHECK/WIRE 0. SUB-SAHARAN AFRICA 21,150. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 20,800. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 20,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 20,500. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 20,500. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 19,500. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 19,399. CHECK/WIRE 0. SUB-SAHARAN AFRICA 19,340. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN 19,000. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA 19,000. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 18,268. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 18,252. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 18,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 17,500. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 17,500. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 17,500. CHECK/WIRE 0. SUB-SAHARAN 17,000. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 16,468.CHECK/WIRE 0. SUB-SAHARAN AFRICA 16,242. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 16,091. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 16,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 15,500. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 15,500. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 15,314. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 15,000. CHECK/WIRE 0. SUB-SAHARAN 15,000. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 15,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA 15,000. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 15,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 14,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 14,498, CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 14,306. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 14,102. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 13,848. CHECK/WIRE 0. SUB-SAHARAN 13,827. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 13,560.CHECK/WIRE 0. SUB-SAHARAN AFRICA 13,500. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 13,500. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 13,450. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 13,265. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 13,250. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 13,100. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 13,000. CHECK/WIRE 0. SUB-SAHARAN 13,000. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 13,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA 12,537. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 12,244. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 11,624. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 11,500. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 11,500. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 11,300. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 11,236.CHECK/WIRE 0. SUB-SAHARAN 11,156. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 11,000.CHECK/WIRE 0. SUB-SAHARAN AFRICA 11,000. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 11,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 10,955. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 10,650, CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 10,546. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 10,500. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 10,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA 10,500. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 10,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA 10,500. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 10,200. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 10,030. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 10,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 10,000. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) grant of cash grant cash disbursement assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 9,992. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 9,900. CHECK/WIRE 0. SUB-SAHARAN 9,750. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 9,460. CHECK/WIRE 0. SUB-SAHARAN AFRICA 9,332.CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 9,049. CHECK/WIRE 0 SUB-SAHARAN 9,000. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 9,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 9,000. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) grant of cash grant cash disbursement assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 9,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 8,615.CHECK/WIRE 0. SUB-SAHARAN AFRICA 8,525. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 8,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA 8,500. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 8,496.CHECK/WIRE 0 SUB-SAHARAN 8,000. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 8,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 8,000. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 8,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 7,917. CHECK/WIRE 0. SUB-SAHARAN AFRICA 7,848. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 7,750. CHECK/WIRE 0. SUB-SAHARAN AFRICA 7,600. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 7,500. CHECK/WIRE 0 SUB-SAHARAN 7,500.CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA 7,500. CHECK/WIRE CLEFT TX Ο. SUB-SAHARAN AFRICA CLEFT TX 7,500. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 7,500. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 7,467. CHECK/WIRE 0. SUB-SAHARAN AFRICA 7,172. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 7,126. CHECK/WIRE 0. SUB-SAHARAN AFRICA 6,876. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 6,823.CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 6,320. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 6,239. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 6,000. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (h) Description (i) Method of (g) Amount of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) grant of cash grant cash disbursement assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 6,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 5,665. CHECK/WIRE 0. SUB-SAHARAN 5,500. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 5,500. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 5,500.CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 5,500. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 5,038. CHECK/WIRE 0.

Schedule F (Form 990) 2021

SMILE TRAIN, INC.

## Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (f) Amount of (c) Number of (d) Amount of (e) Manner of (g) Description of (b) Region (a) Type of grant or assistance cash disbursement recipients cash grant noncash noncash assistance assistance CENTRAL AMERICA AND THE CARIBBEAN ANTIGUA & CLEFT PALATE TRAINING BARBUDA, ARUBA, 6 9,307. CHECK/WIRE Ο. CLEFT PALATE TRAINING EUROPE 1 632. CHECK/WIRE 0 MIDDLE EAST AND CLEFT PALATE TRAINING NORTH AFRICA 2 2,252. CHECK/WIRE Ο. CLEFT PALATE TRAINING 5 NODELL AMEDICA 5 950 CUECE/WIDE ^

CLEFT PALATE TRAINING	NORTH AMERICA	5	5,859.	CHECK/WIRE	0.		
		2.0	44 041				
CLEFT PALATE TRAINING	SOUTH AMERICA	20	44,841.	CHECK/WIRE	0.		
	SUB-SAHARAN						
	AFRICA - ANGOLA,						
	BENIN, BOTSWANA,						
CLEFT PALATE TRAINING	BURKINA FASO,	62	266,593.	CHECK/WIRE	0.		
		I		1	<u>I</u>	l Cohod	ule F (Form 990) 2021

Schedule F (Form 990) 2021

**(h)** Method of valuation (book, FMV, appraisal, other)

13-3661416

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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</i> "Yes," <i>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? <i>If "Yes,"</i> 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</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	X Yes	No

Schedule F (Form 990) 2021

132074 12-20-21

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	Also complete this part to provide any additional information. See instructions.
	2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)

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SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1!				r 19,	or if the	2021
Department of the Treasury Internal Revenue Service		Attach to Form 990				<b>.</b>		Open to Public Inspection
Name of the organization		o to www.irs.gov/Form990 for instr	uction	s anu	the latest mornati	011.	Employer ide	entification number
	SMILE TRAIN	1					13-366143	
	complete this part	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	I filers are not
<ul> <li>a X Mail solicitat</li> <li>b X Internet and</li> <li>c X Phone solicitat</li> <li>d X In-person social</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions I email solicitations itations olicitations on have a written o ted in Form 990, P 0 highest paid indiv	f Solicita g X Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes	
(i) Name and addres or entity (fund		(ii) Activity	fundi have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
INFOCISION, INC			Yes	No				
SPRINGSIDE DR, AKR	CON, OH	CONSULTING		X	347,945.		118,997.	228,948.
Total		·			347,945.		118,997.	228,948.
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	gistration

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

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Part II	Fundraising Events. Complete if th	e organization answered	"Yes" on Form 990, Par	t IV, line 18, or reported i	more than \$15,000
	of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
		(a) Event #1	(b) Event #2	(c) Other events	

			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Ð			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
ш	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s	5	Noncash prizes				
kpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Δ	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)			
	11	Net income summary. Subtract line 10 from lin	ne 3, column (d)		►	
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(In) Dull tabe/instant		(d) Total coming (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
s	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	-	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
•	<b>F</b> 4					
		er the state(s) in which the organization condu he organization licensed to conduct gaming ac				Yes No
		No," explain:				
		· · ·				
		re any of the organization's gaming licenses re Yes," explain:				Yes No
_	_					
13208	32 10	-21-21			Sche	edule G (Form 990) 2021

<u>Sc</u> l	hedule G (Form 990) 2021	SMILE TRAIN, INC.	13-3661416 F	Page 3
11	Does the organization conduct ga	ming activities with nonmembers?	Yes	No
	to administer charitable gaming?	·		No
	Indicate the percentage of gaming <b>a</b> The organization's facility	activity conducted in:	13a	%
				%
		e person who prepares the organization's gaming/special events bo		
	Name 🕨			
	Address 🕨			
15	<b>a</b> Does the organization have a con	ract with a third party from whom the organization receives gaming	revenue? Yes	No
		ng revenue received by the organization <b>&gt;</b> \$	_ and the amount	
	c If "Yes," enter name and address	third party ▶\$ of the third party:		
	Name 🕨			
	Address ►			
16	Gaming manager information:			
	Name 🕨			
	Gaming manager compensation	\$		
	Description of services provided			
	Director/officer	Employee Independent contractor		
	Mandatory distributions: a Is the organization required under	state law to make charitable distributions from the gaming proceed	ls to	
	retain the state gaming license?		Yes	No
	b Enter the amount of distributions	required under state law to be distributed to other exempt organization	ions or spent in the	
Pa	organization's own exempt activit art IV Supplemental Infor	es during the tax year ▶ \$ <b>nation.</b> Provide the explanations required by Part I, line 2b, colur	mns (iii) and (v): and Part III lines 9 9h	10b
	• •	applicable. Also provide any additional information. See instruction		
SCI	HEDULE G, PART I, LINE 2B,	LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I	) NAME OF FUNDRAISER: INFO	ISION, INC.		
(I	) ADDRESS OF FUNDRAISER: 3	5 SPRINGSIDE DR, AKRON, OH 44333		
SCI	HEDULE G, PART I, LINE 2B	OLUMN V:		
TH	E COMPENSATION REPORTED IN	SCHEDULE G FOR INFOCISION REPRESENTS		
		BASIS. INFOCISION IS AMONG SMILE TRAIN'S		
-	P FIVE HIGHEST PAID VENDOR: 083 10-21-21	; AMOUNTS DISCLOSED ON PART VII ARE	Schedule G (Form 990	)) 2021
1320	000 10-21-21	102		<i>-, 202</i> 1

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## Part IV Supplemental Information (continued)

REPORTED ON A CALENDAR YEAR BASIS.

THE FUNDRAISING EFFORTS OF THE PROFESSIONAL FUNDRAISERS REPORTED IN

SCHEDULE G YIELD A SUSTAINABLE LONG-TERM STREAM OF DONORS TO THE

ORGANIZATION, YET THE FUNDRAISER MAY ONLY GET CREDIT FOR THE INITIAL

CONTRIBUTION TO SMILE TRAIN (AND NOT SUBSEQUENT GIVING THROUGHOUT THE

YEAR AND IN THE FUTURE). ACCORDINGLY, THE AMOUNTS REPORTED AS "GROSS

RECEIPTS" DERIVED FROM THE FUNDRAISER MAY APPEAR MISLEADING BECAUSE OF

THE MANNER IN WHICH THE FORM 990 ASKS FOR THE DATA TO BE COMPILED.

Schedule G (Form 990)

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SCHEDULE I		irants and Oth					OMB No. 1545-0047
(Form 990)		vernments, ar					2021
Department of the Treasury	Compl	ete if the organizatio	Attach to Form		rt IV, line 21 or 22.		Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo		nation.		Inspection
Name of the organization	AIN, INC.		-				Employer identification number 13-3661416
Part I General Information on G	rants and Assistance						
1 Does the organization maintain re criteria used to award the grants						stance, and the selecti	
2 Describe in Part IV the organization							
Part II Grants and Other Assistan recipient that received more	nce to Domestic Organiz	ations and Domestic	<b>Governments.</b> C	omplete if the org	anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	ation (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SEATTLE CHILDREN'S HOSPITAL FOUNDATION - 4800 SAND POINT NE - SEATTLE, WA 98105	WAY 91-1156519	501(C)(3)	51,866.	0.			TRAINING
LIFEBOX FOUNDATION 195 MONTAGUE ST, 14TH FLOOR BROOKLYN, NY 11201	46-2266526	501(C)(3)	987,250.	0.			TRAINING
UNIVERSITY OF CALIFORNIA SANT CRUZ – 1156 HIGH STREET – SAN CRUZ, CA 95064		501(C)(3)	17,343.	0.			RESEARCH
UNIVERSITY OF WASHINGTON 1959 NE PACIFIC STREET SEATTLE, WA 98195	91-6001537	GOVT	100,000.	0.			RESEARCH
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 171 ASHLEY AVENUE CHARLESTON, SC 29425	- 57-6000722	GOVT	8,000.	0.			U.S. CLEFT CARE
KANSMILE FOUNDATION 1861 N WEBB RD. WICHITA, KS 67206	38-4047498	501(C)(3)	10,000.	0.			U.S. CLEFT CARE
2 Enter total number of section 501	(c)(3) and government or	anizations listed in th	e line 1 table			•	10.
3 Enter total number of other organ	nizations listed in the line 1	l table					
LHA For Paperwork Reduction Act	Notice, see the Instruction	ons for Form 990.					Schedule I (Form 990) 2021

Schedule I (Form 990) SMILE TRAIN, INC.

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(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VEST VIRGINIA UNIV FOUNDATION							
DNE WATERFRONT PLACE, 7TH FL., PO							
BOX 1650 - MORGANTOWN, WV							
26507-1650	55-6017181	501(C)(3)	21,866.	0.			U.S. CLEFT CARE
VANDERBILT UNIVERSITY MEDICAL							
CENTER - 3322 WEST END AVENUE,							
SUITE 900 - NASHVILLE, TN 37203	35-2528741	501(C)(3)	2,265,110.	0.			TRAINING
	33 2320741	501(0)(5)	2,203,110.				
EVERY SMILE HAS A STORY							
4200 N ARMENIA AVE., STE. 3							
TAMPA, FL 33607	47-4435366	501(C)(3)	19,960.	0.			U.S. CLEFT CARE
GLOBAL SMILE FOUNDATION							
106 ACCESS ROAD, SUITE 209							
NORWOOD, MA 02062	26-2668127	501(C)(3)	138,501.	Ο.			TRAINING
			1				

Schedule I (Form 990)

Schedule I (Form 990) 2021

SMILE TRAIN, INC.

13-3661416

Page 2

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	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information Provide the information					

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

PART I, LINE 2:

GRANT RECIPIENTS ARE REQUIRED TO SUBMIT FINAL GRANT REPORTS DESCRIBING

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

FUNDS ONLY FOR DIRECT PROGRAM COSTS AND KEEP SEPARATE ACCOUNTING RECORDS OF

SMILE TRAIN GRANTS. SMILE TRAIN UNDERTAKES PERIODIC FINANCIAL AUDITS TO

ENSURE ACCURACY OF THESE RECORDS. ADDITIONALLY, ORGANIZATIONS RECEIVING

SURGICAL GRANTS MUST UPLOAD PATIENT RECORDS WITH PRE- AND POST-OPERATIVE

PHOTOS FOR EVERY SURGERY PERFORMED WITH SMILE TRAIN FUNDING TO

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

Part IV Supplemental Information

PATIENT RECORDS ARE REVIEWED DAILY BY SMILE TRAIN STAFF FOR COMPLETENESS

AND ACCURACY, AND A MEMBER OF THE SMILE TRAIN MEDICAL ADVISORY BOARD

REGULARLY REVIEWS RANDOMLY SELECTED RECORDS FOR MEDICAL QUALITY.

Schedule I (Form 990)

SC	HEDULE J	Compensation	Information	I	OMB No. 1	1545-004	47
	rm 990)	For certain Officers, Directors, Truste			20	<b>n</b> 4	
•	•	Compensated	Employees		20	<b>Z</b> I	
-		Complete if the organization answered Attach to Formation			Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instr			Inspe		
Nam	e of the organization			Employer ide	entificatio	on nur	nber
		SMILE TRAIN, INC.		13-366	51416		
Pa	rt I Question	Regarding Compensation					
						Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the follo	wing to or for a person listed on Form	990,			
	Part VII, Section A,	ine 1a. Complete Part III to provide any relevant inforr	nation regarding these items.				
	First-class or c	narter travel 🗌 Ho	using allowance or residence for perso	nal use			
	Travel for com	panions 🗌 Pay	ments for business use of personal res	sidence			
	X Tax indemnific	ation and gross-up payments	alth or social club dues or initiation fees	6			
	Discretionary s	pending account Per	sonal services (such as maid, chauffeu	r, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a w	ritten policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "Ne	o," complete Part III to explain		. 1b	Х	
2	Did the organization	require substantiation prior to reimbursing or allowing	g expenses incurred by all directors,				
	trustees, and office	s, including the CEO/Executive Director, regarding the	e items checked on line 1a?		2	Х	
3		y, of the following the organization used to establish t					
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for	methods used by a related organization	on to			
	establish compensa	tion of the CEO/Executive Director, but explain in Par	t III.				
	X Compensation	committee Wri	tten employment contract				
	Independent o	ompensation consultant	mpensation survey or study				
	Form 990 of o	her organizations	proval by the board or compensation c	ommittee			
4	During the year, dic	any person listed on Form 990, Part VII, Section A, lir	ne 1a, with respect to the filing				
	organization or a re	ated organization:					
а						X	
b	-	eive payment from a supplemental nonqualified retirer	-				X
С	-	eive payment from an equity-based compensation arra	-		4c		Х
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable ar	nounts for each item in Part III.				
	<b>.</b>						
_		(3), 501(c)(4), and 501(c)(29) organizations must co	-				
5		n Form 990, Part VII, Section A, line 1a, did the organ	ization pay or accrue any compensatio	n			
	contingent on the r				-		v
a ,	Ine organization?				5a		X X
b		ation?			5b		^
~		r 5b, describe in Part III.		~			
6		n Form 990, Part VII, Section A, line 1a, did the organ	ization pay or accrue any compensatio	n			
_	contingent on the n	0			0-		x
					6a		X
a		ation?			6b		~
7		r 6b, describe in Part III.					
1		n Form 990, Part VII, Section A, line 1a, did the organ			-	х	
0		es 5 and 6? If "Yes," describe in Part III			7	Δ	
8		eported on Form 990, Part VII, paid or accrued pursu					x
0		otion described in Regulations section 53.4958-4(a)(3)			. 8		Δ
9		d the organization also follow the rebuttable presump					
		53.4958-6(c)?			9	- 000	
LHA	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedul			Schedul	e J (Forn	n 990)	2021

132111 11-02-21

#### 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>(B)</b> Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) SUSANNAH SCHAEFER	(i)	405,135.	100,000.	0.	16,000.	27,356.	548,491.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DR. SHELL XUE	(i)	284,824.	10,000.	179,723.	13,414.	1,595.	489,556.	0.
SR VP & REGIONAL DIR. N.A.	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) WILLIAM HORAN	(i)	227,408.	25,000.	0.	11,200.	19,295.	282,903.	0.
CHIEF OPERATING OFF. (THRU 03/16/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BEATRIZ GONZALEZ	(i)	207,882.	25,000.	0.	13,375.	18,745.	265,002.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ERIN STIEBER	(i)	196,532.	25,000.	0.	13,485.	29,362.	264,379.	0.
CHIEF PROGRAMS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TROY REINHART	(i)	198,760.	25,000.	0.	11,833.	19,263.	254,856.	0.
SENIOR VP, DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ELYSE TAUB	(i)	199,716.	25,000.	0.	11,970.	10,445.	247,131.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ASHLEY OCHS	(i)	187,010.	20,000.	0.	12,600.	16,526.	236,136.	0.
COO (AS OF 3/17/22) & GENERAL COUNSE	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SHANNON LAMBERT	(i)	149,549.	20,000.	0.	9,863.	20,730.	200,142.	0.
VP & REGIONAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SHARI LEVINE	(i)	145,240.	10,000.	0.	9,300.	26,473.	191,013.	0.
VP, BRAND MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MELANIE BUHRMASTER	(i)	162,840.	10,000.	0.	9,840.	5,936.	188,616.	0.
VP, DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

13-3661416

#### Part III Supplemental Information

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

#### PART I, LINE 1A:

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

VICE PRESIDENT AND REGIONAL DIRECTOR, DR. SHELL XUE IN CALENDAR YEAR 2021;

THESE CHINA INCOME TAX GROSS-UP PAYMENTS ARE INCLUDED IN SCHEDULE J, PART

II, COLUMN B(III).

PART I, LINE 4A:

CHIEF OPERATING OFFICER, WILLIAM HORAN, RECEIVED A SEPARATION PAYMENT IN

MARCH OF 2022; THIS PAYMENT WILL BE REFLECTED IN NEXT YEAR'S FORM 990 AS IT

WAS PAID OUT IN HIS 2022 W-2.

PART I, LINE 7:

ALL BONUSES ISSUED BY SMILE TRAIN TO THE INDIVIDUALS REPORTED IN FORM 990.

SCHEDULE J. PART II, WERE RECOMMENDED BY MANAGEMENT AND APPROVED BY THE

ORGANIZATION'S COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. ALL

BONUSES ARE PERFORMANCE BASED AND NONE OF THE INDIVIDUALS WHO RECEIVED

COMPENSATION HAD ANY INPUT INTO THE DECISION-MAKING PROCESS AUTHORIZING THE

BONUSES.

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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

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

2021 Open to Public Inspection

Name of the organization

Employer identification number
13-3661416

Par	τI	Types of Property								
			(a)	(b)	(c)		(d)			
			Check if	Number of contributions or	Noncash contributio amounts reported o		Method of dete		•	
			applicable		Form 990, Part VIII, line		oncash contributi	on am	iounts	3
1	Art	- Works of art								
2		- Historical treasures								
3		- Fractional interests								
4		bks and publications								
5		thing and household goods								
6		s and other vehicles								
7		ats and planes								
8										
9		ellectual property	X	129	1,191,2	210.FMV				
10		curities - Closely held stock			_,,_					
		curities - Partnership, LLC, or								
11										
10		st interests								
12		curities - Miscellaneous								
13		alified conservation contribution -								
		toric structures								
14		alified conservation contribution - Other								
15		al estate - Residential								
16		al estate - Commercial								
17		al estate - Other								
18		lectibles								
19		od inventory								
20		gs and medical supplies								
21		idermy								
22		torical artifacts								
23		entific specimens								
24	Arc	heological artifacts								
25	Oth	ler 🕨 ()								
26	Oth	ler 🕨 ()								
27	Oth	ler 🕨 ()								
28	Oth	ler 🕨 ( )								
29	Nur	mber of Forms 8283 received by the organiz	ation during	g the tax year for co	ontributions					
	for	which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29					
							_		Yes	No
30a	Dur	ing the year, did the organization receive by	, contributio	n any property rep	orted in Part I, lines 1 th	rough 28,	that it			
	mu	st hold for at least three years from the date	of the initia	l contribution, and	which isn't required to	be used for	·			
	exe	mpt purposes for the entire holding period?						30a		X
b	lf "\	Yes," describe the arrangement in Part II.								
31	Doe	es the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard cont	tributions?		31	х	
32a	Doe	es the organization hire or use third parties o	or related or	ganizations to solid	cit, process, or sell nonc	ash			I	-
	con	tributions?						32a	х	
b	lf "Y	Yes," describe in Part II.								
33	lf th	e organization didn't report an amount in co	olumn (c) fo	r a type of property	for which column (a) is	checked,				
	des	cribe in Part II.								
LHA	F	or Paperwork Reduction Act Notice, see t	the Instruct	tions for Form 990	).		Schedule M	Form	990)	2021

132141 11-17-21

Schedule M (Form 990) 2021 SMILE TRAIN, INC.

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

SCHEDULE M, LINE 32B:

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

SECURITIES, IT TASKS ITS INVESTMENT BROKER WITH LIQUIDATING THOSE

SECURITIES.

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

SECURITIES, SMILE TRAIN WILL RETAIN THE SERVICES OF CONSULTANTS TO

LIQUIDATE THOSE ITEMS OR DONATE THEM TO ITS PARTNER HOSPITALS.

Schedule M (Form 990) 2021

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SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number 13-3661416

SMILE TRAIN, INC.

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

SMILE TRAIN'S GOAL IS TO:

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

A PROVEN, SUSTAINABLE MODEL.

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

BUILDING THE CAPACITY OF LOCAL MEDICAL PROFESSIONALS.

3. DRIVE INNOVATION BY LEVERAGING TECHNOLOGY AND RESEARCH TO TRANSFORM

GLOBAL CLEFT CARE.

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

REDUCE STIGMA AND ENSURE ACCEPTANCE OF PEOPLE WITH CLEFTS.

SMILE TRAIN ADVANCES A SUSTAINABLE SOLUTION AND SCALABLE GLOBAL HEALTH

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

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

THRIVE.

OUR "TEACH A MAN TO FISH" MODEL FOCUSES ON EMPOWERING LOCAL MEDICAL

PROFESSIONALS TO PROVIDE CLEFT TREATMENT TO CHILDREN IN THEIR OWN

COMMUNITIES. WE SUPPORT EDUCATION AND TRAINING FOR EVERY MEMBER OF THE

CLEFT TEAM, WHO IS THEN ENCOURAGED TO TRAIN THEIR PEERS, CREATING A

LONG-TERM, SUSTAINABLE SYSTEM.

WITH OUR EFFICIENT MODEL AND THE SUPPORT OF DONORS AND PARTNERS AROUND

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

Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
THE WORLD, SMILE TRAIN HAS TRANSFORMED THE LIVES OF MORE THAN 1.5	•
MILLION CHILDREN BY GIVING THEM THE POWER OF A SMILE.	
FORM 990, PART III - PROGRAM SERVICE, LINE 4A (CONT'D.)	
FREE MEDICAL EQUIPMENT - MANY OF OUR PARTNERS AROUND THE WORLD LACK	
ACCESS TO FULLY EQUIPPED OPERATING ROOMS OR STRUGGLE TO WORK WITH OLD	
AND/OR INADEQUATE EQUIPMENT. SMILE TRAIN PROVIDES FINANCIAL SUPPORT TO	
ENSURE PARTNERS HAVE THE CRUCIAL SURGICAL AND ANESTHETIC EQUIPMENT THEY	
NEED, INCLUDING PULSE OXIMETERS, ANESTHESIA MACHINES, AND HIGH-QUALITY	
SURGICAL INSTRUMENTS. THIS SUPPORT ALLOWS OUR PARTNERS TO MEET THE HIGH	
STANDARDS OF SAFETY AND QUALITY OUR PATIENTS DESERVE.	
FREE COMPREHENSIVE CLEFT CARE - MOST CHILDREN WITH CLEFTS NEED MORE	
THAN JUST SURGERY. THEY ALSO OFTEN REQUIRE NUTRITION SUPPORT TO REACH A	
HEALTHY ENOUGH WEIGHT FOR SURGERY, THEN YEARS OF ORTHODONTICS, SPEECH	
THERAPY, PSYCHOSOCIAL SUPPORT, AND OTHER ESSENTIAL CARE TO TRULY SMILE	
AND THRIVE. THAT'S WHY SMILE TRAIN EMPOWERS LOCAL PROVIDERS TO OFFER	
THESE LONG-TERM INTERVENTIONS AND PROVIDES GRANTS FOR NUTRITIONAL	
COUNSELING AND FOOD, SPEECH THERAPY SESSIONS, ORTHODONTIC TREATMENT,	
AND MUCH MORE.	
AND MOCH MORE.	
FINANCIAL AID FOR PATIENTS AND FAMILIES - SOME OF OUR PATIENTS DO NOT	
HAVE THE FUNDS THEY NEED TO GET TO THE HOSPITAL OR TO TRAVEL HOME AFTER	
SURGERY. OTHER FAMILIES NEED FOOD AND LODGING WHILE THEIR CHILD IS	
RECEIVING CARE. WE HAVE SPECIAL PROGRAMS THAT PROVIDE SMALL STIPENDS	
FOR PATIENTS AND FAMILIES IN NEED TO ENSURE THEY CAN ACCESS CLEFT CARE	
SAFELY AND WITHOUT ADDITIONAL STRESS OR BEING DRIVEN INTO POVERTY.	
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Name of the organization	Employer identification number
SMILE TRAIN, INC.	13-3661416
THESE EXPENSES EXCLUDE \$31,062,042 IN DONATED TIME AND SERVICES FROM	
DOCTORS, NURSES, ANESTHESIOLOGISTS, ORGANIZATIONS, COMPANIES, OTHER	
MEDICAL PROFESSIONALS, AND MEDICAL FACILITIES AND SUPPLIERS.	
FORM 990, PART III - PROGRAM SERVICE, LINE 4B (CONT'D.)	
FOR THOUSANDS OF PEOPLE ALL OVER THE WORLD, SMILE TRAIN IS A RESOURCE	
FOR INFORMATION ABOUT CLEFTS AND ACCESS TO SAFE, QUALITY CLEFT CARE.	
THROUGH DIRECT MAIL, WEBSITES, NEWSPAPERS, RADIO, TV, PUBLIC SERVICE	
ANNOUNCEMENTS, DOCUMENTARIES, PUBLIC RELATIONS, SOCIAL MEDIA, ETC., WE	
RAISE PUBLIC AWARENESS ABOUT CLEFTS IN MANY COUNTRIES AROUND THE WORLD,	
INCLUDING THE UNITED STATES.	
FORM 990, PART III - PROGRAM SERVICE, LINE 4C (CONT'D.)	
SMILE TRAIN SUPPORTS HANDS-ON AND WORKSHOP-BASED TRAINING OPPORTUNITIES	
TO IMPROVE THE SKILL LEVEL OF CLEFT CARE PROFESSIONALS AROUND THE	
GLOBE. RECENT INITIATIVES HAVE FOCUSED ON SUPPORTING TRAINING PROGRAMS	
FOR NUTRITIONISTS, SPEECH THERAPY PROVIDERS, PERIOPERATIVE NURSES, AND	
ANESTHESIOLOGISTS, INCLUDING SMILE TRAIN'S SAFE NURSING CARE SAVES	
LIVES PROGRAM IN AFRICA, WHICH HAS NOW BEEN SCALED AND IMPLEMENTED FOR	
SMILE TRAIN PARTNERS ON OTHER CONTINENTS.	
SMILE TRAIN IS INNOVATIVE IN OUR APPROACH TO PROVIDING QUALITY TRAINING	
TO MEDICAL PROFESSIONALS WORLDWIDE. IN LOW- AND MIDDLE-INCOME	
COUNTRIES, SURGEONS OFTEN DO NOT HAVE ACCESS TO MENTORSHIP AND TRAINING	
OPPORTUNITIES TO LEARN THE LATEST TECHNIQUES AND PROTOCOLS FOR CLEFT	
SURGERY. WE ARE DRIVEN TO CHANGE THIS. THAT'S WHY WE HAVE DISTRIBUTED	
FREE VIRTUAL SURGERY TRAINING MATERIALS TO OUR GLOBAL NETWORK OF	
132212 11-11-21 115	Schedule O (Form 990) 20

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Schedule O (Form 990) 2021	Page 2
Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
MEDICAL PROFESSIONALS. WE LAUNCHED THE FIRST OPEN-ACCESS, WEB-BASED,	
INTERACTIVE VIRTUAL SURGERY SIMULATOR AND ITS NEW MOBILE VERSION, WHICH	
FEATURES UNPRECEDENTED OFFLINE CAPABILITIES, TO SUPPLEMENT HANDS-ON	
CLINICAL TRAINING FOR SURGEONS IN REMOTE AND LIMITED-RESOURCE SETTINGS.	
WE HAVE TAKEN ON OPERATIONS OF SIMULARE MEDICAL, A LEADING DEVELOPER OF	
HYPER-REALISTIC, HANDS-ON SURGICAL SIMULATORS THAT ARE CONSIDERED AMONG	
THE BEST IN THE WORLD. THIS INNOVATIVE TOOL WILL PROVIDE SMILE TRAIN	
PARTNERS AND CLEFT CARE PROFESSIONALS AROUND THE WORLD WITH GREATER	
ACCESS TO SAFE, HIGH-QUALITY TRAINING, PARTICULARLY IN REGIONS WITH	
LIMITED RESOURCES. AND THESE ARE JUST A FEW OF THE WAYS THAT SMILE	
TRAIN HAS LEVERAGED INNOVATION AND TECHNOLOGY TO CHANGE THE COURSE OF	
MEDICAL EDUCATION WHILE ALSO IMPROVING THE LIVES OF BABIES BORN WITH	
CLEFTS IN LOW- AND MIDDLE-INCOME COUNTRIES.	
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:	
INDIA, CHINA, INDONESIA, PHILIPPINES,	
BRAZIL, MEXICO, UNITED ARAB EMIRATES, GERMANY,	
UNITED KINGDOM, CANADA, KENYA	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 WAS PREPARED BY AN INTERNATIONAL ACCOUNTING FIRM IN	
CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. A COPY OF THE	
FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS AND	
THE FORM 990 WAS DISTRIBUTED TO ALL ACTIVE BOARD MEMBERS BEFORE FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH OFFICER, DIRECTOR, TRUSTEE, AND KEY EMPLOYEE OF THE ORGANIZATION IS	
PROTITER TO ANNITALLY DISCLOSE ANY CONFLICTS OF INTERFOR THAT ADISE BY	

REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST THAT ARISE BY

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Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Name of the organization	Page Employer identification number
SMILE TRAIN, INC.	13-3661416
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 KEY 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. SENIOR MANAGEMENT MONITORS NEW CONTRACTS AND INVOICE	
PAYMENTS TO ASCERTAIN THAT THESE POLICIES ARE ADHERED TO.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF DIRECTORS PERIODICALLY UTILIZES THE SERVICES OF INDEPENDENT	
COMPENSATION CONSULTANTS TO PROVIDE COMPARATIVE DATA AND OPINE ON THE	
REASONABLENESS OF THE EXECUTIVE DIRECTOR'S AND OTHER EMPLOYEES'	
COMPENSATION AS WELL AS TOP EXECUTIVES. ALL COMPENSATION DECISIONS MUST BE	
APPROVED BY SMILE TRAIN'S COMPENSATION COMMITTEE AND ALL DECISIONS ARE	
MEMORIALIZED IN COMMITTEE MEETING MINUTES.	
FORM 990, PART VI, LINE 15B	
THE ORGANIZATION HAS ADOPTED A STANDARDIZED APPROACH TO COMPENSATION	
INCREASES WHEREBY THE COMPENSATION COMMITTEE SETS RATES OF INCREASES BASED	
ON PERFORMANCE AS INFORMED BY THE ANNUAL PERFORMANCE MANAGEMENT PROCESS.	
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	
132212 11-11-21 <b>117</b>	Schedule O (Form 990) 202

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Schedule O (Form 990) 2021	Page 2
Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
COMMITTEE AND ALL DECISIONS ARE MEMORIALIZED IN COMMITTEE MEETING MINUTES.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL, AZ, AR, AA, CA, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, MD, MA, MI, MN, MS, MO, MT, NE, NH, NJ	
NM,NY,NC,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WV,WI,WY	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A	
COPY AT ITS PLACE OF BUSINESS. THE FORM 990 IS ALSO PUBLISHED ON THE	
INTERNET AT WWW.GUIDESTAR.ORG AND ON THE ORGANIZATION'S WEBSITE AT	
WWW.SMILETRAIN.ORG/FINANCIALS. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE	
POSTED ON ITS WEBSITE. COPIES OF DOCUMENTS ARE ALSO PROVIDED TO THE PUBLIC	
AT THE ORGANIZATION'S HEADQUARTERS IN NEW YORK CITY UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FOREIGN EXCHANGE CURRENCY LOSS -65,399.	
RESCINDED/REFUNDED GRANTS 14,595.	
TOTAL TO FORM 990, PART XI, LINE 9 -50,804.	
132212 11-11-21	Schedule O (Form 990) 2021

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### **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.

SCHEDULE R (Form 990)

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.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
SMILE TRAIN INTERNATIONAL, LLC					
633 THIRD AVENUE					
NEW YORK, NY 10017	INACTIVE	DELAWARE	Ο.	0.	SMILE TRAIN
SMILE TRAIN REAL ESTATE, LLC					
633 THIRD AVENUE					
NEW YORK, NY 10017	HOLD REAL ESTATE	NEW YORK	0.	18,037,046.	SMILE TRAIN
	-				

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

<b>(a)</b> 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	(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
THE SMILE TRAIN UK							
10 QUEEN STREET PLACE							
, LONDON, UNITED KINGDOM EC4R 1BE	SEE PART VI	UNITED KINGDOM		N/A	SMILE TRAIN	х	
THE SMILE TRAIN CANADA FOUNDATION							
40 KING STREET WEST							
, TORONTO, CANADA M5H3S1	SEE PART VI	CANADA		N/A	SMILE TRAIN	x	
THE SMILE TRAIN STIFTUNG							
GANGHOFERSTRABE 31							
, MUNCHEN, GERMANY 80339	SEE PART VI	GERMANY		N/A	SMILE TRAIN	x	
THE SMILE TRAIN FRANCE							
41 MADISON AVENUE							
NEW YORK, NY 10010	SEE PART VI	FRANCE		N/A	SMILE TRAIN	x	

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

Schedule R (Form 990) 2021

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number

13-3661416

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Part II Continuation of Identification of Related Tax-Exempt Organizations

(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	<b>(f)</b> Direct controlling entity	Section 5 contr organiz	olled ation?
THE SMILE TRAIN INDIA				501(c)(3))		Yes	No
PLOT NO 3, LSC, SECTOR C	-						
VASANT KUNJ, NEW DELHI, INDIA	SEE PART VI	INDIA		N/A	SMILE TRAIN	x	
VASANI KONS, NEW DELHI, INDIA YAYASAN SMILE TRAIN INDONESIA	SEE PARI VI			N/A	SMILL IRAIN	^	
	-						
JI. TB SIMATUPANG KAV 22-26 TALAVERA OFFICE		TNDONEGTA				37	
, JAKARTA, INDONESIA 12430	SEE PART VI	INDONESIA		N/A	SMILE TRAIN	X	
SMILE TRAIN PHILIPPINES FOUNDATION	-						
3/F ANNEX BUILDING, 22 EAST AVE	4			- /-			
, QUEZON CITY, PHILIPPINES	SEE PART VI	PHILIPPINES		N/A	SMILE TRAIN	X	
ASSOCIACAO SMILE TRAIN BRASIL	_						
RUA VINTE E QUATRO, NO. 159, LOT F-19	_						
PAULINIA, SAO PAULO, BRAZIL 13.141-064	SEE PART VI	BRAZIL		N/A	SMILE TRAIN	X	
FUNDACION SMILE TRAIN MEXICO, AC							
ACORDADA 18, 101, SAN JOSE INSURGENTES							
, DEL. BENITO JUAREZ, MEXICO	SEE PART VI	MEXICO		N/A	SMILE TRAIN	Х	
SIMULARE MEDICAL INC.							
5800 - 40 KING ST W							
, TORONTO, CANADA M5H 3S1	SEE PART VI	CANADA		N/A	SMILE TRAIN	х	
THE SMILE TRAIN							
P.O. BOX 2168, MARAGOLI AVENUE							
, NAKURU, KENYA 18129	SEE PART VI	KENYA		N/A	SMILE TRAIN	х	
	-						
	-						
	-						

# 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)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(i)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportic allocation				<sup>II or</sup> Percentaç <sup>ing</sup> ownershi er?	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
	-											
	-											
										$\left  \right $		
	-											
	4											
	4											

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512( cont ent	(i) ction (b)(13) trolled tity?
		country)						Yes	No
SMILE TRAIN UK TRADING COMPANY									
10 QUEEN STREET PLACE		UNITED							
LONDON, UNITED KINGDOM EC4R 1BE	SEE PART VI	KINGDOM	SMILE TRAIN UK	C CORP	0.	٥.	100%	x	
	-								
	-								

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

Not	e: 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 listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11	х	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10	х	
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q	х	
r	Other transfer of cash or property to related organization(s)	1r		Х
<u>s</u>	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

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

### Schedule R (Form 990) 2021 SMILE TRAIN, INC.

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)	(b)	(c)	(d)	(	e)	(f)	(g)	(۲	1)	(i)	(j)		(k)		
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501( org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Genera	or Perc	entage		
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	. 501( org	c)(3) s.?	total	end-of-year	tion allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	<sub>r?</sub> own	nership		
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes N	10			
											$\square$				
											$\square$				

Schedule R (Form 990) 2021

### Part VII Supplemental Information

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

PART II, LINE 2

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

AND SMILE TRAIN INDONESIA IS TO PROVIDE FREE CLEFT SURGERY AND

COMPREHENSIVE CLEFT CARE TO CHILDREN IN THE DEVELOPING WORLD AND FREE

CLEFT-RELATED TRAINING FOR LOCAL MEDICAL PROFESSIONALS.

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

GLOBE HAVE ACCESS TO THE MOST ADVANCED, EFFECTIVE CLEFT SURGERY

TRAINING TOOLS AVAILABLE TODAY.

THESE OBJECTIVES ARE ACHIEVED THROUGH AN ONGOING MARKETING CAMPAIGN

USED TO RAISE AWARENESS AND RECEIVE DONATIONS WITHIN THE UNITED

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

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

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

CARRY OUT THE COLLECTIVE MISSION.

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

ANY OPERATING ACTIVITIES DURING THE CURRENT YEAR.

PART IV, LINE 1

THE SMILE TRAIN UK TRADING COMPANY LIMITED WAS INCORPORATED IN JUNE

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

BY SHARES WITH UK AS THE SOLE MEMBER.

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