

** PUBLIC DISCLOSURE COPY ** **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

Department of the Treasury

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

Open to Public Incraction

mem	ai neveriue					mopoonom						
AF	or the 20	022 calendar year, or tax year beginning JU	JL 1, 2022 and	ending J	UN 30, 2023							
	heck if pplicable:	C Name of organization			D Employer ident	ification number						
	Address change	SMILE TRAIN, INC.										
	Name change	Doing business as			13-366141	.6						
Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 633 THIRD AVENUE 9TH FL. (212) 689-9199												
	⊿return/	(212) 689-										
	termin- ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts \$	212,297,762.						
	Amended return	NEW YORK, NY 10017			H(a) Is this a group	o return						
	Applica-	F Name and address of principal officer: SUSAN	INAH SCHAEFER		for subordinat	es? Yes X No						
	pending	633 THIRD AVENUE, NEW YORK, NY 100)17		H(b) Are all subordinate	s included? Yes No						
<u> </u> T	ax-exem	pt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 📃 527	If "No," attach	a list. See instructions						
	Vebsite:	WWW.SMILETRAIN.ORG			H(c) Group exemp							
			sociation Other	L Year	of formation: 1992	M State of legal domicile: NY						
Pa		ummary										
e		efly describe the organization's mission or most		TRAIN AIM	IS TO ENSURE THA	ЛΤ						
Governance	EV	ERY PERSON HAS ACCESS TO SAFE, QUAL	ITY CLEFT CARE.									
erne	2 Ch	eck this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its net a	assets.						
No.		mber of voting members of the governing body (3 9						
		imber of independent voting members of the gov				4 8						
Activities &		tal number of individuals employed in calendar y				5 121						
iviti		tal number of volunteers (estimate if necessary)				6 0						
Act		tal unrelated business revenue from Part VIII, col	(),			'a ⁰ .						
	b Ne	t unrelated business taxable income from Form	990-T, Part I, line 11	<u></u>	-	'b 0.						
					Prior Year	Current Year						
e					93,083,921							
Revenue		ogram service revenue (Part VIII, line 2g)			0. 0.							
Rev		vestment income (Part VIII, column (A), lines 3, 4,			26,132,742							
		her revenue (Part VIII, column (A), lines 5, 6d, 8c,			147,653 119,364,316							
		tal revenue - add lines 8 through 11 (must equal			65,963,172							
		ants and similar amounts paid (Part IX, column (A	\ !! 4\			00,401,547.						
		nefits paid to or for members (Part IX, column (A			12,521,873							
Expenses		laries, other compensation, employee benefits (F ofessional fundraising fees (Part IX, column (A), li			118,997							
en		tal fundraising expenses (Part IX, column (D), line										
EXE		her expenses (Part IX, column (A), lines 11a-11d,	/		35,371,180	34,625,441.						
		tal expenses. Add lines 13-17 (must equal Part I)			113,975,222	, ,						
		venue less expenses. Subtract line 18 from line			5,389,094							
es			۲ <u>ک</u>	Be	ginning of Current Yea							
Net Assets or Fund Balances	20 To [.]	tal assets (Part X, line 16)			375,482,848							
Ass Ba	21 To	tal liabilities (Part X, line 26)			14,229,814							
Net - unc	22 Ne	assets or fund balances. Subtract line 21 from	line 20		361,253,034							
Pa	rt II 🛛 🤅	Signature Block			· · ·	· ·						
Unde	er penaltie	s of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	ents, and to the best of	my knowledge and belief, it is						
true,	correct, a	nd complete. Declaration of preparer (other than office	r) is based on all information of wl	nich preparer	has any knowledge.							
		AXPAYER COPY										
Sigr	C:	gnature of officer			Date							
Her		SANNAH SCHAEFER, PRESIDENT & CEO										
	Ту	/pe or print name and title										
	Pr	rint/Type preparer's name	Preparer's signature		Date Check	PTIN						
Paid		OTT THOMPSETT	Set So	maretty	0.5/09/2024 self-em	ployed P00741490						

i aiu	Deell inem		03/09/	
Preparer	Firm's name	GRANT THORNTON LLP		Firm's EIN 36-6055558
Use Only	Firm's address	757 THIRD AVENUE, 3RD FLOOR		
		NEW YORK, NY 10017-2013		Phone no.(212) 599-0100
May the IF	RS discuss this	return with the preparer shown above? See instruction	s	X Yes No

(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 or	Name of exempt organization or other filer, see inst	Taxpayer identification number (TIN)							
print	SMILE TRAIN, INC.			13-3661416					
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, 633 THIRD AVENUE 9TH FL.	see instruct	ions.						
return. See instruction		foreign add	ress, see instructions.						
Enter th	e Return Code for the return that this application is for (file a separa	e application for each return)				0 1		
Applica	tion	Return	Application						
ls For		Code	Is For				Code		
Form 99	00 or Form 990-EZ	01	Form 1041-A		08				
Form 47	20 (individual)	03	Form 4720 (other than individual)		09				
Form 99	00-PF	04	Form 5227		10				
Form 99	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11		
Form 99	00-T (trust other than above)	06	Form 8870				12		
Form 99	00-T (corporation)	07							
box ▶ 1 In th	s is for a Group Return, enter the organization's four digi . If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until e organization named above. The extension is for the or calendar year or X tax year beginningJUL 1, 2022	and atta MAY 1 ganization's	ch a list with the names and TINs of 5, 2024 , to file	all memb		ension is fo	or.		
2 If	the tax year entered in line 1 is for less than 12 months,	check reaso	on: 🗌 Initial return 🛄	Final retur	n				
3a lf	this application is for Forms 990-PF, 990-T, 4720, or 606	69, enter the	tentative tax, less						
<u>a</u>	ny nonrefundable credits. See instructions.			<u> </u>	\$		0.		
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b									
	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by								
	sing EFTPS (Electronic Federal Tax Payment System). So			3c	\$		Ο.		
	If you are going to make an electronic funds withdrawa			453-TE and	d Form 887	9-TE for pa	ayment		
LHA	For Privacy Act and Paperwork Reduction Act Notice	e, see instru	ictions.		Form	8868 (Rev	/. 1-2022)		

223841 04-01-22

Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III rifely describe the organization's mission: MILE TRAIN, INC.'S PRIMARY PURPOSE IS TO PROVIDE PEOPLE BORN WITH A LEFT THE SAME OPPORTUNITIES IN LIFE AS THOSE BORN WITHOUT CLEFTS. CONT'D ON SCH. 0). Id the organization undertake any significant program services during the year which were not listed on the rior Form 990 or 990-EZ? "Yes," describe these new services on Schedule O. id the organization cease conducting, or make significant changes in how it conducts, any program services? "Yes," describe these changes on Schedule O. uescribe the organization's program service accomplishments for each of its three largest program services, as m ection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, evenue, if any, for each program service reported. Code:) (Expenses \$ 71,866,936. including grants of \$ 59,596,522.) (Revenue REATMENT PROGRAM: FREE CLEFT SURGERIES – WHILE OUR COST PER SURGERY	easured by e , the total ex	Yes X Yes X xpenses.	
riefly describe the organization's mission: MILE TRAIN, INC.'S PRIMARY PURPOSE IS TO PROVIDE PEOPLE BORN WITH A LEFT THE SAME OPPORTUNITIES IN LIFE AS THOSE BORN WITHOUT CLEFTS. CONT'D ON SCH. 0). id the organization undertake any significant program services during the year which were not listed on the rior Form 990 or 990-EZ? "Yes," describe these new services on Schedule O. id the organization cease conducting, or make significant changes in how it conducts, any program services? "Yes," describe these changes on Schedule O. id the organization's program service accomplishments for each of its three largest program services, as m ection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, evenue, if any, for each program service reported. Code:) (Expenses \$	easured by e , the total ex	Yes X Yes X Yes X	No
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Code:) (Expenses \$71,866,936. including grants of \$59,596,522.) (Revenue		penses, and	
	¢		0.
	\$		<u> </u>
ARIES ACROSS THE 90+ DIFFERENT COUNTRIES WHERE WE HAVE WORKED, OUR			
ONTRIBUTION PER SURGERY CAN BE AS LOW AS \$250. THIS AMOUNT REFLECTS			
HE CONTRIBUTION PER SURGERY THAT WE PROVIDE OUR PARTNER HOSPITALS. IT			
LSO COVERS A SIGNIFICANT PORTION OF EACH SURGERY AS PART OF OUR			
OST-SHARING AGREEMENT AND MEDICAL PARTNERSHIPS. (CONT'D ON SCH. O).			
			0.
	\$		<u> </u>
IRST TIME THEY SEE A CLEFT IS WHEN THEY FIRST LOOK AT THE FACE OF			
HEIR NEWBORN CHILD. THIS LACK OF AWARENESS, COUPLED WITH STIGMA AND			
YTHS AROUND CLEFTS, OFTEN LEADS TO BABIES WITH CLEFTS BEING ABANDONED,			
SOLATED, OR SIMPLY NEVER BROUGHT TO A HOSPITAL FOR TREATMENT BECAUSE			
AMILIES AND COMMUNITIES DON'T KNOW THAT TREATMENT IS AVAILABLE. NO			
ATTER WHERE THEY LIVE, IT IS ESSENTIAL THAT EVERY FAMILY IS AWARE OF			
LEFT LIP AND PALATE AND THE CARE THAT THEIR CHILD WILL NEED AS THEY			
ROW AND DEVELOP. (CONT'D ON SCH. O).			
	\$		0.
-			
PPORTUNITIES TO IMPROVE CLEFT TREATMENT IN COUNTRIES AROUND THE WORLD.			
CONT'D ON SCH. O).			
ther program services (Describe on Schedule O.)			
ixpenses \$ including grants of \$) (Revenue \$)	
otal program service expenses 91, 510, 751.			(00000
		Form 330	(2022
	HE CONTRIBUTION PER SURGERY THAT WE PROVIDE OUR PARTNER HOSPITALS. IT LSO COVERS A SIGNIFICANT PORTION OF EACH SURGERY AS PART OF OUR DST-SHARING AGREEMENT AND MEDICAL PARTNERSHIPS. (CONT'D ON SCH. 0). dot:)(Expenses	HE CONTRIBUTION PER SURGERY THAT WE PROVIDE OUR PARTNER HOSPITALS. IT LSO COVERS A SIGNIFICANT PORTION OF EACH SURGERY AS PART OF OUR DST-SHARING AGREEMENT AND MEDICAL PARTNERSHIPS. (CONT'D ON SCH. 0). Odd:	HE CONTRIBUTION PER SURGERY THAT WE PROVIDE OUR PARTNER HOSPITALS. IT LGO COVERS A SIGNIFICANT PORTION OF EACH SURGERY AS PART OF OUR SST-SHARING AGREEMENT AND MEDICAL PARTNERSHIPS. (CONT'D ON SCH. 0). Determine the set of the set

Form	990 (2022) SMILE TRAIN, INC. 13-36614	16	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
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? 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,	L.		
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		<u> </u>
0		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			<u> </u>
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		<u> </u>
10		10	x	
44	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>			
11				
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	x	
	Part VI	<u>11a</u>	А	<u> </u>
a	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	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 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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
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)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes, " complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	<u> </u>
b	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 I and IV	14b	Х	<u> </u>
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	15	Х	<u> </u>
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 foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	х	
232003	12-13-22	Form	990	(2022)

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Form	990 (2022) SMILE TRAIN, INC.	13-366141	6	Р	age 4				
Par	t 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," comple	te							
	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 comp	lete							
	Schedule K. If "No," go to line 25a								
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		<u> </u>				
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to de	fease							
	any tax-exempt bonds?		24c		<u> </u>				
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		<u> </u>				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit								
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		X				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year								
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," con	nplete	.						
	Schedule L, Part I		25b		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%				x				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		26		<u> </u>				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key em								
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35%		07		x				
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,		27		-				
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):								
d	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>		200		x				
h	"Yes," complete Schedule L, Part IV		28a 28b		x				
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>		200						
C			28c		x				
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	х					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conserva		25		<u> </u>				
00	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	,	31		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,								
	Part V, line 1		34	х					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a	Х					
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled								
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		x				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related or								
	If "Yes," complete Schedule R, Part V, line 2		36		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		37		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 1a	78							
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0							
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable ga	iming							
	(gambling) winnings to prize winners?	<u></u>	1c	Х					
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		(2022) SMILE TRAIN, INC.	13-3661	.416	P	Page 5
Pa	τν	Statements Regarding Other IRS Filings and Tax Compliance (continued)			1	
			I		Yes	No
2a		er the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
		for the calendar year ending with or within the year covered by this return	24	21		
b		least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	. 2 b	X	
3a						X
		es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		. 3b		
4a		ny time during the calendar year, did the organization have an interest in, or a signature or other a				
		ncial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	. 4a	X	
b		es," enter the name of the foreign countrySEE_SCHEDULE_O		-		
		instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac				
5a		the organization a party to a prohibited tax shelter transaction at any time during the tax year?				X
b		any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac				X
С	lf "Y	es" to line 5a or 5b, did the organization file Form 8886-T?		. <u>5c</u>		
6a	Does	s the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any	contributions that were not tax deductible as charitable contributions?		. <u>6a</u>		X
b	lf "Y	es," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were	e not tax deductible?		6b		
7	Orga	anizations that may receive deductible contributions under section 170(c).				
а	Did t	he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payo	r? 7a		X
b	lf "Y	es," did the organization notify the donor of the value of the goods or services provided?		. 7b		
с	Did t	the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
	to fil	e Form 8282?		7c		X
d	lf "Y	es," indicate the number of Forms 8282 filed during the year	7d			
е	Did t	the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	. 7e		X
f	Did t	the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?	7f		X
g	If the	e organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	. 7g		
h		e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		, <u>7h</u>		
8	Spo	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	spor	nsoring organization have excess business holdings at any time during the year?		. 8		
9	Spo	nsoring organizations maintaining donor advised funds.				
а	Did t	the sponsoring organization make any taxable distributions under section 4966?		. <u>9a</u>		
b	Did t	the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		. 9b		
10		tion 501(c)(7) organizations. Enter:	1			
а		ation fees and capital contributions included on Part VIII, line 12	10a	_		
b	Gros	ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_		
11		tion 501(c)(12) organizations. Enter:	1			
а	Gros	ss income from members or shareholders	11a	_		
b		ss income from other sources. (Do not net amounts due or paid to other sources against				
		unts due or received from them.)	11b			
		tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b		es," enter the amount of tax-exempt interest received or accrued during the year	12b	_		
13		tion 501(c)(29) qualified nonprofit health insurance issuers.				
а		e organization licensed to issue qualified health plans in more than one state?		. <u>13a</u>		
		e: See the instructions for additional information the organization must report on Schedule O.				
b	Ente	er the amount of reserves the organization is required to maintain by the states in which the	I			
		nization is licensed to issue qualified health plans	13b	_		
с		er the amount of reserves on hand	13c			
14a				. <u>14a</u>		X
b	lf "Y	es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	. 14b		
15		e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
		ess parachute payment(s) during the year?		15		X
		es," see the instructions and file Form 4720, Schedule N.				
16	ls th	e organization an educational institution subject to the section 4968 excise tax on net investment	income?	. 16		X
		es," complete Form 4720, Schedule O.				
17		tion 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act				
		would result in the imposition of an excise tax under section 4951, 4952 or 4953?		. 17		
	lf "Y	es," complete Form 6069.			000	
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	990 (2022) SMILE TRAIN, INC. 13-36614 TVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a		roopc
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	a NO I	espu
	Check if Schedule O contains a response or note to any line in this Part VI		
Sec	tion A. Governing Body and Management		
			Ye
1a	Enter the number of voting members of the governing body at the end of the tax year	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 O.		
b	Enter the number of voting members included on line 1a, above, who are independent	8	
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	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		
	of officers, directors, trustees, or key employees to a management company or other person?	3	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	
6	Did the organization have members or stockholders?	6	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		
	more members of the governing body?	7a	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		
	persons other than the governing body?	7b	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
а	The governing body?	8a	Х
b	Each committee with authority to act on behalf of the governing body?	8b	Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		
			Ye
10a	Did the organization have local chapters, branches, or affiliates?	10a	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		
	on Schedule O how this was done	12c	Х
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
а	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		
16a		16a	
16a	taxable entity during the year?	10a	
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a	
	, , ,		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure		
b Sec	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
b Sec 17	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure	16b	avai
b Sec 17	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE 0</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	16b	avai
b Sec 17	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE 0</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	16b	avai
b Sec 17 18	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE 0</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.)s only)	
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b Sec 17 18	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE O</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and)s only)	
b Sec 17 18 19	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE O</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.)s only)	
b Sec 17 18	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE 0</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records	16b)s only) nd finan	cial
b 6ec 17 18 19	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE 0</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other <i>(explain on Schedule O)</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records <u>PREMALI SHAH - 212-689-9199</u>)s only)	cial

Form 990 (2022) SMILE TRAIN, INC.	13-3661416	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated	
Employees, and Independent Contractors		
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending List all of the organization's current officers, directors, trustees (whether individuals or organizations), rec 	•	

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, box 6 of 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.

Name and tile Average hours per indicated model that week (ist ary related organization there are a director transmit of the area director directo	(A)	(B)	l	un∠a			iper	Jac	(D)	(E)	(F)
hour spear box spear <		Average Position (do not check more than one									
Under and a direct/rutation (list any organization organizatio organizatio organizatio organization organization organization	Name and the								· ·		amount of
Image: second		1							· ·	·	
(1) SUSANNAH SCHAEFER 40.00 x x 522,142. 0. 43,1 (2) DR.SHLL XUE (THRU 06/2022) 40.00 x x 522,142. 0. 43,1 (3) ASHLL XUE (THRU 06/2022) 40.00 x 418,819. 0. 9,1 (3) ASHLEY OCHS 40.00 x 418,819. 0. 9,1 (4) BERTRIZ GONZALEZ 40.00 x 253,684. 0. 41,4 (5) ERIN STIEBER 40.00 x 247,302. 0. 47,7 (6) ELXSE TAUB 40.00 x 246,033. 0. 24,7 (7) TCR FRINHART 40.00 x 246,033. 0. 24,2 (9) VIVIAN LEWIS 0.00 x 246,033. 0. 25,4 (10) MELMASTER 40.00 x 192,821. 0. 26,2 (9) VIVIAN LEWIS 0.00 X 192,821. 0. 25,4		(list any	ector						the	organizations	compensation
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PRESIDENT AND CEO 0.00 x x x 522,142. 0. 43,1 (2) DR. SHELL XUE (THRU 06/2022) 40,00 x 418,819. 0. 9,7 (3) ASHLEY OCHS 40,00 x 418,819. 0. 9,7 (3) ASHLEY OCHS 40,00 x 271,493. 0. 33,1 (4) BEATRIZ GONZALEZ 40.00 x 253,684. 0. 41,4 (5) ERIN STIEBER 40.00 x 247,302. 0. 47,4 (6) ELYSE TAUB 0.00 x 244,033. 0. 24,2 (7) TROY REINBAR 40.00 x 224,719. 0. 26,2 (8) PHILP CARFOLL 40.00 x 224,719. 0. 26,2 (9) VIVIAN LENIS 40.00 x 211,456. 0. 23,2 (9) VIVIAN LENIS 40.00 x 192,821. 0. 25,0 (10) MELANIE BUHRMASTER 40.00 x 192,821. 0. 25,0 (11) MEL	(1) SUSANNAH SCHAEFER	· · ·	=	=	ò	ž	프 =	Ĕ			
(2) DR. SHELX UE (THRU 06/2022) 40.00 x 418,819, 0, 9,' (3) ASILEY OCHS 40.00 x 271,493, 0, 33, (4) BEATRIZ GONZALEZ 40.00 x 271,493, 0, 33, (4) BEATRIZ GONZALEZ 40.00 x 253,684, 0, 41, (5) ERIN STIEBER 40.00 x 247,302, 0, 47, (6) ELYSE TAUB 40.00 x 246,033, 0, 24, (7) TROY REINHART 40.00 x 224,719, 0, 26, (7) TROY REINHART 40.00 x 211,456, 0, 23, (9) VIVAN LENIS 40.00 x 214,556, 0, 23, (9) VIVAN LENIS 40.00 x 192,821, 0, 25, (10) MELANASTER HUMASTER 40.00 x 192,821, 0, 25, (11) WILLIAM HORAN (THRU 01/2023) 0.00 x 192,821, 0, 25, (11) MULTAN LENIS 40.00 x 10,00 x 0, 0, VP, HUM			x		x				522,142.	0.	43,527.
SR VP & REGIONAL DIR. N.A. 0.00 X 418,819. 0. 9,7 (3) ASHLEY OCHS 40,00 X 271,493. 0. 33,1 (4) BEARL COUNSEL 0.00 X 271,493. 0. 33,1 (4) BEARL GONZALEZ 40,00 X 253,684. 0. 41,1 (5) ERIN STIEBER 40,00 X 247,302. 0. 47,2 (6) ELYSE TAUB 40,00 X 246,033. 0. 24,2 (7) TROY REINHART 40.00 X 224,719. 0. 26,2 (8) PHILIP CARROL 40.00 X 224,719. 0. 26,2 (8) PHILIP CARROL 40.00 X 224,719. 0. 26,2 (9) VIVIAN LEWIS 40.00 X 21,456. 0. 23,2 (9) VIVIAN LEWIS 40.00 X 129,821. 0. 25,4 (10) MELANTE BURMASTER 40.00 X 182,962. 0. 30,4 (11) WILLIAM HORAN (THRU 03/2022)									,		
(3) ASHLEY OCHS 40.00 x 271,493. 0.33,4 (4) BEATRIZ GONZALEZ 40.00 x 271,493. 0.33,4 (4) BEATRIZ GONZALEZ 40.00 x 253,684. 0.41,4 (5) ERIN STIEBER 40.00 x 247,302. 0.47,5 (6) ELYSE TAUB 40.00 x 246,033. 0.24,5 (7) TROY REINHART 40.00 x 224,719. 0.26,5 (7) TROY REINHART 40.00 x 224,719. 0.26,5 (7) TROY REINHART 40.00 x 211,456. 0.23,5 (7) TROY REINHART 40.00 x 224,719. 0.26,5 (7) TROY REINHART 40.00 x 211,456. 0.23,5 (9) VIVIAN LEWIS 40.00 x 192,821. 0.25,6 (10) MELANIE BUHRMASTER 40.00 x 192,821. 0.25,6 (11) WILLIAM HORAN (THRU 01/2023) 0.00 X 182,952. 0.30,7 (11) WILLIAM HORAN (THRU 03/2022) 40.00 x 0. 0. (12) ROY E, REICHBACH 3.00 x 0.								х	418,819.	٥.	9,731.
(4) BEATRIZ GONZALEZ 40.00 x 253,684. 0. 41,4 (5) ERIN STIEBER 40.00 x 253,684. 0. 41,4 (5) ERIN STIEBER 40.00 x 247,302. 0. 47,3 (6) ELYSE TAUB 40.00 x 246,033. 0. 24,3 (7) TROY REINHART 40.00 x 246,033. 0. 24,3 (7) TROY REINHART 40.00 x 224,719. 0. 26,3 (8) PHILIP CARROL 40.00 x 211,456. 0. 23,4 (9) VIVIAN LEWIS 40.00 x 192,821. 0. 25,4 (10) WELANIE BURMASTER 40.00 x 192,821. 0. 25,4 (11) WILLIAM HORAN (THRU 03/2022) 40.00 x 182,962. 0. 30,4 (11) WILLIAM HORAN (THRU 03/2022) 40.00 x 164,4 14,4 (12) ROY E. REICHBACH 3.00 x x 0. 0. (13) ARTHUR J. MCCARTHY 1.00 x x 0. 0. (14) ROBERT T. BELL 0		40.00							, ,		,
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(5) ERIN STIEBER 40.00 x 247,302. 0.47,302. (6) ELYSE TAUB 40.00 x 246,033. 0.24,302. (7) TAUB 40.00 x 246,033. 0.24,302. (7) TAUB 40.00 x 246,033. 0.24,302. (7) TAUBAT 40.00 x 246,033. 0.24,302. SVP, COMTY. & AMBASSADOR DEV. 0.00 x 224,719. 0.26,303. (8) PHILIP CARROLL 40.00 x 211,456. 0.23,302. (9) VIVIAN LEWIS 40.00 x 192,821. 0.25,400. (10) MELANIE BUHRMASTER 40.00 x 192,821. 0.25,400. (11) WILIAM HORAN (THRU 03/2022) 40.00 x 182,962. 0.30,400. (11) WILIAM HORAN (THRU 03/2022) 40.00 x 182,962. 0.30,400. (11) WILIAM HORAN (THRU 03/2022) 40.00 x 10.00. 14,400. (12) ROY E. REICHBACH 3.00 x 0.00. 0.00. 0.00.	(4) BEATRIZ GONZALEZ	40.00							,		
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(6) ELYSE TAUB 40.00 x 246,033. 0. 24,1 (7) TROY REINHART 40.00 x 246,033. 0. 24,2 (7) TROY REINHART 40.00 x 224,719. 0. 26,3 SVP, COMTY. & AMBASSADOR DEV. 0.00 x 224,719. 0. 26,3 (8) PHILIP CARROLL 40.00 x 211,456. 0. 23,3 (9) VIVIAN LEWIS 40.00 x 192,821. 0. 25,0 (10) MELANIE BUHRMASTER 40.00 x 192,821. 0. 25,0 (10) MELANIE BUHRMASTER 40.00 x 182,962. 0. 30,4 (11) MULAM ORAN (THRU 03/2022) 40.00 x 174,696. 0. 14,6 (12) ROY E. REICHBACH 3.00 x 0. 0. 0. (13) ARTHUR J. MCCARTHY 1.00 X 0. 0. 0. BOARD MEMBER	(5) ERIN STIEBER	40.00									
(6) ELYSE TAUB 40.00 X 246,033. 0.24,3 (7) TROY REINHART 40.00 X 224,033. 0.24,3 (7) TROY REINHART 40.00 X 224,033. 0.24,3 SVP, COMTY. & AMBASSADOR DEV. 0.00 X 224,719. 0.26,3 (8) PHILIP CARROLL 40.00 X 224,719. 0.26,3 SENIOR VP, COMMUNICATIONS 0.00 X 211,456. 0.23,3 (9) VIVIAN LEWIS 40.00 X 192,821. 0.25,4 (10) MELANIE BUHRMASTER 40.00 X 192,821. 0.25,4 (10) MELANIE BUHRMASTER 40.00 X 192,821. 0.25,4 (11) MILLAM HORAN (THRU 01/2023) 0.00 X 182,962. 0.30,4 (12) ROY E, REICHBACH 3.00 X 174,696. 0.44,4 (12) ROY E, REICHBACH 3.00 X 0. 0. (13) ARTHUR J. MCCARTHY 1.00 X 0. 0. BOARD MEMBER 0.00 0.	CHIEF PROGRAMS STRATEGY OFF.	0.00			x				247,302.	0.	47,323.
(7) TROY REINHART 40.00 x 224,719. 0. 26,3 SVP, COMTY. & AMBASSADOR DEV. 0.00 x 224,719. 0. 26,3 (8) PHILIP CARROLL 40.00 x 211,456. 0. 23,3 (9) VIVIAN LEWIS 40.00 x 192,821. 0. 25,0 (10) MELANIE BUHRMASTER 40.00 x 192,821. 0. 25,0 (10) MELANIE BUHRMASTER 40.00 x 182,962. 0. 30,4 (11) WILLIAM HORAN (THRU 03/2022) 40.00 x 182,962. 0. 30,4 (12) ROY E. REICHBACH 3.00 x 174,696. 0. 14,4 (13) ARTHUR J. MCCARTHY 1.00 x 0. 0. 0. TREASURER 0.000 x x 0. 0. 0. 0. (14) ROBERT T. BELL 1.00 0. 0. 0. 0. BOARD MEMBER 0.000 x 0.00 0. 0. 0.	(6) ELYSE TAUB	40.00									
SVP, COMTY. & AMBASSADOR DEV. 0.00 X 224,719. 0. 26,7 (8) PHILIP CARROLL 40.00 X 211,456. 0. 23,7 SENIOR VP, COMMUNICATIONS 0.00 X 211,456. 0. 23,7 (9) VIVIAN LEWIS 40.00 X 192,821. 0. 25,0 (10) MELANIE BUHRMASTER 40.00 X 192,821. 0. 25,0 (11) WILLIAM HORAN (THRU 01/2023) 0.00 X 182,962. 0. 30,0 (12) ROY E. REICHBACH 3.00 X 174,696. 0. 14,0 (13) ARTHUR J. MCCARTHY 1.00 X 0. 0. 0. (14) ROBERT T. BELL 1.00 X 0. 0. 0. (14) ROBERT T. BELL 1.00 0.00 X 0. 0. 0. (15) ED GOREN 0.00 X 0. 0. 0. 0. (16) RICHARD RUDERMAN 1.00 0. 0. 0. 0. 0. <td>CHIEF DEVELOPMENT OFFICER</td> <td>0.00</td> <td></td> <td></td> <td>x</td> <td></td> <td></td> <td></td> <td>246,033.</td> <td>٥.</td> <td>24,129.</td>	CHIEF DEVELOPMENT OFFICER	0.00			x				246,033.	٥.	24,129.
(8) PHILIP CARROLL 40.00 x 211,456. 0.23,2 (9) VIVIAN LEWIS 40.00 x 192,821. 0.25,0 (10) MELANIE BUHRMASTER 40.00 x 192,821. 0.25,0 (10) MELANIE BUHRMASTER 40.00 x 182,962. 0.30,4 VP, DEVELOPMENT (THRU 01/2023) 0.00 x 182,962. 0.30,4 (11) WILLIAM HORAN (THRU 03/2022) 40.00 x 174,696. 0.14,4 (12) ROY E. REICHBACH 3.00 x 0.00 x 0.00 (13) ARTHUR J. MCCARTHY 1.00 X 0.00 0. 0. (14) ROBERT T. BELL 0.00 X 0.00 0. 0. BOARD MEMBER 0.000 X 0.00 0.00 0. 0. (16) RICHARD RUDERMAN 1.00 0.00 0. 0. 0. BOARD MEMBER 0.000 X 0.00. 0. 0. <t< td=""><td>(7) TROY REINHART</td><td>40.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(7) TROY REINHART	40.00									
SENIOR VP, COMMUNICATIONS 0.00 X 211,456. 0.23,2 (9) VIVIAN LEWIS 40.00 X 192,821. 0.25,0 (10) MELANIE BUHRMASTER 40.00 X 192,821. 0.25,0 (10) MELANIE BUHRMASTER 40.00 X 182,962. 0.30,4 (11) WILLIAM HORAN (THRU 03/2022) 40.00 X 182,962. 0.30,4 (12) ROY E. REICHBACH 3.00 X 174,696. 0.44,6 (12) ROY E. REICHBACH 3.00 X 0.00 X (13) ARTHUR J. MCCARTHY 1.00 X 0.00 X TREASURER 0.000 X X 0.00 0. (14) ROBERT T. BELL 1.00 X 0.00 0. 0. (15) ED GOREN 1.00 X 0.00 0. 0. 0. (16) RICHARD RUDERMAN 1.00 X 0.00 0. 0. 0. (16) RICHARD RUDERMAN 1.00 X 0.00 0. 0. 0. <td>SVP, COMTY. & AMBASSADOR DEV.</td> <td>0.00</td> <td></td> <td></td> <td></td> <td></td> <td>х</td> <td></td> <td>224,719.</td> <td>0.</td> <td>26,188.</td>	SVP, COMTY. & AMBASSADOR DEV.	0.00					х		224,719.	0.	26,188.
(9) VIVIAN LEWIS 40.00 x 192,821. 0.25,0 (10) MELANIE BUHRMASTER 40.00 x 192,821. 0.25,0 (10) MELANIE BUHRMASTER 40.00 x 182,962. 0.30,0 (11) WILLIAM HORAN (THRU 03/2022) 40.00 x 182,962. 0.30,0 FORMER CHIEF OPERATING OFF. 0.00 x 174,696. 0.44,0 (12) ROY E. REICHBACH 3.00 x 0.00 x 174,696. 0.44,0 (13) ARTHUR J. MCCARTHY 1.00 x x 0.00 0.00 x 0.00 0.00 (14) ROBERT T. BELL 1.00 0.000 x x 0.00 0.00 0.00 BOARD MEMBER 0.000 x 0.00 0.00 0.00 0.00 0.00 (16) RICHARD RUDERMAN 1.00 0.00 0.00 0.00 0.00 0.00 BOARD MEMBER 0.000 x 0.00 0.00 0.00 0.00 0.00	(8) PHILIP CARROLL	40.00									
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(10) MELANIE BUHRMASTER 40.00 x 182,962. 0. 30,4 (11) WILLIAM HORAN (THRU 01/2023) 0.00 x 182,962. 0. 30,4 (11) WILLIAM HORAN (THRU 03/2022) 40.00 x 174,696. 0. 14,6 FORMER CHIEF OPERATING OFF. 0.00 x x 174,696. 0. 14,6 (12) ROY E. REICHBACH 3.00 x x 0. 0. 0. 0. (13) ARTHUR J. MCCARTHY 1.00 x x 0.	(9) VIVIAN LEWIS	40.00									
VP, DEVELOPMENT (THRU 01/2023) 0.00 X 182,962. 0. 30,4 (11) WILLIAM HORAN (THRU 03/2022) 40.00 X 174,696. 0. 14,6 FORMER CHIEF OPERATING OFF. 0.00 X X 174,696. 0. 14,6 (12) ROY E. REICHBACH 3.00 X X 0. 0. 14,6 (13) ARTHUR J. MCCARTHY 0.00 X X 0. 0. 0. TREASURER 0.00 X X 0. 0. 0. 0. (14) ROBERT T. BELL 1.00 X X 0. 0. 0. BOARD MEMBER 0.00 X X 0. 0. 0. (15) ED GOREN 1.00 X 0. 0. 0. 0. (16) RICHARD RUDERMAN 1.00 X 0. 0. 0. 0. BOARD MEMBER 0.00 X 0. 0. 0. 0. 0. (16) RICHARD RUDERMAN 0.00<	VP, HUMAN RESOURCES	0.00					х		192,821.	0.	25,042.
(11) WILLIAM HORAN (THRU 03/2022) 40.00 X 174,696. 0. 14,6 FORMER CHIEF OPERATING OFF. 0.00 X X 174,696. 0. 14,6 (12) ROY E. REICHBACH 3.00 X X 0. 0. 14,6 (13) ARTHUR J. MCCARTHY 0.00 X X 0. 0. 0. (14) ROBERT T. BELL 0.00 X X 0. 0. 0. BOARD MEMBER 0.00 X X 0. 0. 0. (15) ED GOREN 1.00 X 0. 0. 0. 0. BOARD MEMBER 0.000 X 0. 0. 0. 0. (16) RICHARD RUDERMAN 1.00 X 0. 0. 0. 0. BOARD MEMBER 0.000 X 0. 0. 0. 0. 0. (17) MATHIAS KIWANUKA 1.00 X X 0. 0. 0. 0.	(10) MELANIE BUHRMASTER	40.00									
FORMER CHIEF OPERATING OFF. 0.00 X 174,696. 0. 14,6 (12) ROY E. REICHBACH 3.00 X X 0. 0. 14,6 CHAIRPERSON 0.00 X X 0. 0. 0. (13) ARTHUR J. MCCARTHY 1.00 X X 0. 0. 0. TREASURER 0.00 X X 0. 0. 0. (14) ROBERT T. BELL 1.00 X X 0. 0. 0. BOARD MEMBER 0.00 X X 0. 0. 0. 0. (15) ED GOREN 1.00 X X 0. 0. 0. 0. (16) RICHARD RUDERMAN 1.00 X 0. 0. 0. 0. 0. (17) MATHIAS KIWANUKA 1.00 X 0 0. 0. 0.	VP, DEVELOPMENT (THRU 01/2023)	0.00					х		182,962.	0.	30,486.
(12) ROY E. REICHBACH 3.00 x x 0. 0. CHAIRPERSON 0.00 x x 0. 0. 0. (13) ARTHUR J. MCCARTHY 1.00 x x 0. 0. 0. TREASURER 0.000 x x 0. 0. 0. 0. (14) ROBERT T. BELL 1.00 x 0. 0. 0. 0. BOARD MEMBER 0.000 x 0. 0. 0. 0. (15) ED GOREN 1.00 x 0. 0. 0. 0. BOARD MEMBER 0.000 x 0. 0. 0. 0. (16) RICHARD RUDERMAN 1.00 x 0. 0. 0. 0. HMEMBER 0.000 x 0. 0. 0. 0. 0. (17) MATHIAS KIWANUKA 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	(11) WILLIAM HORAN (THRU 03/2022)	40.00									
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(13) ARTHUR J. MCCARTHY 1.00 x x 0. 0. TREASURER 0.00 x x 0. 0. 0. (14) ROBERT T. BELL 1.00 x 0. 0. 0. 0. BOARD MEMBER 0.00 x 0. 0. 0. 0. (15) ED GOREN 1.00 x 0. 0. 0. BOARD MEMBER 0.000 x 0. 0. 0. (16) RICHARD RUDERMAN 1.00 x 0. 0. 0. BOARD MEMBER 0.000 x 0. 0. 0. (17) MATHIAS KIWANUKA 1.00 x 0. 0. 0.	(12) ROY E. REICHBACH	3.00									
TREASURER 0.00 X X 0. 0. (14) ROBERT T. BELL 1.00 1.00 0. 0. 0. BOARD MEMBER 0.00 X 0. 0. 0. (15) ED GOREN 1.00 X 0. 0. 0. BOARD MEMBER 0.00 X 0. 0. 0. (16) RICHARD RUDERMAN 1.00 X 0. 0. 0. BOARD MEMBER 0.000 X 0. 0. 0. (17) MATHIAS KIWANUKA 1.00 X 0. 0.	CHAIRPERSON	0.00	х		х				٥.	٥.	0.
(14) ROBERT T. BELL 1.00 0.00 0.00 0.00 BOARD MEMBER 0.00 X 0.00 0.00 (15) ED GOREN 1.00 0.00 0.00 0.00 BOARD MEMBER 0.000 X 0.00 0.00 (16) RICHARD RUDERMAN 1.00 0.00 0.00 0.00 BOARD MEMBER 0.000 X 0.00 0.00 (17) MATHIAS KIWANUKA 1.00 0 0 0.00	(13) ARTHUR J. MCCARTHY	1.00									
BOARD MEMBER 0.00 x 0 0. 0. (15) ED GOREN 1.00 x 0 <	TREASURER	0.00	х		х				٥.	٥.	٥.
(15) ED GOREN 1.00 0.00 0.00 0.00 0.00 BOARD MEMBER 0.00 x 0.00 0.00 0.00 (16) RICHARD RUDERMAN 1.00 0.00 x 0.00 0.00 BOARD MEMBER 0.00 x 0.00 0.00 0.00 (17) MATHIAS KIWANUKA 1.00 0 0 0.00	(14) ROBERT T. BELL	1.00									
BOARD MEMBER 0.00 x 0. 0. (16) RICHARD RUDERMAN 1.00 x 0. 0. BOARD MEMBER 0.00 x 0. 0. (17) MATHIAS KIWANUKA 1.00 x 0. 0.	BOARD MEMBER	0.00	Х						0.	٥.	0.
(16) RICHARD RUDERMAN 1.00 0.00	(15) ED GOREN	1.00									
BOARD MEMBER 0.00 x 0. 0. (17) MATHIAS KIWANUKA 1.00	BOARD MEMBER	0.00	Х						٥.	٥.	0.
(17) MATHIAS KIWANUKA 1.00	(16) RICHARD RUDERMAN	1.00									
	BOARD MEMBER	0.00	Х						٥.	٥.	0.
BOARD MEMBER 0.00 X 0. 0.	(17) MATHIAS KIWANUKA	1.00	1								
	BOARD MEMBER	0.00	Х						0.	0.	0.

8

232007 12-13-22

Form 990 (2022)

Form 990 (2022) SMILE TRAIN,									13-36	6141	6	Р	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	loy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	age Posit (do not check m box, unless pers					an	(D) Reportable compensation from	(E) Reportable compensatio from related	I		(F) timate 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 om th anizat d relat anizati	e ion ed
18) PAULA SHUGART 1.00													
BOARD MEMBER	0.00	Х						0.		٥.			0.
(19) CRYSTLE STEWART	1.00												
BOARD MEMBER	0.00	X						0.		0.			0.
4.0.0.0.0								2,946,127.		0.		320	031.
1b Subtotal c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	, Section A							0.		0.		-	0.
2 Total number of individuals (including but no compensation from the organization								eceived more than \$100	000 of reportable				28
 3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> 4 For any individual listed on line 1a, is the su 	uch individual m of reportable	 e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3	Yes X X	No
 and related organizations greater than \$150 Did any person listed on line 1a receive or a 	ccrue compen	sati	on fr	om	any	unre	late	ed organization or indivi	dual for services		4	Λ	X
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	JTO	or sl	icn į	bers	on .					5		
1 Complete this table for your five highest con the organization. Report compensation for t	•	•							•	ensat	ion fro	om	
(A) Name and business				0				(B) Description of s		С	(C ompe		n
FREEPORT METRICS, INC., 245 COMMERCIA STE 245, PORTLAND, ME 04101	AL ST.							SOFTWARE CONSULTIN	IG		1	485,	019.
MARKETEAM LLC, 600 NORTHPARK TOWN CEN	ITER												
STE 1600, ATLANTA, GA 30328								DIR. MAIL PROCESSI	NG		1	076,	121.
BIODIGITAL, INC 594 BROADWAY SUITE 1101, NEW YORK, NY	X 10012							VIRTUAL SURGERY SI	MULATOR			572,	672.
DIRECT MAIL PROCESSORS													
1150 CONRAD COURT, HAGERSTOWN, MD 21	740							MAIL PROCESSING				524,	916.
CORETELLIGENT LLC 750 3RD AVE 9TH FLOOR, NEW YORK, NY 3	L0017							IT CONSULTING				499,	038.
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lin	nitec	d to	thos 16		ted	above) who received m	ore than			000	

232008 12-13-22

Form **990** (2022)

			/	E TRAIN,	INC.				13-366141	6 Page 9
Pa	rt V	/111	Statement of Re	venue						
			Check if Schedule O	contains a	response	or note to any line	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts					1b					
μG,		с	Fundraising events		1c					
Sifts ar /			Related organizations		1d	7,774,005.				
imil		е	Government grants (contr	ributions)	1e					
tion S		f	All other contributions, gifts,	grants, and						
Dthe			similar amounts not included		1f	81,366,500.				
onti nd (-	Noncash contributions included in		1g \$	538,660.	90 140 505			
ŌŌ		h	Total. Add lines 1a-1f			Business Code	89,140,505.			
	~	_				Business Code				
Program Service Revenue	2	a b								
Ser		c								
am Ser		d								
ogra		е								
Pre		f	All other program service	revenue						
		g	Total. Add lines 2a-2f							
	3		Investment income (includ	ding divider	nds, intere	st, and				
							7,862,396.			7,862,396.
	4		Income from investment of			r i i i i i i i i i i i i i i i i i i i	26.006			26.006
	5		Royalties) Real		36,886.			36,886.
	~	_	Overe verte) Real	(ii) Personal				
			Gross rents	6a 6b						
		b c	Less: rental expenses Rental income or (loss)	60 60						
			Net rental income or (loss)	· · · ·						
			Gross amount from sales of	·	ecurities	(ii) Other				
			assets other than inventory	7a115,2	22,648.					
		b	Less: cost or other basis							
anı			and sales expenses		894,911.					
venue		с	Gain or (loss)	7c 2,3	327,737.					
, Re			Net gain or (loss)				2,327,737.			2,327,737.
Other R	8	а	Gross income from fundraisi							
0			including \$							
			contributions reported on Part IV, line 18							
		b	Less: direct expenses							
			Net income or (loss) from							
			Gross income from gamin	-						
			Part IV, line 19							
		b	Less: direct expenses							
		с	Net income or (loss) from	gaming ac	tivities					
	10	а	Gross sales of inventory, I							
			and allowances							
			Less: cost of goods sold							
		С	Net income or (loss) from	sales of inv	ventory	Business Code				
sn	11	2	MISCELLANEOUS REVEN	IUE		900099	35,327.			35,327.
neo	••	a b					,-2/•			,,-
ella sver		c								
Miscellaneous Revenue			All other revenue							
2			Total. Add lines 11a-11d				35,327.			
	12		Total revenue. See instruction	ons			99,402,851.	0.	0.	10,262,346.
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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).

Page 10 13-3661416

0000	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	66,481,947.	66,481,947.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,540,653.	1,158,967.	130,100.	251,586.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	174,697.	139,757.	17,470.	17,470.
7	Other salaries and wages	9,464,836.	4,943,607.	319,975.	4,201,254.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	499,665.	277,160.	21,068.	201,437.
9	Other employee benefits	2,196,473.	1,218,364.	92,613.	885,496.
10	Payroll taxes	936,620.	519,535.	39,492.	377,593.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	374,633.	228,455.	6,923.	139,255.
с	Accounting	255,521.		255,521.	
d	Lobbying	12,883.	12,883.		
е	Professional fundraising services. See Part IV, line 17	90,171.			90,171.
f	Investment management fees	1,172,442.		1,172,442.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	2,607,282.	2,345,135.	8,347.	253,800.
12	Advertising and promotion	4,475,307.	515,500.		3,959,807.
13	Office expenses	1,011,827.	712,626.	16,264.	282,937.
14	Information technology	532,164.	351,407.	10,633.	170,124.
15	Royalties				
16	Occupancy	314,282.	224,986.	4,518.	84,778.
17	Travel	711,026.	561,971.	948.	148,107.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	627,540.	462,982.	1,649.	162,909.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,846,965.	1,606,631.	14,073.	226,261.
23		220,896.	145,791.	4,418.	70,687.
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.)				
а	MARKETING AND FUNDRAISI	17,629,740.	7,000,740.	2,426.	10,626,574.
b	REPAIRS AND MAINTENANCE	1,695,806.	1,471,160.	10,396.	214,250.
c	PRINTED PROG. MATERIALS	1,088,781.	1,088,781.		•
d	MEDICAL ADVISORY BOARD	48,346.	48,346.		
	All other expenses		ż		
25	Total functional expenses. Add lines 1 through 24e	116,010,503.	91,516,731.	2,129,276.	22,364,496.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	12,733,568.	7,074,681.	0.	5,658,887.
					Farm 990 (0000)

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2022.05090 SMILE TRAIN, INC.

Form 990 (2022)

232011 12-13-22

SMILE TRAIN, INC. Part X Balance Sheet

Form 990 (2022)

		Check if Schedule O contains a response or no	te to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			49,956.	1	50,148.
	2	Savings and temporary cash investments	12,786,074.	2	5,025,303.		
	3	Pledges and grants receivable, net	1,203,580.	3	2,547,521		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial cor	tributor, or 35%			
		controlled entity or family member of any of the	se person	s		5	
	6	Loans and other receivables from other disqual	ified perso	ns (as defined			
		under section 4958(f)(1)), and persons describe	d in sectio	n 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Description of the second se			3,054,491.	9	3,061,554
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	26,391,755.			
	b	Less: accumulated depreciation	10b	6,643,988.	21,067,505.	10c	19,747,767
	11	Investments - publicly traded securities			328,207,886.	11	335,331,174
	12	Investments - other securities. See Part IV, line			8,445,353.	12	8,750,384
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		Г		14	
	15	Other assets. See Part IV, line 11	668,003.	15	56,281		
	16	Total assets. Add lines 1 through 15 (must equ			375,482,848.	16	374,570,132
	17	Accounts payable and accrued expenses		1	6,322,781.	17	5,453,240
	18	Grants payable			7,907,033.	18	5,321,140
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
~	22	Loans and other payables to any current or for					
tie		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the		22			
Lia	23	Secured mortgages and notes payable to unrel		Γ		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line					
		of Cohodula D			0.	25	814.
	26	Total liabilities. Add lines 17 through 25	14,229,814.	26	10,775,194		
		Organizations that follow FASB ASC 958, cho	eck here	X	, ,		, ,
es		and complete lines 27, 28, 32, and 33.					
ů Ľ	27			355,257,544.	27	357,617,332	
3als	28	Net assets with donor restrictions	5,995,490.	28	6,177,606		
ğ		Organizations that do not follow FASB ASC 9	, ,		, ,		
Fur		and complete lines 29 through 33.					
p	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated ir				31	
et/	32	Total net assets or fund balances			361,253,034.	32	363,794,938
Ż	33	Total liabilities and net assets/fund balances			375,482,848.	33	374,570,132
	00	Total habilities and her assets/fully baidfilles			,,,,,,,,,,,,,,,,,,,,	00	Form 990 (2022

Form **990** (2022)

Part XI Reconciliation of Net Assets 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 99,402,851. 2 Total expenses (must equal Part IX, column (A), line 25) 2 116,010,503. 3 Revenue less expenses. Subtract line 2 from line 1 3 -16,607,652. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 361,253,034. 5 18,757,566. 6 6 6 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 391,990. 10 363,794,938. 363,794,938.	Form	990 (2022) SMILE TRAIN, INC.	13-36614	16	Pa	_{ge} 12
1Total revenue (must equal Part VIII, column (A), line 12)199,402,851.2Total expenses (must equal Part IX, column (A), line 25)2116,010,503.3Revenue less expenses. Subtract line 2 from line 13-16,607,652.4Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4361,253,034.518,757,566.66677878Prior period adjustments89Other changes in net assets or fund balances (explain on Schedule O)9391,990.10Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,9						
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 116,607,652 4 361,253,034 5 18,757,566 6 6 7 6 8 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 9		Check if Schedule O contains a response or note to any line in this Part XI				X
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 116,607,652 4 361,253,034 5 18,757,566 6 6 7 6 8 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 9						
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 5 7 8 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 391,990 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	1	Total revenue (must equal Part VIII, column (A), line 12)	1	99	,402,	851.
3 Revenue less expenses. Subtract line 2 from line 1 3 -16,607,652. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 361,253,034. 5 18,757,566. 5 18,757,566. 6 6 6 7 7 7 8 7 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 391,990. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 9 391,990.	2	Total expenses (must equal Part IX, column (A), line 25)	2	116	,010,	503.
4Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4361,253,034.5Net unrealized gains (losses) on investments518,757,566.66667Investment expenses78Prior period adjustments89Other changes in net assets or fund balances (explain on Schedule O)9391,990.10Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,9	3		3	-16	,607,	652.
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) 9 391,990. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 9 391,990.	4		4	361	,253,	034.
6 6 7 7 8 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 9	5	Net unrealized gains (losses) on investments	5	18	,757,	566.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 391,990 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 9 391,990	6		6			
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 391,990. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 9 391,990.	7		7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	8		8			
	9	Other changes in net assets or fund balances (explain on Schedule O)	9		391,	990.
column (B)) 10 363,794,938.	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
			10	363	,794,	938.
Part XII Financial Statements and Reporting	Par	t XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII		Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
Yes No					Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	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 O.		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X	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		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, or both:				
Separate basis Consolidated basis Both consolidated and separate basis		Separate basis Consolidated basis Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?	b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		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		Separate basis X Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
review, or compilation of its financial statements and selection of an independent accountant?		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 Schedule O.			edule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X				3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		L

Form **990** (2022)

232012 12-13-22

(Form 990)

Total

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.

OMB No. 1545-0047
2022
Open to Public

Department of the Treasury Internal Revenue Service				Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection
Nan	ne of t	the organizati		Ū					Employer	identification number
		-		TRAIN, INC.						13-3661416
Pa	rt I	Reason		1	(All organizations must c	omplete th	nis part.) S	ee instruction	ı ıs.	
The	organ				For lines 1 through 12, c					
1			-		on of churches described	•		()(A)(i)		
2	\square				Attach Schedule E (Forn		// // // //	•,\~,'}•		
3	\square				anization described in s		V6V1VAVii	;;)		
4	\square	•	•		njunction with a hospital			•	Viii) Entor	the hospital's name
4		city, and stat	-		njuneton with a nospital	acscribed	Section			the hospital s hame,
5		•		or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental	init describe	ad in
5		-	-		lege of university owned		eu by a gu			
c				Complete Part II.)	nantal unit described in	anation 1	70/6//4//4/	(.)		
6	X			-	nental unit described in					auchtia alaganikaatin
7		-		-	ntial part of its support fi	rom a gove	ernmental	unit or from t	ne general j	Dudlic described in
•				complete Part II.)						
8	\square				(1)(A)(vi). (Complete Par					
9					in section 170(b)(1)(A)(
			or a non-iano-ç	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
40		university:	an that narma	ully receives (1) more	than 22 1/20/ of its own	art from a	ontribution	a mambara	in face on	d areas ressints from
10		-		•	than 33 1/3% of its supp					•
					t to certain exceptions; a					
					(less section 511 tax) fro	om busines	sses acqui	red by the or	yanization a	atter June 30, 1975.
44				mplete Part III.)	ively to test for public or	fatu Caa	ocation Fl	0(~)(4)		
11		-	-	-	ively to test for public sa	•			way out the	numeros of one or
12		-	-	-	ively for the benefit of, to				-	
					ed in section 509(a)(1) of					Sheck the box on
_		7			f supporting organization					
а				-	supervised, or controlled	• • •	-			
					gularly appoint or elect a	majority c				ipporting
h		¬ -		complete Part IV, Se		ion with it	o ounnorte	d organizatio	n(a) by ba	up a
b				-	l or controlled in connect			•		-
			-	st complete Part IV,	anization vested in the sa	ame perso	ns that co	Introl of Inalia	ge me sup	Joned
		¬ ~	. ,	• •		in connoci	tion with	and functions	lly intograte	d with
С			-		g organization operated				iny integrate	a with,
4		7). You must complete l				rtad argani	ration(a)
d			-		porting organization oper				-	
			-		zation generally must sat nplete Part IV, Sections	-		-		7611655
~		-			written determination fro					
е			•		nally integrated supporti			турет, туре	п, туре ш	
f	Ente	er the number								
q			• •	n about the supporte	ad organization(s)					
<u> </u>		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount c	f monetary	(vi) Amount of other
		organization	า		(described on lines 1-10	Yes	ing document?	support (see i	nstructions)	support (see instructions)
					above (see instructions))					

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SMILE TRAIN, INC.

Part II	Support Schedule for Org	ganizations Described in S	Sections	170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
		guinzatione Becombea in .	500010110		

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 93,083,921. 89,140,505. 445,625,645. 79,765,267 92,042,568 91,593,384 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 79,765,267, 92,042,568, 91,593,384 93,083,921, 89,140,505. 445,625,645. 4 Total. Add lines 1 through 3 The portion of total contributions 5 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) 445,625,645. 6 Public support. Subtract line 5 from line 4 Section B. Total Support **(a)** 2018 (c) 2020 (e) 2022 Calendar year (or fiscal year beginning in) (b) 2019 (d) 2021 (f) Total 91,593,384, 79,765,267. 92,042,568. 93,083,921. 89,140,505. 445,625,645. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 7,099,614 6,672,409. 7,899,282 6,808,633 6,024,372 34,504,310. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 957,759 74,522 63,826 94,301. 35,326. 1,225,734. 481,355,689. **11 Total support.** Add lines 7 through 10 12 **12** Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 92.58 14 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) % 15 Public support percentage from 2021 Schedule A, Part II, line 14 92.54 15 % 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2022

232022 12-09-22

09570509 153424 0183055-00003

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

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

Section A	Public Support						
Calendar year	(or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1 Gifts, gr	ants, contributions, and						
member	ship fees received. (Do not						
include	any "unusual grants.")						
merchar formed, any acti	ceipts from admissions, ndise sold or services per- or facilities furnished in vity that is related to the tion's tax-exempt purpose						
-	ceipts from activities that						
are not a	an unrelated trade or bus-						
	nues levied for the organ-						
ization's	benefit and either paid to nded on its behalf						
-	e of services or facilities						
	d by a governmental unit to						
	nization without charge						
0	dd lines 1 through 5						
	s included on lines 1, 2, and						
	ed from disqualified persons						
b Amounts in from other exceed the	cluded on lines 2 and 3 received than disqualified persons that greater of \$5,000 or 1% of the line 13 for the year						
	s 7a and 7b						
	upport. (Subtract line 7c from line 6.) Total Support						
Calendar year	(or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
9 Amount	s from line 6						
10a Gross in dividence securitie	come from interest, ls, payments received on s loans, rents, royalties, ome from similar sources						
	business taxable income						
(less sec	ion 511 taxes) from businesses						
acquired	after June 30, 1975						
c Add line	s 10a and 10b						
11 Net inco activities whether	me from unrelated business s not included on line 10b, or not the business is carried on						
12 Other in or loss f	come. Do not include gain rom the sale of capital Explain in Part VI.)						
	port. (Add lines 9, 10c, 11, and 12.)						
14 First 5 y	ears. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	inization,
Section C	Computation of Publi	c Support Per	centage				
15 Public s	upport percentage for 2022 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	upport percentage from 2021					16	%
Section D	Computation of Inves	tment Income	e Percentage				
17 Investm	ent income percentage for 20)22 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18 Investm	ent income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a 33 1/3%	support tests - 2022. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and	line 17 is not
more that	an 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly	supported organiza	ation	
b 33 1/3%	support tests - 2021. If the	organization did n	ot check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1	/3%, and
line 18 is	s not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organiz	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 ins	structions	
232023 12-09-22						Sche	dule A (Form 990) 2022
			16				

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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")? *If* "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 disqualified 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.)

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Part IV	rogguZ	tina Ora	anizations	(continu	പ
Schedule A	(Form 990) 2022	SMILE	TRAIN,	IN

Yes 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 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		
Section B. Type I Supporting Organizations			

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

Sei	Section C. Type in Supporting Organizations															
			e												e	

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).	1
Sec	tion 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 organization used to satisfy the Integral Part Test du	ring 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 support	ted a governmental entity (see instruction <u>s).</u>
---	--	---	-------------------------------------	---

18

- 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.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

2022.05090 SMILE TRAIN, INC.

Yes No

_	edule A (Form 990) 2022 SMILE TRAIN, INC.		- ationa	13-3661416 Pag
га 1	Type III Non-Functionally Integrated 509(a)(3) Supportin Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mus		•	, -
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		
d	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		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting ora	anization (see

Schedule A (Form 990) 2022

232026 12-09-22

Sche	dule A (Form 990) 2022 SMILE TRAIN, INC.				13-3661416	Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ed)		
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 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	S	(iii) Distributa Amount for	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
<u> i</u>	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2018					
b	Excess from 2019					
c	Excess from 2020					
d	Excess from 2021					
e	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 SMILE TRAIN, INC.	13-3661416	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition	and 2; Part IV, Section , Section B, line 1e; Pa	n C,
(See instructions.)		
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
OTHER INCOME		
2018 AMOUNT: \$ 131,825.		
2019 AMOUNT: \$ 64,332.		
2020 AMOUNT: \$ 63,826.		
2021 AMOUNT: \$ 94,301.		
2022 AMOUNT: \$ 35,326.		
FUNDRAISING EVENTS		
2018 AMOUNT: \$ 825,934.		
2019 AMOUNT: \$ 10,190.		
2020 AMOUNT: \$ 0.		
2021 AMOUNT: \$ 0.		
2022 AMOUNT: \$ 0.		
232028 12-09-22 21	Schedule A (Form	990) 2022

** 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

2022

Employer identification number

Form	990)	

Schedule B

Department of the Treasury Internal Revenue Service

Name of the organization

SM	ILE TRAIN, INC.	13-3661416						
Organization type (check of	Organization type (check one):							
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							

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

501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 for an *exclusively* set in the set of t

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) (2022)

	3 (Form 990) (2022)		Page 2
Name of o	rganization		oloyer identification number
SMILE TR	AIN, INC.		13-3661416
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$4,934,005.	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		\$2,840,000.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990) (2022)		Page
Name of o	organization		Employer identification number
SMILE TF	RAIN, INC.		13-3661416
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	1.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
223453 11-15	5-22	\$	 Schedule B (Form 990) (2022)

01830551

lame of or	rganization			Employer identification numbe	
MILE TR	AIN, INC.			13-3661416	
Part III) through (e) and the following line ent	rv. For organizations	hat total more than \$1,000 for the yea	
	Use duplicate copies of Part III if additional	space is needed.	iess for the year. (Enter this into.)	once.) +	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
		(e) Transfer of gif	t		
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of tra	ansferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
-		(e) Transfer of gif			
	Transferee's name, address, a		Relationship of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
-		 t			
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee	
a) No. from					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
—					
ŀ		(e) Transfer of gif	t I		
-	Transferee's name, address, and ZIP + 4		Relationship of tra	ansferor to transferee	
3454 11-15	-22			Schedule B (Form 990) (2	
		25			

(Form 990)	For Ora	anizations Exempt From Incon	e Tax Under section	501(c) and section 52	77	202))
	-	if the organization is described		.,		Open to I	Public
Department of the Treasury Internal Revenue Service	Go	o to www.irs.gov/Form990 for i	nstructions and the la	atest information.		Inspect	
If the organization answ	vered "Yes," on	Form 990, Part IV, line 3, or Fo	orm 990-EZ, Part V, li	ne 46 (Political Camp	aign Activ	vities), then	
 Section 501(c)(3) org 	anizations: Com	plete Parts I-A and B. Do not co	mplete Part I-C.				
 Section 501(c) (other 	than section 50	01(c)(3)) organizations: Complete	Parts I-A and C below	. Do not complete Part	t I-B.		
 Section 527 organiza 	ations: Complete	e Part I-A only.					
If the organization answ	vered "Yes," on	Form 990, Part IV, line 4, or Fo	orm 990-EZ, Part VI, li	ine 47 (Lobbying Activ	vities), the	en	
 Section 501(c)(3) org 	anizations that h	nave filed Form 5768 (election ur	nder section 501(h)): Co	omplete Part II-A. Do n	ot complet	te Part II-B.	
 Section 501(c)(3) org 	anizations that h	nave NOT filed Form 5768 (electi	on under section 501(h	n)): Complete Part II-B.	Do not co	mplete Part II-	A.
-	-	Form 990, Part IV, line 5 (Prox	y Tax) (See separate	instructions) or Form	990-EZ, F	Part V, line 35	c (Proxy
Tax) (See separate inst							
	, or (6) organizat	ions: Complete Part III.					
Name of organization						identification	number
	SMILE TRAIN		504 (a)			13-3661416	
Part I-A Comple	ete if the org	anization is exempt und	er section 501(c)	or is a section 52	organ	ization.	
		ation's direct and indirect politic					
		ures					
3 Volunteer hours for	political campai	gn activities					
Part I-B Comple	ete if the org	anization is exempt und	er section 501(c)(3).			
		incurred by the organization und			\$		
		incurred by organization manage					
		n 4955 tax, did it file Form 4720				Yes	No
4a Was a correction m						Yes	
b If "Yes," describe in							
		anization is exempt und	er section 501(c).	except section 5	01(c)(3)	-	
						-	
		I by the filing organization for sec ization's funds contributed to otl			¤		
			-		¢		
exempt function ac		. Add lines 1 and 2. Enter here a					
	-				¢		
		1120-POL for this year?				Yes	No
		nployer identification number (EII		-			
	-	tion listed, enter the amount paid omptly and directly delivered to a				-	
		additional space is needed, prov			parate seg	gregated fund	ora
 (a) Name		(b) Address	(c) EIN	(d) Amount paid f	rom ((e) Amount of	olitical
(a) Name	;	(b) Address		filing organizatio		ntributions rec	
				funds. If none, ente	er-0 I	promptly and o	directly
						lelivered to a s	
						political organi If none, ente	
For Paperwork Reducti	on Act Notice,	see the Instructions for Form 9	90 or 990-EZ.		Sche	dule C (Form	990) 2022

Political Campaign and Lobbying Activities

LHA 232041 11-08-22

SCHEDULE C

09570509 153424 0183055-00003

OMB No. 1545-0047

	ILE TRAIN, ING				3661416	Page 2
Part II-A Complete if the organ	nization is exe	mpt under section	n 501(c)(3) and file	d Form 5768 (el	ection unde	er
section 501(h)).						
A Check if the filing organizatio	n belongs to an af	filiated group (and list i	n Part IV each affiliated	group member's nam	ne, address, EIN	١,
expenses, and share o	of excess lobbying	expenditures).				
B Check if the filing organizatio	n checked box A a	and "limited control" pr	ovisions apply.			
Limits	on Lobbying Expe	enditures		(a) Filing organization's	(b) Affiliated totals	
(The term "expendite	ures" means amo	unts paid or incurred.)	totals	totais	
de Tatel John ing supportions to influen						
1a Total lobbying expenditures to influerb Total lobbying expenditures to influer						
c Total lobbying expenditures (add lines	-	• • • • •				
d Other exempt purpose expenditures						
e Total exempt purpose expenditures (a		-1)				
f_Lobbying nontaxable amount. Enter t		· ·····				
If the amount on line 1e, column (a) or (l		bbying nontaxable am				
Not over \$500,000	· · · · · · · · · · · · · · · · · · ·	f the amount on line 1e				
Over \$500,000 but not over \$1,000,0	00 \$100,0	00 plus 15% of the exc	cess over \$500,000.			
Over \$1,000,000 but not over \$1,500	,000 \$175,0	000 plus 10% of the exc	cess over \$1,000,000.			
Over \$1,500,000 but not over \$17,00	0,000 \$225,0	00 plus 5% of the exce	ess over \$1,500,000.			
Over \$17,000,000	\$1,000	,000.				
g Grassroots nontaxable amount (enter	,					
h Subtract line 1g from line 1a. If zero c	r less, enter -0-					
i Subtract line 1f from line 1c. If zero of						
j If there is an amount other than zero		r line 1i, did the organiz	ation file Form 4720			<u> </u>
reporting section 4911 tax for this yea			<u> </u>		Yes	No
(Some organizations that		veraging Period Under	.,	f the five columns h	elow	
(come organizations that		rate instructions for li				
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period			
	, , , ,	J				
Calendar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Tot	al
(or fiscal year beginning in)						
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures		<u> </u>		Cabad	lula C (Earm 0	201 0000

Schedule C (Form 990) 2022

232042 11-08-22

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	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(k))
	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:				
a	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X X		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		x		
	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?	x			12,883.
	Direct contact with legislators, their staffs, government officials, or a legislative body?		x		, .
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		x		
	Other activities?		х		
j	Total. Add lines 1c through 1i				12,883.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х		
b	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				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504()(
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	1 501(C)(b), or sec	tion	
	501(c)(6).			Vee	Na
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '				3. is
	answered "Yes."		.,		
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				
С	Total		<u>2c</u>		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		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	olitical			
_	expenditures next year?		4		
5 Par	Taxable amount of lobbying and political expenditures. See instructions t IV Supplemental Information		5		
		liat), Davt II	A lines 1 a	nd 0 (Coo	
	de 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.	iisi), Fart ii-	A, III es i a	110 2 (See	
	II-B, LINE 1, LOBBYING ACTIVITIES:				
SMII	E TRAIN DOES NOT TYPICALLY ENGAGE IN ANY LOBBYING ACTIVITIES; IN				
FISC	AL YEAR 2023, SMILE TRAIN INCURRED \$12,883 IN LOBBYING EXPENSES TO				
2000	CATE FOR THE PASSAGE OF THE ENSURING LASTING SMILES ACT. THE				
	The real modified of the proving priced Ref. The				
ENSU	RING LASTING SMILES ACT (ELSA) WOULD REQUIRE ALL PRIVATE INSURANCE				
GROU	P AND INDIVIDUAL HEALTH CARE PLANS TO COVER MEDICALLY NECESSARY				

232043 11-08-22

Schedule C (Form 990) 2022

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) 2022

232044 11-08-22

)

Supplemental Financial Statements

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



	ment of the Treasury I Revenue Service		ttach to Form 990. 0 for instructions and the latest informati	on.	Inspection
	e of the organizati				over identification number
	-	SMILE TRAIN, INC.			13-3661416
Par	rt I Organiza	ations Maintaining Donor Advised	d Funds or Other Similar Funds o	or Account	 Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	(b) Funds	s and other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3	Aggregate value o	f grants from (during year)			
4	Aggregate value a	t end of year			
5	Did the organization	on inform all donors and donor advisors in v	writing that the assets held in donor advised	d funds	
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes 🗌 No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	sed only	
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose co	onferring	
_	impermissible priv				Yes No
Par	rt II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.	
1		servation easements held by the organization			
	Preservation	n of land for public use (for example, recreat	tion or education)	a historically in	nportant land area
	Protection o	of natural habitat	Preservation of a	a certified histo	oric structure
		n of open space			
2		through 2d if the organization held a qualif	ied conservation contribution in the form of		
	day of the tax year				leld at the End of the Tax Year
а					
b	-				
С		vation easements on a certified historic stru		<u>2</u> c	
d		vation easements included in (c) acquired a			
3		vation easements modified, transferred, rele	eased, extinguished, or terminated by the c	organization di	uring the tax
	year				
4		where property subject to conservation eas			
5	-	tion have a written policy regarding the per			
~	,	orcement of the conservation easements it			
6	Stall and voluntee	r hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conse	rvation easem	ients during the year
7	Amount of oxpond		ling of violations, and onforcing concernation	n accomente	during the year
7	Amount of expens	es incurred in monitoring, inspecting, hand	ning of violations, and emorcing conservation	on easements	duning the year
8	Does each conser	 vation easement reported on line 2(d) above	e satisfy the requirements of section 170(b)	(4)(B)(i)	
U	and section 170(h)				Yes No
9		be how the organization reports conservation			
•	,	d include, if applicable, the text of the footn	1		bes the
		ounting for conservation easements.			
Par		ations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar	Assets.
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement an	d balance she	et works
	8	easures, or other similar assets held for pub			
		Part XIII the text of the footnote to its finan		•	
b		elected, as permitted under FASB ASC 95			orks of
	-	sures, or other similar assets held for public			
		ing amounts relating to these items:	. ,	•	

232051	09-01-22	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	le
	(ii) Assets included in Form 990, Part X	\$
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	provide the following amounto relating to these terms.	

30			
2022.05090	SMILE	TRAIN,	INC.

Sche	dule D (Form 990) 2022 SMILE TRAI						13-366		P	age 2
Pa	t III Organizations Maintaining C	Collections of Art	, Historical Tre	easures, or	Other	Simila	⁻ Assets	(conti	nued)	
3	Using the organization's acquisition, access	ion, and other records	s, check any of the f	following that n	nake sig	nificant u	ise of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange progran	n					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explain	how they further th	ne organization	's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations o	f art, historical treas	sures, or other	similar a	assets		_		_
	to be sold to raise funds rather than to be m		<u>u</u>					Yes		No
Pa	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Y	'es" on F	⁻ orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod							-		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					•		
								Amoun	τ	
	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
	Ending balance					1f		7		
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII					y?	∟	Yes		_ No □
_	t V Endowment Funds. Complete					<u></u> ז				
		(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Fou	r vears	back
1a	Beginning of year balance	245,454,744.	298,614,664.	. , ,			84,623.	. ,	,885,	
h	Contributions		10,000.		701.		00,213.		, ,	•
c	Net investment earnings, gains, and losses	26,691,713.	-37,956,743.				, 63,389.	3	,299,	297.
d	Grants or scholarships	, ,	, ,	, ,		,	,		<u>, ,</u>	
	Other expenditures for facilities									
	and programs	17,670,531.	15,213,177.	-10,250,	000.	2	50,000.			
f	Administrative expenses						,			
g	End of year balance	254,475,926.	245,454,744.	298,614,	664.	221,9	98,225.	212	,184,	623.
2	Provide the estimated percentage of the cur	rent vear end balance	(line 1a. column (a))) held as:						
а	Board designated or quasi-endowment	98.2400	%							
b	Permanent endowment 1.7600	%	_							
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	- ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held ar	nd administere	d for the					
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organized	ations listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Pa	t VI Land, Buildings, and Equipn									
	Complete if the organization answere			See Form 990, I						
	Description of property	(a) Cost or of basis (investm		t or other (other)	• •	cumulate reciation	d	(d) Boo	k valu	e
1a	Land									
b	Buildings		20	,101,220.		2,599,	589.	17	,501,	631.
С	Leasehold improvements									
d	Equipment			728,520.		678,			,	549.
-	Other			,562,015.		3,365,			,196,	
Tota	I. Add lines 1a through 1e. <i>(Column (d) must</i> e	equal Form 990, Part)	K. column (B), line 1	0c.)					,747,	

Schedule D (Form 990) 2022

232052 09-01-22

Part VII Investments - Other Securities. Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" or		
(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)		1
(8)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990. Part X. line 15.
-	escription	(b) Book value
(1)		(-)
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	
Part X Other Liabilities.	(0.)	
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.
1. (a) Description of liability		(b) Book value
(1) Federal income taxes		
(2) DUE TO AFFILIATES		81
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2	25)	81
		the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 SMILE TRAIN, INC.				61416 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	163,522,601.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	18,757,566.		
b	Donated services and use of facilities		46,142,636.		
с	Recoveries of prior year grants		449,151.		
d	Other (Describe in Part XIII.)		-57,161.		
е				2e	65,292,192.
3	Subtract line 2e from line 1			3	98,230,409.
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	1,172,442.		
b	Other (Describe in Part XIII.)				
с	Add lines 4a and 4b			4c	1,172,442.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	99,402,851.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	160,980,697.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	46,142,636.		
b	Prior year adjustments				
с	Other losses				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	46,142,636.
3	Subtract line 2e from line 1			3	114,838,061.
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	1,172,442.		
b	Other (Describe in Part XIII.)				
с	Add lines 4a and 4b			4c	1,172,442.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		·····	5	116,010,503.
Pa					

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 \$4,485,152 IN DONOR-RESTRICTED ENDOWMENT ASSETS.

PART X, LINE 2:

LIABILITY FOR UNCERTAIN TAX POSITIONS

09570509 153424 0183055-00003

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

232054 09-01-22

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)		Tage J
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 -57,161.		
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 (Forn	0001 0000
		1 JJJJ 2022

232055 09-01-22

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) 2022

232055 09-01-22

232071 10-17	-22			
			36	
70509	153424	0183055-00003	2022.050	90

0957

Statement of Activities Outside the United States

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

Attach to Form 990.

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

Name of the organization

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

SMILE TRAIN, INC.

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes X NoL
- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States.

3	Activities per Region.	(The following Part I	line 3 table can be du	nlicated if additional s	nace is needed)
3	Activities per negion.	(THE IONOWING FAILT	, III IE O LADIE CAIT DE UU	plicated il adultional s	pace is needed.)

(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	CLEFT PALATE SURGERIES	520,785.
EAST ASIA AND THE					
PACIFIC	2	7	PROGRAM SERVICES	CLEFT PALATE SURGERIES	5,084,056.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	PROGRAM SERVICES	CLEFT PALATE SURGERIES	1,716,096.
	Ŭ				1,110,050.
MIDDLE EAST AND NORTH AFRICA	1	3	PROGRAM SERVICES	CLEFT PALATE SURGERIES	2,053,882.
		-			2 200 202
NORTH AMERICA	0	5	PROGRAM SERVICES	CLEFT PALATE SURGERIES	3,389,263.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	CLEFT PALATE SURGERIES	628,278.
SOUTH AMERICA	0	5	PROGRAM SERVICES	CLEFT PALATE SURGERIES	2,482,930.
SOUTH ASIA	0	4 25	PROGRAM SERVICES	CLEFT PALATE SURGERIES	6,705,597.
3 a Subtotal b Total from continuation sheets to Part I	1	25			22,580,887. 51,275,102.
c Totals (add lines 3a and 3b)	4	48			73,855,989.

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

Schedule F (Form 990) 2022

SMILE TRAIN, INC.

01830551



Employer identification number

13-3661416

Schedule F (Form 990) Part I Continuation	SMILE TRAIN,		I. (Schedule F (Form 990), Part I, line 3	13-3661416	Page
(a) Region	(b) Number of offices in the region		(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	1	23	PROGRAM SERVICES	CLEFT PALATE SURGERIES	18,225,373
NORTH AMERICA	0	0	GRANTMAKING		868,833
EUROPE (INCLUDING ICELAND AND					
GREENLAND)	0	0	GRANTMAKING		3,398,572
SOUTH ASIA	0	0	GRANTMAKING		13,965,000
EAST ASIA AND THE					
PACIFIC	0	0	GRANTMAKING		3,691,940
SOUTH AMERICA	0	0	GRANTMAKING		2,375,000
EUROPE (INCLUDING ICELAND AND					
GREENLAND)	0	0	INVESTMENTS		8,750,384
Totals	1	23			51,275,102

232181 04-01-22 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.

					assistance	assistance	appraisal, other)
	1						
	CENTRAL AMERICA						
	AND THE CARIBBEAN	CLEFT TX	67,598.	CHECK/WIRE	0.		
	CENTRAL AMERICA						
	AND THE CARIBBEAN	CLEFT TX	41,310.	CHECK/WIRE	ο.		
	CENTRAL AMERICA AND THE CARIBBEAN	ርጊፑፑጥ ጥሄ	11 326	CHECK/WIRE	0.		
	AND THE CARIBBEAN		11,520.	CHECK/WIKE			
	CENTRAL AMERICA						
	AND THE CARIBBEAN	CLEFT TX	37,500.	CHECK/WIRE	0.		
	CENTRAL AMERICA						
	AND THE CARIBBEAN	CLEFT TX	9,596.	CHECK/WIRE	0.		
	CENTRAL AMERICA						
	AND THE CARIBBEAN	CLEFT TX	5,252.	CHECK/WIRE	ο.		
	CENTRAL AMERICA						
	AND THE CARIBBEAN	CLEFT TX	46 871.	CHECK/WIRE	0.		
	CENTRAL AMERICA		001 005				
2 Enter total number of re	AND THE CARIBBEAN	CLEFT TX ecognized as charities by the		CHECK/WIRE	0.		

Schedule F (Form 990) 2022

Schedule F (Form 990)	SMILE T	RAIN, INC.			Page 2			
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA						
		AND THE CARIBBEAN	CLEFT TX	15,535.	CHECK/WIRE	0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN	CLEFT TX	21,158.	CHECK/WIRE	0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN	CLEFT TX	10,520.	CHECK/WIRE	0.		_
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	5,104.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	6 686	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	6,591.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	6,609.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	5,959.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	6,784.	CHECK/WIRE	0.		

Schedule F (Form 990)	SMILE TI	RAIN, INC.			13-3663	1416		Page 2
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	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	CLEFT TX	36,891.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX		CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	18,012.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	78,300.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	5,100.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	42,000.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	63,200.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	5,400.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	83,710.	CHECK/WIRE	0.		

Schedule F (Form 990)	SMILE TI	RAIN, INC.			13-3661	L416		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EAST ASIA AND THE		25 450		0.		
		PACIFIC	CLEFT TX	35,450.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	26,800.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	33,400.	CHECK/WIRE	0.		
		EAST ASIA AND THE		20,000				
		PACIFIC	CLEFT TX	32,020.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	6,300.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	12,022.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	68,198.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	45,000.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	42 023	CHECK/WIRE	0.		
		FACILIC	CUELI IX	42,023.	LUPCK / MIKE	υ.		

Schedule F (Form 990)	SMILE T	RAIN, INC.			13-3663	L416		Page 2
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	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EAST ASIA AND THE PACIFIC	CLEFT TX	77 734.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX		CHECK/WIRE	0.		
		EAST ASIA AND THE		11,700.	CHECK/ WIKE			
		PACIFIC	CLEFT TX	6,067.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	11,961.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	16,324.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	50,397.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	11,131.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX		CHECK/WIRE	0.		
		EAST ASIA AND THE	CLEFT TX		CHECK/WIRE	0.		

Schedule F (Form 990)	SMILE TI	RAIN, INC.			13-3662	L416		Page 2
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	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	CLEFT TX	29,671.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	155,981.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	7,237.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	69,875.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	43,259.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX		CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	131,029.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	58,332.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	94,392.	CHECK/WIRE	0.		

Schedule F (Form 990)	SMILE T	RAIN, INC.			13-366	1416		Page 2
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	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EAST ASIA AND THE PACIFIC	CLEFT TX	27,429.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	10,929.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	9,534.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	55,495.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	8,862.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	10,149.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	13,048.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	30,500.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	15,275.	CHECK/WIRE	0.		

Schedule F (Form 990)	SMILE T	RAIN, INC.			13-3663	L416		Page 2
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	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EAST ASIA AND THE PACIFIC	CLEFT TX	129 940	CHECK/WIRE	0.		
		EAST ASIA AND THE				0.		
		PACIFIC EAST ASIA AND THE	CLEFT TX		CHECK/WIRE	0.		
		PACIFIC	CLEFT TX	223,500.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	13,325.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	13,650.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	30,225.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	5,072.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	113.283.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX		CHECK/WIRE	0.		

Schedule F (Form 990)	SMILE TI	RAIN, INC.			Page 2 Page 2 IS: (Schedule F (Form 990), Part II, line 1) nt (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) 00. CHECK/WIRE 0. 0. 0. 00. CHECK/WIRE 0. 0. 0.			
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	(d) Purpose of grant	(e) Amount of cash grant		non-cash	of non-cash	valuation (book, FMV
		EAST ASIA AND THE PACIFIC	CLEFT TX	85,200.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	82,700.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	31,044.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	33,300.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	10,000.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	5,941.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	7,728.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	5,951.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	5, <u>9</u> 63.	CHECK/WIRE	0.		

Schedule F (Form 990)	SMILE T	RAIN, INC.			13-3663	ECK/WIRE 0.				
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	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	non-cash	of non-cash	valuation (book, FMV		
		EAST ASIA AND THE PACIFIC	CLEFT TX	5,712.	CHECK/WIRE	0.				
		EAST ASIA AND THE PACIFIC	CLEFT TX	40,462.	CHECK/WIRE	0.				
		EAST ASIA AND THE PACIFIC	CLEFT TX	62,178.	CHECK/WIRE	0.				
		EAST ASIA AND THE PACIFIC	CLEFT TX	10,870.	CHECK/WIRE	0.				
		EAST ASIA AND THE PACIFIC	CLEFT TX	22,108.	CHECK/WIRE	0.				
		EAST ASIA AND THE PACIFIC	CLEFT TX	10,400.	CHECK/WIRE	0.				
		EAST ASIA AND THE PACIFIC	CLEFT TX	17,530.	CHECK/WIRE	0.				
		EAST ASIA AND THE PACIFIC	CLEFT TX	20,109.	CHECK/WIRE	0.				
		EAST ASIA AND THE PACIFIC	CLEFT TX	45,814.	CHECK/WIRE	0.				

Schedule F (Form 990)	SMILE T	RAIN, INC.			13-3663	1416		Page 2
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	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	CLEFT TX	27,417.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	20,983.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	13,798.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	90,807.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	8,586.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	5,850.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	16,900.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	16,250.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	59,883.	CHECK/WIRE	0.		

Schedule F (Form 990)	SMILE T	RAIN, INC.			13-3663	1416	t of (h) Description (i) Method of of non-cash valuation (book, FMV,	
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	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	of non-cash	valuation (book, FM)
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	102,932.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	101 393	CHECK/WIRE	0		
		FACIFIC		101,393.	CHECK/WIKE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	8 833	CHECK/WIRE	0		
				0,000.				
		EAST ASIA AND THE PACIFIC	CLEFT TX	19 350	CHECK/WIRE	0		
				19,330.		••		
		EAST ASIA AND THE PACIFIC	CLEFT TX	7 007	CHECK/WIRE	0		
		PACIFIC		7,007.	CHECK/WIKE	0.		
		EAST ASIA AND THE		00.044				
		PACIFIC	CLEFT TX	90,244.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	13,446.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	26,914.	CHECK/WIRE	0.		+
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	59,253.	CHECK/WIRE	0.		

Schedule F (Form 990)	SMILE T	RAIN, INC.			13-3663	1416	Page 2 (h) Description of non-cash assistance (i) Method of valuation (book, FMV, appraisal, other) Image 2 Image 2 Image 2		
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	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	of non-cash	valuation (book, FMV	
		EAST ASIA AND THE PACIFIC	CLEFT TX	6,677.	CHECK/WIRE	0.			
		EAST ASIA AND THE PACIFIC	CLEFT TX	133,149.	CHECK/WIRE	0.			
		EAST ASIA AND THE PACIFIC	CLEFT TX	654,665.	CHECK/WIRE	0.			
		EAST ASIA AND THE PACIFIC	CLEFT TX	68,781.	CHECK/WIRE	0.			
		EAST ASIA AND THE PACIFIC	CLEFT TX	8,345.	CHECK/WIRE	0.			
		EAST ASIA AND THE PACIFIC	CLEFT TX	19,358.	CHECK/WIRE	0.			
		EAST ASIA AND THE PACIFIC	CLEFT TX	19,825.	CHECK/WIRE	0.			
		EAST ASIA AND THE PACIFIC	CLEFT TX	67,929.	CHECK/WIRE	0.			
		EAST ASIA AND THE PACIFIC	CLEFT TX	101,342.	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 124,322. CHECK/WIRE Ο. EAST ASIA AND THE PACIFIC CLEFT TX 39,690. CHECK/WIRE 0. EAST ASIA AND THE PACIFIC 10,684. CHECK/WIRE CLEFT TX 0. EAST ASIA AND THE PACIFIC CLEFT TX 79,817. CHECK/WIRE 0. EUROPE (INCLUDING ICELAND & GREENLAND) 16,641. CHECK/WIRE CLEFT TX 0. EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 85,817. CHECK/WIRE 0 EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 144,750. CHECK/WIRE 0. EUROPE (INCLUDING ICELAND & GREENLAND) 125,345, CHECK/WIRE CLEFT TX Ο. EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 25,397. 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) EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 1,250,000. CHECK/WIRE Ο. EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 14,137. CHECK/WIRE 0. EUROPE (INCLUDING ICELAND & 19,333. CHECK/WIRE GREENLAND) CLEFT TX 0. EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 15,752. CHECK/WIRE Ο. MIDDLE EAST AND 178,330. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 58,382. CHECK/WIRE 0 MIDDLE EAST AND NORTH AFRICA CLEFT TX 19,463. CHECK/WIRE 0. MIDDLE EAST AND NORTH AFRICA 70,000. CHECK/WIRE CLEFT TX Ο. MIDDLE EAST AND NORTH AFRICA CLEFT TX 25,674. 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 61,000. CHECK/WIRE Ο. MIDDLE EAST AND NORTH AFRICA CLEFT TX 13,353. CHECK/WIRE 0. MIDDLE EAST AND 32,340. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 47,034. CHECK/WIRE 0. MIDDLE EAST AND 46,915. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 80,025. CHECK/WIRE 0 MIDDLE EAST AND NORTH AFRICA CLEFT TX 28,000. CHECK/WIRE 0. MIDDLE EAST AND NORTH AFRICA 63,144. CHECK/WIRE CLEFT TX Ο. MIDDLE EAST AND NORTH AFRICA CLEFT TX 32,500. 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 20,282. CHECK/WIRE Ο. MIDDLE EAST AND NORTH AFRICA CLEFT TX 229,871. CHECK/WIRE 0. MIDDLE EAST AND 85,500. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 46,400. CHECK/WIRE Ο. MIDDLE EAST AND 33,000. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 12,000. CHECK/WIRE 0 MIDDLE EAST AND NORTH AFRICA CLEFT TX 13,590. CHECK/WIRE 0. MIDDLE EAST AND NORTH AFRICA 5,500. CHECK/WIRE CLEFT TX Ο. MIDDLE EAST AND NORTH AFRICA CLEFT TX 41,500. 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 65,000. CHECK/WIRE Ο. MIDDLE EAST AND NORTH AFRICA CLEFT TX 6,253.CHECK/WIRE 0. MIDDLE EAST AND 9,302. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 12,000. CHECK/WIRE 0. MIDDLE EAST AND 20,500. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 21,200. CHECK/WIRE 0 MIDDLE EAST AND NORTH AFRICA CLEFT TX 7,000. CHECK/WIRE 0. MIDDLE EAST AND NORTH AFRICA 366,358. CHECK/WIRE CLEFT TX Ο. MIDDLE EAST AND NORTH AFRICA CLEFT TX 12,400. 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) MIDDLE EAST AND NORTH AFRICA CLEFT TX 21,850. CHECK/WIRE Ο. MIDDLE EAST AND NORTH AFRICA CLEFT TX 219,567. CHECK/WIRE 0. MIDDLE EAST AND 5,060.CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 7,000. CHECK/WIRE 0. MIDDLE EAST AND 9,500. CHECK/WIRE NORTH AFRICA CLEFT TX 0. NORTH AMERICA CLEFT TX 5,369. CHECK/WIRE 0 NORTH AMERICA CLEFT TX 42,050. CHECK/WIRE 0. NORTH AMERICA 7,394. CHECK/WIRE CLEFT TX Ο. NORTH AMERICA CLEFT TX 15,721. CHECK/WIRE 0.

Schedule F (Form 990)		RAIN, INC.			13-3663			Page 2
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		NORTH AMERICA	CLEFT TX	472,204.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	19,464.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	36,025.	CHECK/WIRE	0.		
				,				
		NORTH AMERICA	CLEFT TX	20,750.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	69,055.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	14 300.	CHECK/WIRE	0.		
				,				
		NORTH AMERICA	CLEFT TX	10,520.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	20,200.	CHECK/WIRE	0.		
		NODEL AMEDICA		161 961	CHECK (MIDE	0.		
		NORTH AMERICA	CLEFT TX	404,001.	CHECK/WIRE	۷.		<u> </u>

Schedule F (Form 990)		RAIN, INC.			13-3663			sh valuation (book, FM	
Part II Continuation of 1 (a) Name of organization	f Grants and Other (b) IRS code section and EIN (if applicable)	(a) Pagion	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	valuation (book, FM	
		NORTH AMERICA	CLEFT TX	13,533.	CHECK/WIRE	0.			
		NORTH AMERICA	CLEFT TX	12,098.	CHECK/WIRE	0.			
		NORTH AMERICA	CLEFT TX	28,042.	CHECK/WIRE	0.			
		NORTH AMERICA	CLEFT TX	39,209.	CHECK/WIRE	0.			
		NORTH AMERICA	CLEFT TX	7,000.	CHECK/WIRE	0.			
		NORTH AMERICA	CLEFT TX	37,555.	CHECK/WIRE	0.			
		NORTH AMERICA	CLEFT TX	16,463.	CHECK/WIRE	0.			
		NORTH AMERICA	CLEFT TX	37,626.	CHECK/WIRE	0.			
		NORTH AMERICA	CLEFT TX	5,220.	CHECK/WIRE	0.			

Schedule F (Form 990)		RAIN, INC.			13-3663			Page 2
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	<u>(Schedule F (Form 9</u>			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		NORTH AMERICA	CLEFT TX	10,011.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	8,485.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	6 738.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	5,112.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	39,808.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	9 6 4 1	CHECK/WIRE	0.		
		NORTH AMERICA		0,041.	CHECK/WIKE			
		NORTH AMERICA	CLEFT TX	58,047.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	106,534.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	19,678.	CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.			13-3663			Page 2
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	<u>(Schedule F (Form 9</u>			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		NORTH AMERICA	CLEFT TX	85,471.	CHECK/WIRE	0.		
				16.050				
		NORTH AMERICA	CLEFT TX	16,069.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	13,269.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	15,386.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	27,037.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	100 000.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	28,656.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	32,838.	CHECK/WIRE	0.		
		NODEL AMEDICA		6 067	CHECK (MIDE	0.		
		NORTH AMERICA	CLEFT TX	0,20/.	CHECK/WIRE	۷.		

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)	Assistance to Organiz (c) Region	ations or Entities Outside the (d) Purpose of grant	e United States. (e) Amount of cash grant	(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	5,406.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	112,643.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	14 400	CHECK/WIRE	0.		
		NUMBER OF		14,400.				
		NORTH AMERICA	CLEFT TX	24,057.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	12,487.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	17,692.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	23,327.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	50,063.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	20,303.	CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.			13-3663			Page 2
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	<u>(Schedule F (Form 9</u>			1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		NORTH AMERICA	CLEFT TX	49,875.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	148,868.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	8,666.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	18,652.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	20,000.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	203,009.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING						
		STATES ARMENIA	CLEFT TX	15,725.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING						
		STATES ARMENIA	CLEFT TX	16,756.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING						
		STATES ARMENIA	CLEFT TX	18,000.	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) RUSSIA AND NEIGHBORING STATES ARMENIA CLEFT TX 14,811. CHECK/WIRE Ο. RUSSIA AND NEIGHBORING STATES ARMENIA CLEFT TX 20,184. CHECK/WIRE 0. RUSSIA AND NEIGHBORING 10,200. CHECK/WIRE STATES ARMENIA CLEFT TX 0. RUSSIA AND NEIGHBORING STATES ARMENIA CLEFT TX 6,000. CHECK/WIRE 0. RUSSIA AND NEIGHBORING 6,750.CHECK/WIRE STATES ARMENIA CLEFT TX 0. RUSSIA AND NEIGHBORING STATES ARMENIA CLEFT TX 17,000. CHECK/WIRE 0 RUSSIA AND NEIGHBORING STATES ARMENIA CLEFT TX 6,500. CHECK/WIRE 0. RUSSIA AND NEIGHBORING STATES ARMENIA 358,680. CHECK/WIRE CLEFT TX Ο. RUSSIA AND NEIGHBORING STATES ARMENIA CLEFT TX 133,750, CHECK/WIRE 0.

Schedule F (Form 990)		RAIN, INC.			13-3663			Page 2
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	<u>(Schedule F (Form 9</u>			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH AMERICA	CLEFT TX	38,500.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	8,510.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	10 800.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	7,250.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	181,685.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	24 750	CHECK/WIRE	0.		
		SOUTH AMERICA		54,750.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	6,230.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	15,776.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	39,216.	CHECK/WIRE	0.		

Schedule F (Form 990)					Page 2			
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	<u>(Schedule F (Form 9</u>			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH AMERICA	CLEFT TX	44,856.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	10,830.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	124,766.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	18,180.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	112,786.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	21 958.	CHECK/WIRE	0.		
				,				
		SOUTH AMERICA	CLEFT TX	9,616.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	51,433.	CHECK/WIRE	0.		
		COUMH AMEDICA		51 650	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	51,050.	CURCE MIKE	۷.		

Schedule F (Form 990)	(Form 990) SMILE TRAIN, INC. Continuation of Grants and Other Assistance to Organizations or Entities Outside the U				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	(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)
		SOUTH AMERICA	CLEFT TX	545,092.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	12,500.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	5,250.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	23,075.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	37,494.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	86,600.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	245,731.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	10,250.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	5,500.	CHECK/WIRE	0.		

Schedule F (Form 990)					Page 2			
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	<u>(Schedule F (Form 9</u>			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH AMERICA	CLEFT TX	39,250.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	7,024.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	43,003.	CHECK/WIRE	0.		
				,				
		SOUTH AMERICA	CLEFT TX	53,550.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	50,550.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	8 243.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	19,861.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	37,581.	CHECK/WIRE	0.		
		SOUTTH AMEDICA	ር፲.፱፻ም ጥሄ	6 600	CHECK /WIDE			
		SOUTH AMERICA	CLEFT TX	6,600.	CHECK/WIRE	0.		

Schedule F (Form 990)					Page 2			
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH AMERICA	CLEFT TX	38,073.	CHECK/WIRE	0.		
				24.000				
		SOUTH AMERICA	CLEFT TX	31,800.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	28,121.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	20,080.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	33,232.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	21 500.	CHECK/WIRE	0.		
				,				
		SOUTH AMERICA	CLEFT TX	40,554.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	11,865.	CHECK/WIRE	0.		
		COUMH AMEDICA		26 710	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	50,/12.	CURCE MIKE	۷.		

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	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 AMERICA	CLEFT TX	33,329.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	20,641.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	18,500.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	73,750.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	23,350.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	44,750.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	104,450.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	10,250.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	65,700.	CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.			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) Pagion	tions or Entities Outside the (d) Purpose of grant	United States. (e) Amount of cash grant	(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	508,500.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	562,726.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX		CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	1,023,559.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	194,168.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	95,400.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	9,000.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	197,175.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	14,575.	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	itions 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	13,150.	CHECK/WIRE	0.			
		SOUTH ASIA	CLEFT TX	91,520.	CHECK/WIRE	0.			
		SOUTH ASIA	CLEFT TX	165,678.	CHECK/WIRE	0.			
		SOUTH ASIA	CLEFT TX	26,900.	CHECK/WIRE	0.			
		SOUTH ASIA	CLEFT TX	10,090.	CHECK/WIRE	0.			
		SOUTH ASIA	CLEFT TX	72,180.	CHECK/WIRE	0.			
		SOUTH ASIA	CLEFT TX	35,840.	CHECK/WIRE	0.			
		SOUTH ASIA	CLEFT TX	853,910.	CHECK/WIRE	0.			
		SOUTH ASIA	CLEFT TX	193,825.	CHECK/WIRE	0.			

Chedule F (Form 990) Part II Continuation c		RAIN, INC.			13-3663			Page
1 (a) Name of organization	(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)
		SOUTH ASIA	CLEFT TX	137,600.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	7,700.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	12,250.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	51,300.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	179,000.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	20,221.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	9,935.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	32,250.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	11,700.	CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.			13-3661		<u></u>	Page
Part II Continuation o 1 (a) Name of organization	f Grants and Other (b) IRS code section and EIN (if applicable)	(a) Pagion	tions or Entities Outside the (d) Purpose of grant	(e) Amount of cash grant	(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	178,750.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	8 959.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX		CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	227,150.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	333,900.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	217,700.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	93,750.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	94,480.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	383,400.	CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.			13-3663			Page
	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	e United States.	(Schedule F (Form 9			1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SOUTH ASIA	CLEFT TX	21 250.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	99 585	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	39 680	CHECK/WIRE	0.		
		SOUTH ASTA	CLEFI IX	33,000.	CHECK/WIRE	0.		
				61 005				
		SOUTH ASIA	CLEFT TX	61,225.	CHECK/WIRE	0.		
		SUB-SAHARAN						
		AFRICA	CLEFT TX	39,970.	CHECK/WIRE	0.		
		SUB-SAHARAN						
		AFRICA	CLEFT TX	13,500.	CHECK/WIRE	0.		
		SUB-SAHARAN						
		AFRICA	CLEFT TX	14,551.	CHECK/WIRE	0.		
		SUB-SAHARAN						
		AFRICA	CLEFT TX	13,500.	CHECK/WIRE	0.		
		SUB-SAHARAN						
		AFRICA	CLEFT TX	6,700.	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 10,967. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 57,092. CHECK/WIRE 0. SUB-SAHARAN AFRICA 37,677.CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 90,694. CHECK/WIRE 0. SUB-SAHARAN AFRICA 35,726. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 10,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 127,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 15,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 6,500. 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 23,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 28,268. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN 28,666. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 6,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA 18,500. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 57,099. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 19,245. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 25,500. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 6,828. 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 10,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 8,000. CHECK/WIRE 0. SUB-SAHARAN 55,200. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 397,540. CHECK/WIRE 0. SUB-SAHARAN AFRICA 24,500.CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 96,720. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 23,780. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 148,505. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 52,431. 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 19,770. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 26,446.CHECK/WIRE 0. SUB-SAHARAN 91,594. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 77,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA 15,116. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 16,155.CHECK/WIRE 0 SUB-SAHARAN 5,500. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 22,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 24,204. 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 37,527. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 11,500.CHECK/WIRE 0. SUB-SAHARAN AFRICA 8,000.CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 40,016.CHECK/WIRE 0. SUB-SAHARAN AFRICA 19,480. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 14,596.CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 159,353. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 46,119.CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 213,612. 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 128,682. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 53,697.CHECK/WIRE 0. SUB-SAHARAN AFRICA 192,000. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 127,037. CHECK/WIRE 0. SUB-SAHARAN AFRICA 8,800. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 106,265. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 29,558. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 224,137. 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 115,171. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 63,000. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 35,496.CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 24,336. CHECK/WIRE 0. SUB-SAHARAN AFRICA 73,489.CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 19,313. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 96,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 70,048. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 12,000. 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 5,195. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 6,499.CHECK/WIRE 0. SUB-SAHARAN 50,000. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 14,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA 77,371.CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 9,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 10,723. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 38,500. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 11,953. 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 13,285. CHECK/WIRE 0. SUB-SAHARAN AFRICA 30,430. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 25,425. CHECK/WIRE 0. SUB-SAHARAN AFRICA 8,158. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 5,750. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 7,325. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 12,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 17,000. 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 168,500, CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 77,301. CHECK/WIRE 0. SUB-SAHARAN 24,500. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 15,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA 821,282. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 94,164. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 10,991. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 35,996. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 416,327. 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 66,614. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 6,500. CHECK/WIRE 0. SUB-SAHARAN 6,500. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 113,610, CHECK/WIRE 0. SUB-SAHARAN AFRICA 9,000. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 28,932. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 171,992. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 12,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 14,200. 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 25,500. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 52,885. CHECK/WIRE 0. SUB-SAHARAN AFRICA 5,500.CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 32,000. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 12,471. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 13,500. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 42,526. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 5,643. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 78,148. 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 34,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 7,500. CHECK/WIRE 0. SUB-SAHARAN 25,500. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 25,898. CHECK/WIRE 0. SUB-SAHARAN AFRICA 6,500.CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 14,398. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 17,004. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 56,805. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 6,700. 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 32,188. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 108,240. CHECK/WIRE 0. SUB-SAHARAN AFRICA 90,110. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 14,002. CHECK/WIRE 0. SUB-SAHARAN AFRICA 9,000. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 9,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 6,772. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 134,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 102,500, 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 17,225. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 114,302. CHECK/WIRE 0. SUB-SAHARAN 50,267. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 3,659,259.CHECK/WIRE 0. SUB-SAHARAN AFRICA 8,857. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 148,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 9,477. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 90,779. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 56,852. 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 70,500. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 22,019. CHECK/WIRE 0. SUB-SAHARAN AFRICA 20,188. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 20,100. CHECK/WIRE 0. SUB-SAHARAN AFRICA 290,500. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 56,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 55,985. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 355,195. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 95,509. 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 100,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 54,561. CHECK/WIRE 0. SUB-SAHARAN 31,200. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 15,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA 8,976.CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 98,500. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 16,600. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 97,688. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 35,488. 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 21,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 37,350. CHECK/WIRE 0. SUB-SAHARAN 16,000. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN 13,406. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA 6,442. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 114,858.CHECK/WIRE 0 SUB-SAHARAN 9,500. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 981,500. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 28,328. 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 5,023. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 13,000. CHECK/WIRE 0. SUB-SAHARAN 15,000. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 23,355. CHECK/WIRE 0. SUB-SAHARAN AFRICA 5,715. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 77,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 38,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 12,532. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 46,027. 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 23,760. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 5,072. CHECK/WIRE 0. SUB-SAHARAN AFRICA 18,482. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 8,680. CHECK/WIRE 0. SUB-SAHARAN AFRICA 19,500. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 15,300. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 8,179. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 63,500. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 12,486. 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 43,862. CHECK/WIRE 0. SUB-SAHARAN 92,500. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 145,424. CHECK/WIRE 0. SUB-SAHARAN AFRICA 158,850. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 215,271. CHECK/WIRE 0 SUB-SAHARAN 8,000. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 16,972, CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 35,230. 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 234,739. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 14,258. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN 35,557. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 5,203. CHECK/WIRE 0. SUB-SAHARAN AFRICA 14,386. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 12,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 299,419. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 6,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 35,013. 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 19,060. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 35,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA 185,777. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 9,250. CHECK/WIRE 0. SUB-SAHARAN AFRICA 8,908. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 5,827. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 6,397.CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 21,753. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 7,234. 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 62,643. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 19,447. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 13,000. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 110,870. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 11,394. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 37,294. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 32,983. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 705,178. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 13,000. 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 5,557. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 17,000. CHECK/WIRE 0. SUB-SAHARAN 20,594. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 11,500.CHECK/WIRE 0. SUB-SAHARAN AFRICA 16,900. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 11,500. CHECK/WIRE 0 SUB-SAHARAN 9,000. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA 15,744. CHECK/WIRE CLEFT TX Ο. SUB-SAHARAN AFRICA CLEFT TX 65,960. CHECK/WIRE Ο.

chedule F (Form 990)		RAIN, INC.			13-3663			Page
Part II Continuation o 1 (a) Name of organization	f Grants and Other <i>J</i> (b) IRS code section and EIN (if applicable)		ations or Entities Outside th (d) Purpose of grant	e United States. (e) Amount of cash grant	(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)
		SUB-SAHARAN AFRICA	CLEFT TX	176,442.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	9,125.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	13,823.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	38,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	11,477.	CHECK/WIRE	0.		

Page 3

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

13-3661416 SMILE TRAIN, INC. Schedule F (Form 990) 2022 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 (a) Type of grant or assistance (b) Region cash disbursement recipients cash grant noncash noncash assistance assistance CENTRAL AMERICA AND THE CARIBBEAN ANTIGUA & CLEFT PALATE TRAINING BARBUDA, ARUBA, 2 3,345. CHECK/WIRE Ο. EAST ASIA AND THE CLEFT PALATE TRAINING PACIFIC 5 1,245. CHECK/WIRE 0 CLEFT PALATE TRAINING EUROPE 8 8,736. CHECK/WIRE 0. MIDDLE EAST AND CLEFT PALATE TRAINING NORTH AFRICA 10 10,316. CHECK/WIRE Ο.

CLEFT PALATE TRAINING	NORTH AMERICA	10	8,661.	CHECK/WIRE	0.	
			i			
	RUSSIA AND					
	NEIGHBORING					
CLEFT PALATE TRAINING	STATES	1	1,268.	CHECK/WIRE	0.	
CLEFT PALATE TRAINING	SOUTH AMERICA	1	640.	CHECK/WIRE	0.	
CLEFT PALATE TRAINING	SOUTH ASIA	2	1,555.	CHECK/WIRE	0.	
	SUB-SAHARAN					
	AFRICA - ANGOLA,					
	BENIN, BOTSWANA,					
CLEFT PALATE TRAINING	BURKINA FASO,	95	383,657.	CHECK/WIRE	0.	

Schedule F (Form 990) 2022

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	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? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	X Yes	No

Schedule F (Form 990) 2022

09

	ated number of recipients), as a	plicable. Also	complete this part to p	rovide any add	litional inform	ation. See instru	ictions.
PART I, LINE 2	:						
THE GRANT BENE	FICIARY MUST UPLOAD THE	SURGERIES T	HAT HAVE BEEN PEF	FORMED			
ON THE SECURE !	DATABASE WEBSITE: WWW.SM	ILETRAINEXP	RESS.ORG, WITHIN	ONE			
IONTH FROM THE	PERFORMANCE OF THE SURG	ERY. THIS I	NFORMATION IS REV	/IEWED			
DAILY BY THE P	ROGRAM MANAGEMENT FOR A	PROVAL. WHE	RE APPLICABLE, GF	ANTEES			
ARE REQUIRED TO	O SUBMIT A FINAL GRANT F	EPORT UPON	COMPLETION OF THE	2			
REQUIREMENTS.							
PART I, LINE 3							
AMOUNTS LISTED	AS PROGRAM SERVICE EXPE	NDITURES ON	SCHEDULE F, PART	ΫΙ,			
REPRESENT FUND	ING TO ORGANIZATIONS PEF	FORMING CLE	FT SURGERIES. THE	SE			
AYMENTS ARE E	SSENTIALLY GRANTS TO FOR	EIGN ORGANI	ZATIONS, AND SINC	CE THE			
CTIVITY REPRE	SENTS SMILE TRAIN'S PRIM	ARY EXEMPT	MISSION, FOR SCHE	DULE			
F PURPOSES, IT	IS BEING CODED AS PROGR	AMMATIC ACT	IVITY.				
	ODMED AS HAVING DEEN MAL	E IN NODEL		COLIMN			
	ORTED AS HAVING BEEN MAI		· · ·				
ASIA, EAST ASIA	A, AND SOUTH AMERICA REE	RESENT FUND	ING TO OUR AFFILI	ATES			
O ASSIST THOS	E ORGANIZATIONS WITH THE	IR OPERATIN	G, FUNDRAISING AN	1D			
PROGRAM EXPENS	ES. THESE GRANTS INCLUDE	FUNDING FO	R CLEFT SURGERIES	5.			
PART IV							
MILE TRAIN IN	C. HOLDS ONE FOREIGN INV	ESTMENT IN	ITS ENDOWMENT				
PORTFOLIO; TO	THE EXTENT THAT SMILE TH	AIN'S OWNER	SHIP INTEREST IN	ТНАТ			
NVESTMENT ECL	IPSES THE THRESHOLD FOR	FILING EITH	ER THE FORM 926 C	DR			
ORM 5471, THA	T FILING IS ATTACHED TO	THE ORGANI	ZATION'S FORM 990)-Т.			
MILE TRAIN FI	LES A FORM 5713 TO REPOR	T THOSE COU	NTRIES IN WHICH I	т			
PROVIDES MUCH-	NEEDED CLEFT-PALATE SURG	ERIES TO IM	PACTED INDIVIDUAL	.s			
							F (Form 990) 2022

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				S	chedule F (Form 990) 2022
ľ	vestments vs. expenditu	vestments vs. expenditures per region); Part II	vestments vs. expenditures per region); Part II, line 1 (accounting m	vestments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accountin	ovide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); and F stimated number of recipients), as applicable. Also complete this part to provide any additional information. S

13-3661416 Page 5

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047		
(Form 990)	Complete if the	e organization answered "Yes" on organization entered more than \$1	Form	990, P	Part IV, line 17, 18, or			2022		
Department of the Treasury		Attach to Form 990 of						Open to Public		
Internal Revenue Service	Go t	o www.irs.gov/Form990 for instru	ctions	and th	ne latest informatior	ı .		Inspection		
Name of the organization							Employer ide	entification number		
SMILE TRAIN, INC. 13-3661416 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not										
	complete this part		ered "Y	'es" or	n Form 990, Part IV, li	ne 1	7. Form 990-E	Z filers are not		
1 Indicate whether th	e organization rais	sed funds through any of the followin	g activ	vities. (Check all that apply.					
a X Mail solicitat				•	overnment grants					
	email solicitations				nment grants					
c X Phone solici		g 🔀 Special	fundra	aising	events					
		or oral agreement with any individual	(inclus	ling of	ficara diractora truc	1000	or.			
e e		art VII) or entity in connection with p	•	Ũ		lees,	X Ye	s 🗌 No		
, , ,	,	viduals or entities (fundraisers) pursu			0	ne fur				
compensated at le	•	· /·						-		
·	· •	_				4.5	A			
(i) Name and addres	s of individual			Did raiser	(iv) Gross receipts		Amount paid or retained by)	(vi) Amount paid to (or retained by)		
or entity (fund	draiser)	(ii) Activity	or cor	ustody ntrol of utions?	from activity		fundraiser ted in col. (i)	organization		
	205					113				
INFOCISION, INC SPRINGSIDE DR, AKR		CONSULTING	Yes	No X	114,446.		90,171.	24,275.		
JININGDIDE DR, ANN					114,440.		50,171	2=,275.		
Total					114,446.		90,171,	24,275.		
	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	,	it is e	,	,		
or licensing.								<u> </u>		
AL, AK, AZ, AR, CA, CO,	CT, DE, FL, GA, H	I,ID,IL,IN,IA,KS,KY,LA,ME,M	ID,MA	, MI, M	N, 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) 2022

232081 10-27-22

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through				
			(event type)	(event type)	(total number)	– col. (c))				
Revenue										
eve	1	Gross receipts								
۳										
	2	Less: Contributions								
	3	Gross income (line 1 minus line 2)								
	4	Cash prizes								
	5	Noncash prizes								
ses										
Sen	6	Rent/facility costs								
Direct Expenses										
ect	7	Food and beverages								
Ē										
	8	Entertainment								
	9	Other direct expenses								
	10	Direct expense summary. Add lines 4 through	9 in column (d)							
	11 Net income summary. Subtract line 10 from line 3, column (d)									
Pa	rt I	II Gaming. Complete if the organization a	answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than					
		\$15,000 on Form 990-EZ, line 6a.								
anı			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				

anue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue	1	Gross revenue				
es	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes %	
	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)			
	ls t	ter the state(s) in which the organization conduct the organization licensed to conduct gaming ac No," explain:	tivities in each of these s	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
23208	32 10	D-27-22			Sche	dule G (Form 990) 2022

106 2022.05090 SMILE TRAIN, INC.

Sch	edule G (Form 990) 2022	SMILE TRAIN,	INC.	13-3661416	Page 3
	Is the organization a grantor, bene	eficiary or trustee of	nonmembers?		
13	to administer charitable gaming? Indicate the percentage of gaming		in:	Yes	5 🛄 No
a	The organization's facility			<u>13a</u>	%
k	An outside facility			13b	%
14	Enter the name and address of the	e person who prepa	res the organization's gaming/special events books and records	:	
	Name				
	Address				
15a	Does the organization have a con	tract with a third pa	ty from whom the organization receives gaming revenue?	Yes	s 🗌 No
k	If "Yes," enter the amount of gam of gaming revenue retained by the		d by the organization \$ and the amo	unt	
c	If "Yes," enter name and address				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
	Description of services provided				
	Director/officer	Employee	Independent contractor		
	Mandatory distributions:	r state law to make (haritable distributions from the gaming proceeds to		
	untain the state mension lineares			Yes	s 🗌 No
ŀ			a law to be distributed to other exempt organizations or spent in		
~	organization's own exempt activit	•			
Pa	rt IV Supplemental Infor	mation. Provide t	he explanations required by Part I, line 2b, columns (iii) and (v); a povide any additional information. See instructions.	and Part III, lines §	9, 9b, 10b,
SCH	EDULE G, PART I, LINE 2B,	LIST OF TEN HI	GHEST PAID FUNDRAISERS:		
	· · · · ·				
(I)	NAME OF FUNDRAISER: INFO	CISION, INC.			
(I)	ADDRESS OF FUNDRAISER: 32	25 SPRINGSIDE D	R, AKRON, OH 44333		
SCH	EDULE G, PART I, LINE 2B (COLUMN V			
THE	FUNDRAISING EFFORTS OF TH	HE PROFESSIONAL	FUNDRAISERS REPORTED IN		
	EDULE G YIELD A SUSTAINABI				
-	ANIZATION, YET THE FUNDRAL	ISER MAY ONLY G			
2320	33 10-27-22		107	Schedule G (For	m 990) 2022

09570509 153424 0183055-00003 2022.05090 SMILE TRAIN, INC. 01830551

SMILE TRAIN, INC.

Part IV Supplemental Information (continued)

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)

232084 04-01-22

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, an lete if the organizatio	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Form a.gov/Form990 for		ation.		Open to Public Inspection
Name of the organization	N, INC.	-	5				Employer identification number 13-3661416
Part I General Information on Gran	its and Assistance						
1 Does the organization maintain reco criteria used to award the grants or	assistance?						
2 Describe in Part IV the organization' Part II Grants and Other Assistance recipient that received more th	e to Domestic Organi	zations and Domestic	Governments. C	complete if the org	anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	on (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SEATTLE CHILDREN'S HOSPITAL FOUNDATION - 4800 SAND POINT WA NE - SEATTLE, WA 98105	Y 91-1156519	501(C)(3)	151,310.	0.			TRAINING
LIFEBOX FOUNDATION 195 MONTAGUE ST, 14TH FLOOR BROOKLYN, NY 11201	46-2266526	501(C)(3)	966,973.	0.			TRAINING
UNIVERSITY OF CALIFORNIA SANTA CRUZ – 1156 HIGH STREET – SANTA CRUZ, CA 95064	94-1539563	501(C)(3)	35,556.	0.			RESEARCH
WEST VIRGINIA UNIVERSITY FOUNDATION - ONE WATERFRONT PLA 7TH FL., PO BOX 1650 - MORGANTO WV 26507-1650	'	501(C)(3)	8,346.	0.			TRAINING
GLOBAL SMILE FOUNDATION 106 ACCESS ROAD, SUITE 209 NORWOOD, MA 02062	26-2668127	501(C)(3)	132,869.	0.			TRAINING
CHILDREN'S HEALTHCARE OF ATLANT INC - 1575 NORTHEAST EXPRESSWAY ATLANTA, GA 30329		501(C)(3)	10,000.	0.			EQUIPMENT
2 Enter total number of section 501(c)			e line 1 table				10.
3 Enter total number of other organiza LHA For Paperwork Reduction Act No							

Schedule I (Form 990) SMILE TRAIN, INC.

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OCHSNER CLINIC FOUNDATION							
1514 JEFFERSON HWY BH 546							
NEW ORLEANS, LA 70121	72-0502505	501(C)(3)	14,606.	0.			TRAINING
UNIVERSITY OF MISSISSIPPI							
FOUNDATION - 406 UNIVERSITY AVENUE							
- OXFORD, MS 38655	23-7310293	501(C)(3)	22,867.	0.			EDUCATION
UNIVERSITY OF NEW MEXICO							
FOUNDATION, INC TWO WOODWARD,							
700 LOMAS BLVD NE - ALBUQUERQUE, NM 87102	85-0275408	501(C)(2)	14,426.	_			TRAINING
NRI 07102	05-02/5408	501(0)(3)	14,420.	0.			TUTINING
CARILION CLINIC FOUNDATION							
P.O. BOX 12385							
ROANOKE, VA 24025	54-1190773	501(C)(3)	5,990.	0.			RESEARCH
,			,				

Schedule I (Form 990)

Schedule I (Form 990) 2022

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	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistanc

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)

232291 04-01-22

SCHE	DULE J	Compensation Information		OMB No.	1545-004	47		
(Form	990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)		
Department of the Treasury		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		ZUZZ				
		Attach to Form 990.		Open to		ic		
-	venue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	F aran January Salary		ection			
Name of	f the organizatior		Employer ider		on nui	mber		
Part I	Question	SMILE TRAIN, INC.	13-366	1416				
raiti	Question				Vaa	Na		
1a Ch	ock the approprie	ate box(es) if the organization provided any of the following to or for a person listed on Form	000		Yes	No		
		line 1a. Complete Part III to provide any relevant information regarding these items.	33 0,					
	First-class or c		naluse					
	Travel for com							
X	-	ation and gross-up payments Health or social club dues or initiation fee						
	-	spending account Personal services (such as maid, chauffer						
			, , ,					
b Ifa	ny of the boxes o	on line 1a are checked, did the organization follow a written policy regarding payment or						
		rovision of all of the expenses described above? If "No," complete Part III to explain		1b	Х			
		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	х			
3 Ind	icate which, if ar	y, of the following the organization used to establish the compensation of the organization's	;					
CE	O/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to					
est	ablish compensa	tion of the CEO/Executive Director, but explain in Part III.						
X] Compensation	committee Written employment contract						
X] Independent c	ompensation consultant II Compensation survey or study						
	Form 990 of of	ther organizations	ommittee					
4 Dui	ring the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
org	anization or a re	lated organization:						
		e payment or change-of-control payment?		4a	Х			
		eive payment from a supplemental nonqualified retirement plan?		4b		X		
		eive payment from an equity-based compensation arrangement?		4c		X		
lf "`	Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
-								
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
	·	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	ntingent on the re			-		v		
				5a		X X		
		ation?		5b				
		r 5b, describe in Part III.						
		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of a compensation	9T I					
	ntingent on the n			6a		x		
		ntion?		6b		x		
		ation? r 6b, describe in Part III.						
		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
		es 5 and 6? If "Yes," describe in Part III		7	х			
		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
	-			8		x		
		d the organization also follow the rebuttable presumption procedure described in						
	gulations section			9				
		eduction Act Notice, see the Instructions for Form 990.	Schedule		n 990)	2022		
		•		•		. –		

232111 10-18-22

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

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

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

		(B) Breakdown 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)	(F) 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)	422,142.	100,000.	0.	14,600.	28,927.	565,669.	٥.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DR. SHELL XUE (THRU 06/2022)	(i)	310,210.	10,000.	98,609.	8,925.	806.	428,550.	0.
SR VP & REGIONAL DIR. N.A.	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ASHLEY OCHS	(i)	236,493.	35,000.	0.	15,962.	17,905.	305,360.	0.
COO & GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BEATRIZ GONZALEZ	(i)	223,684.	30,000.	0.	12,899.	28,935.	295,518.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ERIN STIEBER	(i)	217,302.	30,000.	0.	15,075.	32,248.	294,625.	0.
CHIEF PROGRAMS STRATEGY OFF.	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ELYSE TAUB	(i)	216,033.	30,000.	0.	13,020.	11,109.	270,162.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TROY REINHART	(i)	199,719.	25,000.	0.	5,500.	20,688.	250,907.	0.
SVP, COMTY. & AMBASSADOR DEV.	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) PHILIP CARROLL	(i)	201,456.	10,000.	0.	12,840.	10,398.	234,694.	0.
SENIOR VP, COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) VIVIAN LEWIS	(i)	184,821.	8,000.	0.	10,704.	14,338.	217,863.	0.
VP, HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MELANIE BUHRMASTER	(i)	169,962.	13,000.	0.	9,945.	20,541.	213,448.	0.
VP, DEVELOPMENT (THRU 01/2023)	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) WILLIAM HORAN (THRU 03/2022)	(i)	59,215.	50,000.	65,481.	3,456.	11,210.	189,362.	0.
FORMER CHIEF OPERATING OFF.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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 2022;

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

THE AMOUNT OF \$65,481; THIS AMOUNT IS REPORTED IN SCHEDULE J, PART II,

COLUMN (B)(III).

CHIEF FINANCIAL OFFICER, BEATRIZ GONZALEZ, RECEIVED SEPARATION PAYMENTS

THROUGH OCTOBER 2023; THESE PAYMENTS WILL BE REFLECTED IN NEXT YEAR'S FORM

990 AS IT WAS PAID OUT IN HER 2023 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

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.

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.

Open to Public Inspection Employer identification number

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/

13-3661416

Name of the organization

SMILE

TRAIN,	INC.
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Pa	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut			5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	85	538,660.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()			<u> </u>				
29	Number of Forms 8283 received by the organiz		•					
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
					ſ		Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t		ntribution, and whi	ich isn't required to be used				
-	exempt purposes for the entire holding period?				·····	30a		X
	If "Yes," describe the arrangement in Part II.	- I'		f			v	
31	Does the organization have a gift acceptance p	-	-	•	ions?	31	x	
32a	Does the organization hire or use third parties of		-			~	.	
	contributions?				·····	32a	X	
b	If "Yes," describe in Part II.							

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

Schedule M (Form 990) 2022 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) 2022

118 2022.05090 SMILE TRAIN, INC.

232142 09-09-22

Page **2**

SCHEDULE	0
(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.



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 PEOPLE'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 PEOPLE 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. 232211 10-28-22 119 Schedule O (Form 990) 2022

09570509 153424 0183055-00003

Name of the organization	Employer identification number 13-3661416
SMILE TRAIN, INC.	13-3001410
THE WORLD, SMILE TRAIN HAS TRANSFORMED THE LIVES OF MORE THAN 1.5	
MILLION PEOPLE 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, CAPNOGRAPHS, 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 PEOPLE 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 CRITICAL INTERVENTIONS AND PROVIDES GRANTS FOR NUTRITIONAL	
COUNSELING AND FOOD, SPEECH THERAPY SESSIONS, ORTHODONTIC TREATMENT,	
AND MUCH MORE.	
FINANCIAL AID FOR PATIENTS AND FAMILIES - SOME OF OUR PATIENTS DO NOT	
HAVE THE FUNDS THEY NEED TO GET TO THE HOSPITAL OR TO TRAVEL HOME AFTER	
SURGERY. OTHER FAMILIES NEED FOOD AND LODGING WHILE THEIR CHILD IS	
RECEIVING CARE. WE HAVE SPECIAL PROGRAMS THAT PROVIDE SMALL STIPENDS	
FOR PATIENTS AND FAMILIES IN NEED TO ENSURE THEY CAN ACCESS CLEFT CARE	
SAFELY AND WITHOUT ADDITIONAL STRESS OR BEING DRIVEN INTO POVERTY.	

Schedule O (Form 990) 2022	Page 2
Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
THESE EXPENSES EXCLUDE \$31,660,017 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 VIRTUAL, 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, ANESTHESIOLOGISTS, AND SURGEONS, 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	
232212 10-28-22 1 2 1	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization SMILE TRAIN, INC.	Page Employer identification number 13-3661416
FREE VIRTUAL SURGERY TRAINING MATERIALS TO OUR GLOBAL NETWORK OF	10 0001410
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 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 PEOPLE 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,	
JNITED KINGDOM, CANADA, KENYA	
FORM 990, PART VI, SECTION A, LINE 4:	
SMILE TRAIN AMENDED ITS ARTICLES OF INCORPORATION IN MARCH OF 2023 TO	
JPDATE THE CHARITABLE PURPOSES FOR WHICH IT IS FORMED AND FOR WHICH IT WILL	
CONTINUE TO OPERATE.	
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	
232212 10-28-22 122	Schedule O (Form 990) 202

09570509 153424 0183055-00003

Name of the organization SMILE TRAIN, INC.	Employer identification number
SMILE INAIN, INC.	12-2001410
FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS AND	
THE FORM 990 WAS DISTRIBUTED TO ALL ACTIVE BOARD MEMBERS BEFORE FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH OFFICER, DIRECTOR, TRUSTEE, AND KEY EMPLOYEE OF THE ORGANIZATION IS	
REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST THAT ARISE BY	
VIRTUE OF EMPLOYMENT, BOARD SERVICE, OR POSITION WITH THE ORGANIZATION. THE	
ORGANIZATION MONITORS COMPLIANCE WITH ITS CONFLICT-OF-INTEREST POLICY	
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:

Schedule O (Form 990) 2022

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.

232212 10-28-22

Schedule O (Form 990) 2022

 $09570509 \ 153424 \ 0183055-00003$

Name of the organization SMILE TRAIN, INC.	Page 2 Employer identification number 13-3661416
	10 0001110
THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ALSO USES COMPARATIVE	
COMPENSATION DATA FROM OUTSIDE SOURCES. PERIODICALLY, AN OUTSIDE	
COMPENSATION CONSULTANT IS RETAINED TO OPINE ON THE REASONABLENESS OF THE	
COMPENSATION OF THE HIGHEST PAID EXECUTIVES, INCLUDING THE TOP 5 HIGHEST	
PAID COMPARED TO A SELECTED PEER GROUP OF CHARITABLE ORGANIZATIONS. ALL	
COMPENSATION DECISIONS MUST BE APPROVED BY SMILE TRAIN'S COMPENSATION	
COMMITTEE AND ALL DECISIONS ARE MEMORIALIZED IN COMMITTEE MEETING MINUTES.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AK, AL, AZ, CA, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, MA, MD, MI, MN, MO, MS, MT, NC, NE, NH, NJ	
NM,NY,OK,OR,PA,RI,SC,SD,TN,TX,UT,VA,VT,WI,WV,WY,AA	
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 -57,161.	
RESCINDED/REFUNDED GRANTS 449,151.	
TOTAL TO FORM 990, PART XI, LINE 9 391,990.	

232212 10-28-22

Related Organizations and Unrelated Partnerships

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

SMILE TRAIN, INC.

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
SMILE TRAIN INTERNATIONAL, LLC					
633 THIRD AVENUE					
NEW YORK, NY 10017	INACTIVE	DELAWARE	0.	0.	SMILE TRAIN
SMILE TRAIN REAL ESTATE, LLC					
633 THIRD AVENUE					
NEW YORK, NY 10017	HOLD REAL ESTATE	HOLD REAL ESTATE NEW YORK		17,501,631.	SMILE TRAIN
<u> </u>					

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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) trolled 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							
174 SPADINA AVENUE, SUITE 404							
TORONTO, ON, CANADA M5T 2C2	SEE PART VI	CANADA		N/A	SMILE TRAIN	х	
THE SMILE TRAIN STIFTUNG							
GANGHOFERSTRABE 31							
, MUNCHEN, GERMANY 80339	SEE PART VI	GERMANY		N/A	SMILE TRAIN	х	
THE SMILE TRAIN FRANCE							
41 MADISON AVENUE							
NEW YORK, NY 10010	SEE PART VI	FRANCE		N/A	SMILE TRAIN	х	

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

Schedule R (Form 990) 2022

OMB No. 1545-0047

22 **Open to Public** Inspection

Employer identification number

13-3661416

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr organiz	olled zation?
				501(c)(3))		Yes	No
THE SMILE TRAIN INDIA							
PLOT NO 3, LSC, SECTOR C	4	L					
VASANT KUNJ, NEW DELHI, INDIA	SEE PART VI	INDIA		N/A	SMILE TRAIN	X	
YAYASAN SMILE TRAIN INDONESIA	-						
JI. TB SIMATUPANG KAV 22-26 TALAVERA OFFICE	4						
, JAKARTA, INDONESIA 12430	SEE PART VI	INDONESIA		N/A	SMILE TRAIN	X	
SMILE TRAIN PHILIPPINES FOUNDATION	_						
3/F ANNEX BUILDING, 22 EAST AVE	_						
, QUEZON CITY, PHILIPPINES	SEE PART VI	PHILIPPINES		N/A	SMILE TRAIN	X	
ASSOCIACAO SMILE TRAIN BRASIL							
RUA VINTE E QUATRO, NO. 159, LOT F-19							
PAULINIA, SAO PAULO, BRAZIL 13.141-064	SEE PART VI	BRAZIL		N/A	SMILE TRAIN	Х	
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.							
174 SPADINA AVENUE, SUITE 404	7						
TORONTO, ON, CANADA M5T 2C2	SEE PART VI	CANADA		N/A	SMILE TRAIN	x	
THE SMILE TRAIN							
P.O. BOX 2168, MARAGOLI AVENUE	7						
, NAKURU, KENYA 18129	SEE PART VI	KENYA		N/A	SMILE TRAIN	x	
	-						
	-						
	-						

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

	1 3	,							1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	1)	(i)	(j)	(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 sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	amount in box 20 of Schedule	Genera manag partne	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
											_

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

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

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		2
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)		x	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			1
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)	1i		
Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		_
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)		x	
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)		X	+
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses		X	4
Other transfer of cash or property to related organization(s)	1r		
Other transfer of cash or property from related organization(s)	1s		T

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

Schedule R (Form 990) 2022 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	ı)	(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	Gener	al or F	Percentage
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	allocat	ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partn	er?	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO	
												-	
												_	

Schedule R (Form 990) 2022

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 PEOPLE IN THE DEVELOPING WORLD AND FREE

CLEFT-RELATED TRAINING FOR LOCAL MEDICAL PROFESSIONALS.

SIMULARE MEDICAL INC. ("SIMULARE") WAS INCORPORATED IN OCTOBER 2020 AS

A NOT-FOR-PROFIT CORPORATION UNDER THE LAWS OF CANADA. SIMULARE

DEVELOPS SURGICAL SIMULATORS FOR SPECIALIZED PROCEDURES LIKE CLEFT LIP

AND PALATE SURGERY THAT PROVIDE OUR PARTNERS WITH GREATER ACCESS TO

SAFE, HIGH-QUALITY TRAINING, PARTICULARLY IN REGIONS WITH LIMITED

RESOURCES.

UK, INDIA, GERMANY, BRO, INDONESIA, UAE, PHILIPPINES, BRAZIL, MEXICO,

AND SIMULARE'S OBJECTIVES ARE CONGRUENT WITH SMILE TRAIN'S MISSION.

THESE OBJECTIVES ARE ACHIEVED THROUGH AN ONGOING MARKETING CAMPAIGN

USED TO RAISE AWARENESS AND RECEIVE DONATIONS WITHIN THE UNITED

KINGDOM, INDIA, GERMANY, INDONESIA, UNITED ARAB EMIRATES, PHILIPPINES,

BRAZIL, MEXICO, AND CANADA.

DONATIONS, NET OF RELATED COSTS, ARE THEN MADE TO SMILE TRAIN, WHICH

HAS THE INFRASTRUCTURE IN PLACE TO CARRY OUT THE COLLECTIVE MISSION.

SMILE TRAIN FRANCE AND 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

232165 09-14-22

Part VII Supplemental Information

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

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

BY SHARES WITH UK AS THE SOLE MEMBER.

Schedule R (Form 990) 2022

232165 09-14-22