

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

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 23 **Open to Public** Inspection

AI	or the	2023 calendar year, or tax year beginning JUL 1, 2023 and	l ending उप	JN 30, 2024			
B	Check if applicable	C Name of organization		D Employer identif	ication number		
	Addres	s SMILE TRAIN, INC.					
	Name change	- · · ·		13-3661416	;		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	er		
	 return/	633 THIRD AVENUE 9TH FL.		(212) 689-9			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	216,255,193.		
	Amenc return	ed NEW YORK, NY 10017		H(a) Is this a group	return		
	Application	F Name and address of principal officer: SUSAMNAN SCHAEFER		for subordinate	s? Yes X No		
	pendin	^g 633 THIRD AVENUE, NEW YORK, NY 10017		H(b) Are all subordinates			
<u> </u>	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	a list. See instructions		
	Nebsit			H(c) Group exemption	on number		
		organization: X Corporation Trust Association Other	L Year	of formation: 1992	M State of legal domicile: NY		
Pa		Summary					
ø	1	Briefly describe the organization's mission or most significant activities: <u>SMILE</u>	TRAIN AIM	IS TO ENSURE THAT	1		
ũ		EVERY PERSON HAS ACCESS TO SAFE, QUALITY CLEFT CARE.					
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos		1	sets.		
Ň	3	Number of voting members of the governing body (Part VI, line 1a)					
ۍ م	4	Number of independent voting members of the governing body (Part VI, line 1b)					
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)					
viti	6	Total number of volunteers (estimate if necessary)					
Acti	7 a `	Total unrelated business revenue from Part VIII, column (C), line 12					
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11					
				Prior Year	Current Year		
Ð	8	Contributions and grants (Part VIII, line 1h)		89,140,505.			
nue	9	Program service revenue (Part VIII, line 2g)		0. 10,190,133.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	nd 7d)				
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		72,213.	/ /		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		99,402,851.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		66,481,947.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	-		
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		14,812,944.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		90,171.	172,514.		
adx	b	Total fundraising expenses (Part IX, column (D), line 25) 19,984,					
Ш	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		34,625,441.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		116,010,503.	1		
	19	Revenue less expenses. Subtract line 18 from line 12		-16,607,652.	-9,146,993.		
0 C			Be	ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		374,570,132.			
Net Assets or	21	Total liabilities (Part X, line 26)		10,775,194.			
		Net assets or fund balances. Subtract line 21 from line 20		363,794,938.	. 374,938,025.		
Part II Signature Block							
		ties of perjury, I declare that I have examined this return, including accompanying schedule			ly knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.			
		TAXPAYER COPY					
Sig	n	Signature of officer		Date			
		SUSANNAH SCHAEFER, PRESIDENT & CEO					

	Type or print na	Type or print name and title							
D. 1	Print/Type prepa		Preparer's signature	0 - 1 CA	Date	Check if	PTIN P00741490		
Paid	SCOTT THOMP	SETT		Seen Orangperiv	05/07/2	025 self-employed	200741490		
Preparer Firm's name GRANT THORNTON ADVISORS LLC Firm				Firm's EIN 99-	-1856619				
Use Only	Firm's address	757 THIRD AVENUE, 3RD FLO	OR						
		NEW YORK, NY 10017-2013				Phone no. (212)	599 - 0100		
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)								

LHA For Paperwork Reduction Act Notice, see the separate instructions.

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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, employer, o	uctions.	Taxpayer identification number (T						
Print									
	SMILE TRAIN, INC.			13-3661416					
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 633 THIRD AVENUE 9TH FL.								
instructions.	City, town or post office, state, and ZIP construction NEW YORK, NY 10017	ode. For a foreign add	ress, see instructions.						
Enter the I	Return Code for the return that this applicati	on is for (file a separa	te application for each return)		0 1				
Application Is For		Return	Application Is For		Return				
		Code			Code				
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)		09				
Form 4720	0 (individual)	03	Form 5227		10				
Form 990-	PF	04	Form 6069		11				
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 8870		12				
Form 990-T (trust other than above)		06	Form 5330 (individual)		13				
Form 990-T (corporation)		07	Form 5330 (other than individual)		14				
Form 1041-A		08							

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name			
Plan Number			
Plan Year Ending (MM/DD/YYYY)			
Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)			
The books are in the care of PREMALI SHAH			
633 THIRD AVENUE - NEW YORK, NY 10017			
Telephone No. 212-689-9199 Fax No			_
• If the organization does not have an office or place of business in the United States, check this box			
• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)	If this is fo	r the whole	e group, check this
box If it is for part of the group, check this box and attach a list with the names and TINs of	all memb	ers the ext	ension is for.
1 I request an automatic 6-month extension of time until MAY 15 , 20 25 , to file	e the exem	npt organiz	zation return for
the organization named above. The extension is for the organization's return for:			
calendar year 20 or			
X tax year beginning JUL 1, 20 23, and ending JU	JN 30		, 2024
2 If the tax year entered in line 1 is for less than 12 months, check reason:	Final retur	n	
Change in accounting period			
3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less			
any nonrefundable credits. See instructions.	3a	\$	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	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by			
using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

	1990 (2023) SMILE TRAIN, INC.	13-3661416	Page
Pa	rt III Statement of Program Service Accomplishments		—
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: SMILE TRAIN, INC.'S PRIMARY PURPOSE IS TO PROVIDE PEOPLE BORN WITH A		
	CLEFT THE SAME OPPORTUNITIES IN LIFE AS THOSE BORN WITHOUT CLEFTS.		
	(CONT'D ON SCH. 0).		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	[Yes X No
	If "Yes," describe these new services on Schedule O.	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	[Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total exper	nses, and
4 -	revenue, if any, for each program service reported. (Code:) (Expenses \$63,609,434including grants of \$54,503,167) (Revenue)		0.
4a	(Code:) (Expenses \$05,009,434. including grants of \$54,503,107.) (Revenue TREATMENT PROGRAM: FREE CLEFT SURGERIES - WHILE OUR COST PER SURGERY	;\$	υ.
	VARIES ACROSS THE 90+ DIFFERENT COUNTRIES WHERE WE HAVE WORKED. OUR		
	CONTRIBUTION PER SURGERY IS AN AVERAGE OF \$400. THIS AMOUNT REFLECTS		
	THE CONTRIBUTION PER SURGERY THAT WE PROVIDE OUR PARTNER HOSPITALS. IT		
	ALSO COVERS A SIGNIFICANT PORTION OF EACH SURGERY AS PART OF OUR		
	COST-SHARING AGREEMENT AND MEDICAL PARTNERSHIPS. (CONT'D ON SCH. 0).		
4b	(Code:) (Expenses \$15,015,245. including grants of \$721,663.) (Revenue	÷\$	0.
	PUBLIC EDUCATION PROGRAM - AROUND THE WORLD, MANY PEOPLE ARE UNFAMILIAR		
	WITH CLEFT LIP AND PALATE. FOR MANY OF THE FAMILIES WE SUPPORT, THE		
	FIRST TIME THEY SEE A CLEFT IS WHEN THEY FIRST LOOK AT THE FACE OF		
	THEIR NEWBORN CHILD. THIS LACK OF AWARENESS, COUPLED WITH STIGMA AND MYTHS AROUND CLEFTS, OFTEN LEADS TO BABIES WITH CLEFTS BEING ABANDONED.		
	ISOLATED, OR SIMPLY NEVER BROUGHT TO A HOSPITAL FOR TREATMENT BECAUSE		
	FAMILIES AND COMMUNITIES DON'T KNOW THAT TREATMENT IS AVAILABLE. NO		
	MATTER WHERE THEY LIVE, IT IS ESSENTIAL THAT EVERY FAMILY IS AWARE OF		
	CLEFT LIP AND PALATE AND THE CARE THAT THEIR CHILD WILL NEED AS THEY		
	GROW AND DEVELOP. (CONT'D ON SCH. O).		
4c	(Code:) (Expenses \$ 8,036,710. including grants of \$ 4,497,210.) (Revenue	≥\$	0.
	TRAINING PROGRAMS - SMILE TRAIN PROVIDES FREE TRAINING AND EDUCATION TO		
	CLEFT CARE PROFESSIONALS AROUND THE WORLD. ACCESS TO EDUCATION AND		
	TRAINING OPPORTUNITIES IS CRITICAL TO SMILE TRAIN'S WORK EMPOWERING		
	LOCAL MEDICAL TEAMS TO PROVIDE SAFE, HIGH-QUALITY COMPREHENSIVE CLEFT		
	CARE. SINCE 1999, WE HAVE PROVIDED MORE THAN 100,000 TRAINING		
	OPPORTUNITIES TO IMPROVE CLEFT TREATMENT IN COUNTRIES AROUND THE WORLD.		
	(CONT'D ON SCH. O).		
44	Other program services (Describe on Schedule O.)		
Ψu		١	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 86,661,389.)	
			Form 990 (202
33200	2 12-21-23		/
	2		

Form	990 (2023) 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	х	
11	or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
-	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	х	
h	Part VI		21	<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.4%		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	<u> </u>
-	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1.0		
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	v	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,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		Ŧ	1
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	<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		v	1
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	<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			
<i></i>	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	<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	X	├ ──
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>x</u>
b	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			1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
332003	12-21-23	Form	990	(2023)

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	990 (2023) SMILE TRAIN, INC. 13-3661	416	P	age 4
Par	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	240	:	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
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	. 25 a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28 a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	280	:	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	. 29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 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, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	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	Note: All Form 990 filers are required to complete Schedule O 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	74		
	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 gaming			
	(gambling) winnings to prize winners?	1c	Х	
332004	12-21-23	For	n 990	(2023)

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⁴ 2023.05070 SMILE TRAIN, INC.

		(2023) SMILE TRAIN, INC.	13-366141	.6	P	Page 5
Par	τν	Statements Regarding Other IRS Filings and Tax Compliance (continued)			<u> </u>	T
-			I		Yes	No
2a		r the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	- 111			
		for the calendar year ending with or within the year covered by this return	2a 111	-	v	
b		least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X	x
3a				3a		
		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		4-	x	
		ncial account in a foreign country (such as a bank account, securities account, or other financial a es." enter the name of the foreign country SEE SCHEDULE O	ccount)?	<u>4a</u>	А	
b			accurate (EDAD)			
Ee		instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac		En		x
-		the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X
b		any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		50 5c		<u> </u>
C 6a		es" to line 5a or 5b, did the organization file Form 8886-T?		50		
0a		s the organization have annual gross receipts that are normally greater than \$100,000, and did the contributions that were not tax deductible as charitable contributions?		6a	1	x
h	-	contributions that were not tax deductible as charitable contributions?				
D		es, did the organization include with every solicitation an express statement that such contribution on tax deductible?	•	6b		
7		anizations that may receive deductible contributions under section 170(c).		00		
	-	he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made payment in excess as a contribution and payment in excess as	vices provided to the pavor?	7a		x
a b				7a 7b		
		the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
U		e Form 8282?	•	7c		x
d		es," indicate the number of Forms 8282 filed during the year	7d			
e		the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		x
f		the organization receive any failed, directly of maneetly, to pay premiums on a personal benefit contra the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		x
g		e organization, earling the year, pay plemans, directly of indirectly, on a personal benefit contra-		7g		
9 h		e organization received a contribution of qualinea interiorital property, did the organization me rol		79 7h		
8		nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
-				8		
9	-	nsoring organizations maintaining donor advised funds.				
a	-			9a		
b				9b		
10		tion 501(c)(7) organizations. Enter:				
а		tion fees and capital contributions included on Part VIII, line 12	10a			
b		ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11		tion 501(c)(12) organizations. Enter:		1		
а		s income from members or shareholders	11a			
b		s income from other sources. (Do not net amounts due or paid to other sources against				
	amo	unts due or received from them.)	11b			
12a		tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	lf "Ye	es," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Sect	tion 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the	e organization licensed to issue qualified health plans in more than one state?		13a		
	Note	e: See the instructions for additional information the organization must report on Schedule O.				
b	Ente	r the amount of reserves the organization is required to maintain by the states in which the				
	orga	nization is licensed to issue qualified health plans	13b	4		
с	Ente	r the amount of reserves on hand	13c			
14a	Did t	the organization receive any payments for indoor tanning services during the tax year?		14a	L	X
b	lf "Ye	es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b	L	<u> </u>
15		e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			1	
	exce	ess parachute payment(s) during the year?		15		X
	lf "Ye	es," see the instructions and file Form 4720, Schedule N.				
16	Is the	e organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	lf "Ye	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			1	
		would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	lf "Ye	es," complete Form 6069.			0000	
332005	12-21	-23		Form	990	(2023)

orm	990 (2023) SMILE TRAIN, INC.		-3661416		F	age
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through	gh 7b below, a	and for a "	No" ı	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	a	7			
	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	b	6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	n any other				
	officer, director, trustee, or key employee?	-		2		X
3	Did the organization delegate control over management duties customarily performed by or under the dire					
	of officers, directors, trustees, or key employees to a management company or other person?	·		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?		E E	6		x
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		····· F			\square
	more members of the governing body?			7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stock		····· F	14		
2	persons other than the governing body?			7b		x
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by		·····			
	The governing body?	-		8a	x	
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		····· F	00		
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue			9		
	the method of the method of the method is a section of the method is a section of the method of the method is a	le Coue.)			Yes	N
0a	Did the organization have local chapters, branches, or affiliates?		Г	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapte		·····	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
12	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef			11a	x	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	ore ming the r		110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to co			12b	x	\vdash
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		·····	120		\vdash
C				12c	x	
2	on Schedule O how this was done Did the organization have a written whistleblower policy?		·····	13	x	\vdash
3 4				14	x	
	Did the organization have a written document retention and destruction policy?		······ -	14		
5		independent				
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			15-	x	
	The organization's CEO, Executive Director, or top management official			15a	X	┢
α	Other officers or key employees of the organization		·····	15b	^	
c -	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
ба	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			40		
	taxable entity during the year?		····· -	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organizati					
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filedSEE_SCHEDULE_O					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 99	90-T (section 5	501(c)(3)s o	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website I Upon request Other (explain on a	,				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflic	t of interest po	olicy, and f	finan	cial	
	statements available to the public during the tax year.					
0	State the name, address, and telephone number of the person who possesses the organization's books a	nd records				
	PREMALI SHAH - 212-689-9199					
	633 THIRD AVENUE, NEW YORK, NY 10017				_	
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	6					
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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), re 	•	•

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 title Average hours per weak (St ary hour store) Description (St ary hour store) Description (St ary hour store) Description (St ary hour store) Reportable (St ary hour store) Estimated (St ary hour store) (1) SUSANNAH SCHAEPER (St ary hour store) 40.00 x x 529.472. 0. 39.872. (2) AssiltsY OCES 40.00 x x 287.499. 0. 255.829. (3) Beatraits constatists 40.00 x 254.928. 0. 47.666. (5) Exists article on and related organization 259.058. 0. 24.817. (6) TOK STATEGY OFF. 0.00 x 259.058. 0. 24.817. (6) TOK STATEGY OFF. 0.00 x 229.066. 0. 34.623. (7) PHILIP CARROLL 40.00	(A)	(B)	(C)					(D)	(E)	(F)	
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(9) R. JAMES MADIGAN 40.00 x 193,840. 0. 35,011. (10) WENDELL THOMAS 40.00 x 193,860. 0. 32,189. (11) PREMALI SHAH 40.00 x 193,860. 0. 22,189. (11) PREMALI SHAH 40.00 x 193,860. 0. 22,189. (11) PREMALI SHAH 40.00 x 40,545. 0. 5. (12) ROY E. REICHBACH 3.00 x 40,545. 0. 0. (13) ARTHUR J. MCCARTHY 1.00 x 0. 0. 0. 0. TREASURER 0.000 x x 0. <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>											
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(12) ROY E. REICHBACH 3.00 x x 0 0.00 x x 0. <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>											
CHAIRPERSON 0.00 X X X 0.					X				40,545.	0.	5.
(13) ARTHUR J. MCCARTHY 1.00 x x 0. 0. 0. 0. TREASURER 0.00 x x 0. <td></td>											
TREASURER 0.00 X X 0.			Х		X				0.	0.	0.
(14) ROBERT T. BELL 1.00 x 0. 0. 0. 0. BOARD MEMBER (THRU 06/2024) 0.00 x 0. 0. 0. 0. (15) ED GOREN 1.00 1.00 x 0. 0. 0. 0. BOARD MEMBER (THRU 02/2024) 0.00 x 0. 0. 0. 0. (16) RICHARD RUDERMAN 1.00 x 0. 0. 0. 0. BOARD MEMBER 0.000 x 0. 0. 0. 0. BOARD MEMBER 0.000 x 0. 0. 0. 0. BOARD MEMBER 0.000 x 0. 0. 0. 0.											
BOARD MEMBER (THRU 06/2024) 0.00 X 0 0. <t< td=""><td></td><td></td><td>Х</td><td></td><td>X</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х		X				0.	0.	0.
(15) ED GOREN 1.00 0.00 </td <td></td>											
BOARD MEMBER (THRU 02/2024) 0.00 x 0.00 x <td>BOARD MEMBER (THRU 06/2024)</td> <td>0.00</td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	BOARD MEMBER (THRU 06/2024)	0.00	Х						0.	0.	0.
(16) RICHARD RUDERMAN 1.00 0.00	(15) ED GOREN	1.00									
BOARD MEMBER 0.00 x 0.			Х						0.	0.	0.
(17) MATHIAS KIWANUKA 1.00 X 0.<											
BOARD MEMBER 0.00 X 0. 0. 0.			х						0.	0.	0.
	BOARD MEMBER	0.00	Х						0.	0.	

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332007 12-21-23

Form 990 (2023)

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Form 990 (2023) SMILE TRAIN,									13-36	6141	6	P	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		l than c	ne	Reportable	Reportable		Es	timate	ed
	hours per box, unless person is both an compensation compensatio						an	nount	of				
	week		cer ar I	id a d	Irecto	r/trust	ee)	from	from related			other	
	(list any	recto						the	organization	I		pensa	
	hours for related	or di	96			ated		organization	(W-2/1099-MIS	;C/		om th	
	organizations	ustee	trustee		e	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizat d relat	
	below	lual tr	tional		n ploye	st con yee	_	1099-1120)				nizati	
	line)	ndividual trustee or director	Institutional t	Officer	ƙey employee	Highest compensated employee	Former				orge	inzan	0113
(18) PAULA SHUGART	1.00	-	=	0	×	τe	ш.						
BOARD MEMBER	0.00	x						0.		٥.			Ο.
(19) CRYSTLE STEWART	1.00												
BOARD MEMBER	0.00	х						0.		٥.			0.
1b Subtotal	•							2,697,810.		0.		320,	970.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								2,697,810.		0.		320,	970.
2 Total number of individuals (including but no									000 of reportable	1 ;			
compensation from the organization						,							30
												Yes	No
3 Did the organization list any former officer,	director truste	e k	ev e	emol	ove	e or	hia	hest compensated empl	ovee on	[
line 1a? If "Yes," complete Schedule J for su				•	•		•				3	х	
4 For any individual listed on line 1a, is the su											Ū		
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a	,		•										
rendered to the organization? If "Yes," com											5		х
Section B. Independent Contractors	piele Schedule	; <u>J</u> /(JISL	<u>ICIT </u>	Jers	011 .				····· 1	J		
1 Complete this table for your five highest cor	mpensated ind	ene	nder	nt co	ontra	actor	s tł	nat received more than \$	100 000 of comr	ensat	tion fro	m	
the organization. Report compensation for t	-	-								loniou			
(A)	ine calendar ye		- Turin	<u>ig ii</u>				(B)			(0	:)	
Name and business	address							Description of s	ervices	С	ompei		n
MARKETEAM LLC, 600 NORTHPARK TOWN CEN	ITER												
STE 1600, ATLANTA, GA 30328								DIR. MAIL PROCESSI	NG			984	000.
FREEPORT METRICS, INC., 245 COMMERCIA	AL ST.							-				,	
STE 245, PORTLAND, ME 04101								SOFTWARE CONSULTIN	G			965,	911.
DIRECT MAIL PROCESSORS												,	
1150 CONRAD COURT, HAGERSTOWN, MD 213	740							MAIL PROCESSING				538,	142.
1ST DEGREE, 4200 PARLIAMENT PLACE, ST												,	
300, LANHAM, MD 20706								MAREKTING CONSULTI	NG			515	419.
CORETELLIGENT LLC							ſ					,	•
750 3RD AVE 9TH FLOOR, NEW YORK, NY 1	L0017							IT CONSULTING				512	431.
2 Total number of independent contractors (ir		nt lin	niter	1 to t	thor	e lie			ore than			,	
\$100,000 of compensation from the organiz				0	1105								
	auon								l.			000	

332008 12-21-23

Form **990** (2023)

				E TRAIN,	INC.				13-366141	.6 Page 9
Pa	rt V	111								
			Check if Schedule O c	contains a	response	or note to any line	<u>e in this Part VIII …</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<u>8</u> 8	1	а	Federated campaigns		1a					
unt	-				1b					
ي م			Fundraising events		1c	1,016,859.				
ar A			Related organizations		1d	7,538,510.				
s, Milo			Government grants (contr		1e					
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, similar amounts not included		1f	75,736,721.				
Ģti		q	Noncash contributions included in		1g \$	1,628,858.				
Con		÷.	Total. Add lines 1a-1f			_, _, _, _,	84,292,090.			
<u> </u>						Business Code	, ,			
Ð	2	а								
r vic		b								
Se		с								
am eve		d								
Program Service Revenue		е								
đ			All other program service							
		g	Total. Add lines 2a-2f							
	3		Investment income (includ	•			0 754 420			9 754 430
			other similar amounts) Income from investment of tax-exempt bond p				8,754,430.			8,754,430.
	4				pt bond p	roceeds	36,023.			36,023.
	5		Royalties) Real	(ii) Personal	50,025.			50,025.
	6	2	Gross rents	6a	/ nou					
			Gross rents	6b						
			Rental income or (loss)	6c						
			Net rental income or (loss)							
	7		Gross amount from sales of		ecurities	(ii) Other				
			assets other than inventory	7a 123,0	16,718.					
		b	Less: cost or other basis							
en			and sales expenses		38,754.					
evenue			Gain or (loss)	· · · ·	77,964.					
-Be			Net gain or (loss)				7,277,964.			7,277,964.
Other R	8	а	Gross income from fundraisin including \$1,0							
			contributions reported on	,						
			Part IV, line 18							
			Less: direct expenses			897,052.	700 202			700 202
			Net income or (loss) from			·····	-788,382.			-788,382.
	9	a	Gross income from gamin	-						
		h	Part IV, line 19 Less: direct expenses							
			Net income or (loss) from		·····					
			Gross sales of inventory, I							
		-	and allowances							
		b	Less: cost of goods sold							
			Net income or (loss) from							
						Business Code				
a sious	11	а	MISCELLANEOUS REVEN	UE		900099	47,262.			47,262.
scellaneo Revenue		b								
cell leve		с						ļ		
Miscellaneous Revenue		d	All other revenue							
_		е	Total. Add lines 11a-11d				47,262.	-	-	15 005 505
	12		Total revenue. See instruction	ons			99,619,387.	0.	0.	15,327,297.
33200	9 12-2	21-:	23							Form 990 (2023)

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SMILE TRAIN, INC.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response	e or note to any line in t	his Part IX		
	ot include amounts reported on lines 6b, 3b, 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	2,091,447.	2,091,447.		
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	57,630,593.	57,630,593.		
4	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	1,371,502.	1,019,484.	120,667.	231,351.
	Compensation not included above to disqualified				·
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	276,615.	221,292.	55,323.	
7	Other salaries and wages	9,097,900.	6,621,537.	250,525.	2,225,838.
	Pension plan accruals and contributions (include		,,,		_//
	section 401(k) and 403(b) employer contributions	506,333.	405,066.	15,190.	86,077.
	Other employee benefits	2,462,457.	1,959,721.	76,264.	426,472.
		822,648.	658,119.	24,679.	139,850.
	Payroll taxes	022,010.		21,015.	100,000.
11					
	Management	329,290.	263,320.	9,804.	56,166.
		275,777.	203,320.	275,777.	50,100.
	Accounting	6,417.	6,417.	215,111.	
	Lobbying	,	0,417.		170 514
	Professional fundraising services. See Part IV, line 17	172,514.		1 170 002	172,514.
	Investment management fees	1,170,093.		1,170,093.	
g	Other. (If line 11g amount exceeds 10% of line 25,	0.460.004	0 000 100	05 505	100.065
	column (A), amount, list line 11g expenses on Sch 0.)	2,463,824.	2,328,162.	25,795.	109,867.
	Advertising and promotion	6,118,652.	625,736.		5,492,916.
	Office expenses	1,143,419.	916,892.	28,896.	197,631.
14	Information technology	621,678.	487,253.	18,139.	116,286.
15	Royalties				
16	Occupancy	341,356.	279,138.	7,507.	54,711.
17	Travel	696,392.	540,426.	1,330.	154,636.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	629,500.	446,959.	2,227.	180,314.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,770,707.	1,654,874.	17,210.	98,623.
23	Insurance	227,226.	181,781.	6,817.	38,628.
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 & FUNDRAISING	16,595,001.	6,478,211.		10,116,790.
	REPAIRS & MAINTENANCE	1,329,304.	1,229,226.	14,671.	85,407.
~	PRINTED PROG. MATERIALS	538,313.	538,313.	,	,
-	MEDICAL ADVISORY BOARD	77,422.	77,422.		
	All other expenses	, •	· , · ·		
	Total functional expenses. Add lines 1 through 24e	108,766,380.	86,661,389.	2,120,914.	19,984,077.
<u>25</u> 26	Joint costs. Complete this line only if the organization	,,		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
20					
	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)	12,366,602.	6,478,212.	0.	5,888,390.

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Form 990 (Part X			E TRAIN,	INC.
FartA	Dalance	Sheet		

	Check if Schedule O contains a response or note to any line in this		(A)	<u> </u>	(B)
			(A) Beginning of year		End of year
1	Cash - non-interest-bearing		50,148.	1	50,491
2	Savings and temporary cash investments		5,025,303.	2	5,861,713
3	Pledges and grants receivable, net		2,547,521.	3	1,282,209
4	Accounts receivable, net			4	
5	Loans and other receivables from any current or former officer, dir				
	trustee, key employee, creator or founder, substantial contributor,	or 35%			
	controlled entity or family member of any of these persons			5	
6	Loans and other receivables from other disqualified persons (as de	efined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ω 7	Notes and loans receivable, net			7	
Assets	Inventories for sale or use			8	
8 9	Prepaid expenses and deferred charges		3,061,554.	9	2,033,66
10a	Land, buildings, and equipment: cost or other	Γ			
		27,200,531.			
Ь	Less: accumulated depreciation 10b	8,414,696.	19,747,767.	10c	18,785,83
11	Investments - publicly traded securities		335,331,174.	11	346,612,88
12	Investments - other securities. See Part IV, line 11		8,750,384.	12	9,527,80
13	Investments - program-related. See Part IV, line 11			13	, ,
14	Intangible assets			14	
15	Other assets. See Part IV, line 11		56,281.	15	
16	Total assets. Add lines 1 through 15 (must equal line 33)		374,570,132.	16	384,154,59
17	Accounts payable and accrued expenses	1	5,453,240.	17	3,658,99
18	Grants payable	5,321,140.	18	5,372,09	
19	Deferred revenue		, ,	19	, ,
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part IV of Schedul			21	
202	Loans and other payables to any current or former officer, director				
	trustee, key employee, creator or founder, substantial contributor,				
				22	
	Secured mortgages and notes payable to unrelated third parties	·····		22	
23				23	
24	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related t			24	
25	parties, and other liabilities not included on lines 17-24). Complete				
		Fart	814.	25	185,470
26	of Schedule D		10,775,194.	25 26	9,216,57
26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X		10,775,154.	20	5,210,57
s l	and complete lines 27, 28, 32, and 33.				
			357,617,332.	27	369,031,66
			6,177,606.	28	5,906,36
8 28 5	Net assets with donor restrictions	·····	0,177,000.	20	5,500,30
	Organizations that do not follow FASB ASC 958, check here				
	and complete lines 29 through 33.				
29	Capital stock or trust principal, or current funds			29	
	Paid-in or capital surplus, or land, building, or equipment fund	. [30	
Net Assets or Fund Balances 82 25 82 82 82 82 82 82 82 83 82 83 83 83 84 83 85 84 85 84 85 85 85 85 85 85 85 85 85 85 85 85 85 85 85 85 8	Retained earnings, endowment, accumulated income, or other fur		363 701 020	31	374,938,02
	Total net assets or fund balances		363,794,938.	32	
33	Total liabilities and net assets/fund balances		374,570,132.	33	384,154,59 Form 990 (20)

Form 990 (2023)

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Form	990 (2023) SMILE TRAIN, INC.	13-366141	6	Pa	_{ge} 12
	rt 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	619,	387.
2	Total expenses (must equal Part IX, column (A), line 25)	2	108	766,	380.
3	Revenue less expenses. Subtract line 2 from line 1	3	-9	146,	993.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	363	794,	938.
5	Net unrealized gains (losses) on investments	5	19	994,	512.
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		295,	568.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	374	938,	025.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047	
2023	

Open to Public . Inspection

Nam	e of t	the organization						Employer	identification number				
			TRAIN, INC.						13-3661416				
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.					
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college				
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or				
		university:											
10		An organization that norma	Ily receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from				
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment				
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.				
		See section 509(a)(2). (Con	mplete Part III.)										
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section	509(a)(3). (Check the box on				
	_	lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.					
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving				
		the supported organization			majority o	of the direc	tors or truste	es of the su	pporting				
	_	organization. You must o	-										
b		Type II. A supporting org	-				-		-				
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported				
	_	organization(s). You mus	-										
с		J Type III functionally inte						ly integrate	ed with,				
	_	its supported organization	.,.,,	•									
d		J Type III non-functionally	•					•					
		that is not functionally int			•		-	an attentiv	/eness				
		requirement (see instructi Check this box if the orga	,	•									
е		functionally integrated, or					турет, туре	п, туре п					
f	Ente	er the number of supported of		any integrated supporting	0 0								
		vide the following information	•										
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	fmonetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)				
Tota													

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 **(a)** 2019 (d) 2022 Calendar year (or fiscal year beginning in) (b) 2020 (c) 2021 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 93,083,921 89,140,505. 92,042,568 91,593,384 83,849,356. 449,709,734. 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 92 042 568 91,593,384. 93 083 921 89,140,505, 83,849,356. 449,709,734. 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) 449,709,734. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2021 (e) 2023 Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (d) 2022 (f) Total 92,042,568. 91,593,384. 93,083,921, 89,140,505. 83,849,356. 449,709,734. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 6,808,633. 8,790,453. 6,024,372 6,672,409 7,899,282. 36,195,149. 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.) 74,522. 63,826, 94,301 35,326. 155,932 423,907. 486,328,790. **11 Total support.** Add lines 7 through 10 **12** Gross receipts from related activities, etc. (see instructions) 12 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 92.47 14 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 15 Public support percentage from 2022 Schedule A, Part II, line 14 92.58 15 % 16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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) 2023

332022 12-21-23

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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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 20	23 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(=) 0010	(1) 2020	(a) 2021	(4) 2022	(a) 20	
9 Amounts from line 6	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 20	23 (f) Total
 Amounts from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) org	anization,
check this box and stop here						
Section C. Computation of Publ	ic Support Per	rcentage			, , , , , , , , , , , , , , , , , , , ,	
15 Public support percentage for 2023 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2022					16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 2	023 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2023. If the						d line 17 is not
more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiza	ation	
b 33 1/3% support tests - 2022. If the	e organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33	1/3%, and
line 18 is not more than 33 1/3%, che	eck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted organi	zation
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see ins	structions .	<u></u>
332023 12-21-23					Sch	edule A (Form 990) 2023
		15				

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	Supporting O	rganizations	(aantinuu	2
Schedule A	(Form 990) 2023	SMILE	TRAIN,	INC

13-3661416	Page 5
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Yes No

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? <i>If "No," describe in</i> 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		

Section C. Type II Supporting Organizations	

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

Sec	ction D. All Type III Supporting Organizations		
			Yes
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		

	0	,	••	,	
supported organizations played	in this	reaard			

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	· (see instructions).

a ____ 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.
-----	--	------------------------

c 🗌	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
-----	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.*

Schedule A (Form 990) 2023

3

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17 2023.05070 SMILE TRAIN, INC.

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Part				
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instruction
Sectio	All other Type III non-functionally integrated supporting organizations mu	st complete s	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3.	4		
	Depreciation and depletion	5		
	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		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	nstructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
ď	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	explain in detail in Part VI):			
	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		
	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		
Sectio	n 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	ncome tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2023

332026 12-21-23

Sche	dule A (Form 990) 2023 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 2023 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-2023	S	(iii) Distributa Amount for	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
с	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2019					
b	Excess from 2020					
c	Excess from 2021					
d	Excess from 2022					
e	Excess from 2023					

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 SMILE TRAIN, INC.		age 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 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; Pa Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addi (See instructions.)	es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part \	/,
CHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
THER INCOME		
2019 AMOUNT: \$ 64,332.		
020 AMOUNT: \$ 63,826.		
021 AMOUNT: \$ 94,301.		
2022 AMOUNT: \$ 35,326.		
2023 AMOUNT: \$ 47,262.		
UNDRAISING EVENTS		
2019 AMOUNT: \$ 10,190.		
020 AMOUNT: \$ 0.		
021 AMOUNT: \$ 0.		
2022 AMOUNT: \$ 0.		
2023 AMOUNT: \$ 108,670.		
132028 12-21-23 20	Schedule A (Form 990) 202

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

13-3661416

SMILE	TRAIN.	INC

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

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

General Rule

Schedule B

Department of the Treasury

Organization type (check one):

Internal Revenue Service Name of the organization

(Form 990)

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 the set of the parts unless to the set of the

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).

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

Schedule B (Form 990) (2023)

Schedule I	B (Form 990) (2023)		Page 2
Name of o	rganization	Emp	loyer identification number
SMILE TR	RAIN, INC.		13-3661416
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$7,049,773.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$488,737.	Person X Payroll Image: 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
323452 12-26		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990) (2023)		Page 3
Name of o	rganization		Employer identification number
SMILE TF	RAIN, INC.		13-3661416
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	I if additional space is needed	J.
(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	
		\$	
323453 12-26	5-23	· · · · · · · · · · · · · · · · · · ·	Schedule B (Form 990) (2023)

lame of orga	anization			Employer identification number
MILE TRA:	IN. INC.			13-3661416
Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, ct Use duplicate copies of Part III if additional s	through (e) and the following line entry naritable, etc., contributions of \$1,000 or le	. For organizations	at total more than \$1,000 for the yea
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-		(e) Transfer of gift		
-	Transferee's name, address, an	d ZIP + 4	Relationship of trar	nsferor to transferee
-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-				
		(e) Transfer of gift		
	Transferee's name, address, an	d ZIP + 4	Relationship of trar	nsferor to transferee
-				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	1	(e) Transfer of gift		
	Transferee's name, address, an	d ZIP + 4	Relationship of trar	nsferor to transferee
a) No. from	(b) Purpose of gift		(d) Desc	ription of how gift is held
Part I				
-		(e) Transfer of gift		
	Transferee's name, address, an		Relationship of trar	nsferor to transferee
-				
3454 12-26-23	3	24		Schedule B (Form 990) (20

SCHEDULE	С
(Form 990)	

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of organization				Emplo	oyer identification number
	SMILE TRAIN					13-3661416
Pa	art I-A Complete if the org	anization is exempt unde	r section 501(c) o	r is a section 52	7 org	anization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures	-			
Pa	art I-B Complete if the org	anization is exempt unde	r section 501(c)(3).		
2 3 4a	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made?	incurred by organization manager n 4955 tax, did it file Form 4720 fo	s under section 4955 or this year?		\$	Yes No
Pa	art I-C Complete if the org	anization is exempt unde	r section 501(c), e	except section 5	i01(c)	(3).
	Enter the amount directly expended				\$	
2	Enter the amount of the filing organ					
	exempt function activities				\$	
3	Total exempt function expenditures					
	line 17b					
	Did the filing organization file Form					
5	Enter the names, addresses, and er made payments. For each organizar contributions received that were pro political action committee (PAC). If a	tion listed, enter the amount paid omptly and directly delivered to a	from the filing organiza separate political orgar	ation's funds. Also en nization, such as a se	ter the	amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Schedule C (Form 990) 2023

OMB No. 1545-0047

Open to Public

Inspection

23

LHA 332041 11-06-23

	MILE TRAIN,				661416 Page 2
	inization is	exempt under section	n 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).					
A Check if the filing organizati	on belongs to a	an affiliated group (and list ir	n Part IV each affiliated g	group member's nam	e, address, EIN,
expenses, and share	of excess lobb	oying expenditures).			
B Check if the filing organizati	on checked bo	x A and "limited control" pro	ovisions apply.		1
	s on Lobbying tures" means	Expenditures amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public opi	nion (grassroots lobbying)			
b Total lobbying expenditures to influe		a la sela (ella sel la la la da sel			
c Total lobbying expenditures (add lin	es 1a and 1b)	• • • •			
d Other exempt purpose expenditures					
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Enter	the amount fro		r i i i i i i i i i i i i i i i i i i i		
If the amount on line 1e, column (a) or	(b) is: TI	ne lobbying nontaxable am	ount is:		
not over \$500,000,	20	0% of the amount on line 1e.			
over \$500,000 but not over \$1,000,0	000, \$1	100,000 plus 15% of the exc	ess over \$500,000.		
over \$1,000,000 but not over \$1,500	D,000, \$1	175,000 plus 10% of the exc	ess over \$1,000,000.		
over \$1,500,000 but not over \$17,00	00,000, \$2	225,000 plus 5% of the exce	ess over \$1,500,000.		
over \$17,000,000,	\$1	1,000,000.			
g Grassroots nontaxable amount (ente	er 25% of line 1	f)			
h Subtract line 1g from line 1a. If zero	or less, enter -	D-			
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zero	on either line	1h or line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this y					Yes No
<i>(</i> 2		ar Averaging Period Under	.,		
(Some organizations the		tion 501(h) election do not separate instructions for li	•	f the five columns b	elow.
	Lobbying	Expenditures During 4-Yea	ar Averaging Period		
Octoretaria					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
(0					
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					
			1		

Schedule C (Form 990) 2023

332042 11-06-23

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

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo		
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:					
а	Volunteers?		X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
	Media advertisements?		X			
d	Mailings to members, legislators, or the public?		X			
	Publications, or published or broadcast statements?		X			
	Grants to other organizations for lobbying purposes?		X			
-	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			6,417.	
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
	Other activities?		X		6 41 5	
j	Total. Add lines 1c through 1i				6,417.	
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X			
	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					
Dor	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n 501(c)(5) or soc	tion		
Fai	501(c)(6).		<i>J</i> , 01 Sec			
	301(0)(0).			Yes	No	
	Man askatation, all (000) as many dura versional paralaly stills by manual such			103		
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 th t III-B Complete if the organization is exempt under section 501(c)(4), sectio		-	tion		
' ui	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3. is	
	answered "Yes."		(0,10	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic					
-	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
	Carryover from last year					
	Total					
3						
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
	expenditures next year?	Sinciolai	4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Par						
Provi	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	list): Part II-	A. lines 1 a	nd 2 (see		
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	,	, , , , , , , , , , , , , , , , , , ,		
	II-B, LINE 1, LOBBYING ACTIVITIES:					
SMIL	E TRAIN DOES NOT TYPICALLY ENGAGE IN ANY LOBBYING ACTIVITIES; IN					
FISC	AL YEAR 2024, SMILE TRAIN INCURRED \$6,417 IN LOBBYING EXPENSES TO					
ADVC	CATE FOR THE PASSAGE OF THE ENSURING LASTING SMILES ACT. THE					
ENSU	RING LASTING SMILES ACT (ELSA) WOULD REQUIRE ALL PRIVATE INSURANCE					
GROU	P AND INDIVIDUAL HEALTH CARE PLANS TO COVER MEDICALLY NECESSARY					

332043 11-06-23

Schedule C (Form 990) 2023

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) 2023

332044 11-06-23

SCHEDULE	D
(= 000)	

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.

OMB No. 1545-0047 23 L Open to Public

	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection		
-	ame of the organization					oloyer ide	entificatio	n number	
	SMILE TRAIN, INC.						13-	-3661416	5
Par		ations Maintaining Donor Advise		er Si	milar Funds or A	Accour	its. Cor	nplete if th	ne
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.						
	(a) Donor advised funds (b) Funds an						ds and ot	her accou	ints
1	Total number at er	nd of year							
2	Aggregate value of	f contributions to (during year)							
3	Aggregate value of	f grants from (during year)							
4	Aggregate value at	t end of year							
5	Did the organization	on inform all donors and donor advisors in v	writing that the asse	ets held	d in donor advised fu	nds			
	are the organizatio	on's property, subject to the organization's	exclusive legal cont	rol?				Yes	No.
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing the	at grar	nt funds can be used	only			
	for charitable purp	ooses and not for the benefit of the donor o	r donor advisor, or f	or any	other purpose confe	erring			
	impermissible priv							Yes	No.
Par	rt II Conserv	ation Easements. Complete if the org	ganization answered	d "Yes	" on Form 990, Part I	V, line 7.			
1	``` /	servation easements held by the organization		ply).					
	Preservation	n of land for public use (for example, recrea	tion or education)		Preservation of a his	storically	importan	t land area	a
	Protection o	of natural habitat			Preservation of a ce	rtified his	storic stru	cture	
	Preservation	n of open space							
2		through 2d if the organization held a qualif	ied conservation co	ontribu	tion in the form of a c	conserva			
	day of the tax year	r.					Held at th	ie End of th	ie Tax Yea
а	Total number of co	onservation easements				2a			
b	Total acreage rest	ricted by conservation easements				2b			
С		vation easements on a certified historic stru				<u>2c</u>			
d		vation easements included on line 2c acqu							
		ture listed in the National Register							
3	Number of conservent	vation easements modified, transferred, rel	eased, extinguished	l, or te	rminated by the orga	nization	during the	e tax	
	year								
4		where property subject to conservation eas							
5	-	tion have a written policy regarding the per		spection	on, handling of			_	
	,	orcement of the conservation easements it						Yes	
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violation	ns, and	d enforcing conservat	tion ease	ments du	ring the y	ear
_		<u> </u>							
7	Amount of expens	ses incurred in monitoring, inspecting, hanc	lling of violations, ar	nd enfo	orcing conservation e	easemen	ts during t	the year	
•									
8		vation easement reported on line 2d above	satisfy the requirem	nents	of section 170(h)(4)(B)(I)			 .
•	and section 170(h)						∟	Yes	└── No
9									
		d include, if applicable, the text of the footr	note to the organizat	tion's f	financial statements t	hat desc	ribes the		
Par		ounting for conservation easements. ations Maintaining Collections of	Art Historical	Trea	sures or Other	Simila	r Accot	9	
ı aı		f the organization answered "Yes" on Form				Sinna			
4-					aug atatamant and b		nont more		
ia	U U	elected, as permitted under FASB ASC 95	· •					5	
		easures, or other similar assets held for put				ance of p	JUDIIC		
	service, provide in	Part XIII the text of the footnote to its finar	icial statements that	t desc	ribes these items.				

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet	works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	olic service,
	provide the following amounts relating to these items.	
	(i) Povenue included on Form 990, Part VIII, line 1	r

332051	09-28-23	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023
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, provid	e
	(ii) Assets included in Form 990, Part X	\$
	(i) Revenue included on Form 990, Part VIII, line 1	\$

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2023.05070	SMILE	TRAIN,	INC.

Sche	dule D (Form 990) 2023 SMILE TRAIN							13-366		Р	_{age} 2
Par	t III Organizations Maintaining C	ollections of Art	t, Histoi	rical Tre	asures, or C	Other S	Similar	^r Assets	(contii	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check a	iny of the f	ollowing that m	ake sigr	nificant u	ise of its			
	collection items (check all that apply).										
а	Public exhibition	d	L La	oan or exc	hange program						
b	Scholarly research	е	0 o	ther							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how they	y further th	e organization's	s exemp	ot purpos	se in Part i	XIII.		
5	During the year, did the organization solicit or	receive donations o	of art, histo	orical treas	sures, or other s	imilar a	ssets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the or	rganizatior	answered "Yes	s" on Fo	orm 990,	Part IV, lii	ne 9, or		
1a	Is the organization an agent, trustee, custodia		liary for co	ontribution	s or other asset	s not in	cluded				
ia	on Form 990, Part X?		•						Yes		No
h	If "Yes," explain the arrangement in Part XIII a									L	
			iowing tai	510.					Amoun	t	
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						/?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation	has been	provided in Part	XIII]
Par	t V Endowment Funds Complete if	the organization ans	wered "Y	es" on For	m 990, Part IV,	line 10.					
		(a) Current year	(b) Pri	or year	(c) Two years b	oack (c		ears back	(e) Fou	' years	back
1a	Beginning of year balance	254,475,926.	245,4	154,744.				98,225.		184,	
b	Contributions				10,0			97,701.		000,	
с	Net investment earnings, gains, and losses	30,361,051.	26,6	591,713.	-37,956,7	743.	66,1	68,738.	6	063,	389.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	20,169,870.	17,6	570,531.	15,213,1	.77.	-10,2	50,000.		250,	000.
f	Administrative expenses										
g	End of year balance	264,667,107.		-		744.	298,6	14,664.	221	998,	225.
2	Provide the estimated percentage of the curre	•		column (a)) held as:						
а	Board designated or quasi-endowment	98.1500	_%								
b	Permanent endowment 1.8500	%									
с	Term endowment .0000 g										
•	The percentages on lines 2a, 2b, and 2c should be the second seco	· · · · · · · · · · · · · · · · · · ·									
за	Are there endowment funds not in the posses	ssion of the organiza	tion that a	are held ar	id administered	for the			1	Yes	No
	organization by:								20(1)	163	X
	(i) Unrelated organizations?(ii) Related organizations?								3a(i) 3a(ii)		x
h	If "Yes" on line 3a(ii), are the related organizations	tions listed as require							3b		
4	Describe in Part XIII the intended uses of the								00		
Par	t VI Land, Buildings, and Equipm			103.							
	Complete if the organization answered		, Part IV, I	line 11a. S	ee Form 990, P	art X, lir	ne 10.				
	Description of property	(a) Cost or of	ther	(b) Cost	or other	(c) Acc	cumulate	d	(d) Boo	k valu	
		basis (investm		. ,	(other)	• •	eciation		(u) 200	it vala	0
1 a	Land										
	Buildings			20	,114,120.	:	3,135,	650.	16	978,	470.
	Leasehold improvements										
	Equipment				728,520.		710,	776.		17,	744.
	Other			6	,357,891.		4,568,	270.	1	789,	
	. Add lines 1a through 1e. (Column (d) must ed		X. line 10d			<u></u>	<u></u>				835.
					.,,			Schedule	D (Forn	n 990)	2023

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Part VII Investments - Other Securities			
Complete if the organization answered "Yes"		-	
(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)			
<u>(B)</u>			
(C)			
(D)			
(E)			
(F)(G)			
(G) (H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)	.,		,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities	. <i>(B)</i>)		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO AFFILIATES			185,476.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col	. (B))		185,476.
2 Liability for uncertain tax positions. In Part XIII, provide	1 //	a the organization's financial statements th	at reports the

Liability for uncertain tax positions. In Part XIII, provide the text of the foothote to the organization's financial statements that reports the X 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

Schedule D (Form 990) 2023

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Sche	dule D (Form 990) 2023 SMILE TRAIN, INC.				661416	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements	With I	Revenue per Ret	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	167,9	20,603.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	19,994,512.			
b	Donated services and use of facilities	2b	48,284,177.			
с	Recoveries of prior year grants	2c	140,364.			
d		2d	155,204.			
е	Add lines 2a through 2d			2e	68,5	74,257.
3	Subtract line 2e from line 1			3	99,3	46,346.
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	1,170,093.			
b	Other (Describe in Part XIII.)	4b	-897,052.			
с	Add lines 4a and 4b			4c	2	73,041.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)			5	99,6	19,387.
Pa	t XII Reconciliation of Expenses per Audited Financial Statement	s With	Expenses per R	eturn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	156,7	77,516.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	48,284,177.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	897,052.			
е	Add lines 2a through 2d			2e	49,1	81,229.
3	Subtract line 2e from line 1			3	107,5	96,287.
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	1,170,093.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	1,1	70,093.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	108,7	66,380.
Pa	t XIII Supplemental Information					

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

PART	v,	LINE	4:
------	----	------	----

ENDOWMENT FUNDS

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

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

THE TEMPORARILY RESTRICTED AND PERMANENT ENDOWMENTS SHOULD REMAIN

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

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

ENDOWMENT BALANCE IS \$4,887,484 IN DONOR-RESTRICTED ENDOWMENT ASSETS.

PART X, LINE 2:

LIABILITY FOR UNCERTAIN TAX POSITIONS

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

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Schedule D (Form 990) 2023

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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 GAIN 155,204. PART XI, LINE 4B - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES RECLASSED FROM PART IX -897,052. PART XII, LINE 2D - OTHER ADJUSTMENTS: Schedule D (Form 990) 2023 332055 09-28-23 33 09270507 153424 0183055-00003 2023.05070 SMILE TRAIN, INC. 01830551

FUNDRAISING EXPENSES RECLASSED FROM PART IX

897,052.

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

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) 2023

332055 09-28-23

Name of the organization					Employer identifi	cation number
SMILE TRAIN, INC.					13-3661416	
	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "Y	es" on
Form 990, Part IV	, line 14b.					
1 For grantmakers. Does	the organization	n maintain record	ls to substantiate the amount of its gra	nts and other a		
the grantees' eligibility fo	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance? X	Yes 🔄 No
						
 For grantmakers. Descu United States. 	ribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and ot	ner assistance outsi	de the
	e following Part	L line 3 table ca	n be duplicated if additional space is n	eeded)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to		e specific type	investments
		in the region	recipients located in the region)	of service	(s) in the region	in the region
CENTRAL AMERICA AND		0		CLEFT SURGE	RIES AND	260.000
THE CARIBBEAN	0	0	PROGRAM SERVICES	COMPREHENSI	VE CLEFT CARE	268,880.
EAST ASIA AND THE				CLEFT SURGE	RIES AND	
PACIFIC	2	5	PROGRAM SERVICES		VE CLEFT CARE	4,437,296.
EUROPE (INCLUDING						
ICELAND AND				CLEFT SURGE	RIES AND	
GREENLAND)	0	1	PROGRAM SERVICES	COMPREHENSI	VE CLEFT CARE	5,305,083.
MIDDLE EAST AND				CLEFT SURGE	DIEC AND	
NORTH AFRICA	1	3	PROGRAM SERVICES		VE CLEFT CARE	2,630,140.
	1					2,030,140.
				CLEFT SURGE	RIES AND	
NORTH AMERICA	0	6	PROGRAM SERVICES	COMPREHENSI	VE CLEFT CARE	1,947,951.
RUSSIA AND THE NEWLY				CLEFT SURGE		405.050
INDEPENDENT STATES	0	0	PROGRAM SERVICES	COMPREHENSI	VE CLEFT CARE	195,850.
				CLEFT SURGE	RIES AND	
SOUTH AMERICA	0	4	PROGRAM SERVICES		VE CLEFT CARE	1,515,044.
				CLEFT SURGE	ERIES AND	
SOUTH ASIA	0		PROGRAM SERVICES	COMPREHENSI	VE CLEFT CARE	5,249,281.
3 a Subtotal	3	22				21,549,525.
b Total from continuation						

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.

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

1

4

Schedule F (Form 990) 2023

45,608,872.

67,158,397.

LHA 332071 11-29-23

and 3b)

sheets to Part I c Totals (add lines 3a

> 35 2023.05070 SMILE TRAIN, INC.

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OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

Schedule F (Form 990) Part I Continuatio	SMILE TRAIN,		• (Schedule F (Form 990), Part I, line 3	13-3661416	Page
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditure for region
				CLEFT SURGERIES AND	
SUB-SAHARAN AFRICA	1	24	PROGRAM SERVICES	COMPREHENSIVE CLEFT CARE	13,698,480
NORTH AMERICA	0	0	GRANTMAKING		496,118
EUROPE (INCLUDING ICELAND AND					
GREENLAND)	0	0	GRANTMAKING		215,219
SOUTH ASIA	0	0	GRANTMAKING		12,015,538
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		7,275,714
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SOUTH AMERICA	0	0	GRANTMAKING		2,380,000
EUROPE (INCLUDING					
ICELAND AND GREENLAND)	0	0	INVESTMENTS		9,527,803
Totals	. 1	24			45,608,872

332181 04-01-23

Schedule F (Form 990) 2023	SMILE TRAIN, INC.

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.

(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	CENTRAL AMERICA						
	AND THE CARIBBEAN	CLEFT TX	81,010.	CHECK/WIRE	0.		
	CENTRAL AMERICA						
	AND THE CARIBBEAN	CLEFT TX	9,679.	CHECK/WIRE	0.		
	CENTRAL AMERICA						
	AND THE CARIBBEAN	CLEFT TX	20,432.	CHECK/WIRE	0.		
	CENTRAL AMERICA						
		CLEFT TX	13,780.	CHECK/WIRE	Ο.		
	CENTRAL AMERICA						
		CLEFT TX	35,271.	CHECK/WIRE	Ο.		
	CENTRAL AMERICA						
		CLEFT TX	6,478.	CHECK/WIRE	Ο.		
	CENTRAL AMERICA						
		CLEFT TX	40,188.	CHECK/WIRE	0.		
			, ,				
		רו הבי שא	35 300	CHECK /WIDE	0.		
	and EIN (if applicable)	and EIN (if applicable) CENTRAL AMERICA AND THE CARIBBEAN CENTRAL AMERICA	and EIN (if applicable) (C) Hegion grant CENTRAL AMERICA AND THE CARIBBEAN CLEFT TX CENTRAL AMERICA AND THE CARIBBEAN CLEFT TX	and EIN (if applicable) (C) Hegion grant of cash grant of cash grant of cash grant grant cash grant grant cash grant grant cash grant gra	and EIN (if applicable) (C) Hegion grant of cash grant cash disbursement CENTRAL AMERICA AND THE CARIBBEAN CLEFT TX 81,010. CHECK/WIRE CENTRAL AMERICA AND THE CARIBBEAN CLEFT TX 9,679. CHECK/WIRE CENTRAL AMERICA AND THE CARIBBEAN CLEFT TX 20,432. CHECK/WIRE CENTRAL AMERICA AND THE CARIBBEAN CLEFT TX 20,432. CHECK/WIRE CENTRAL AMERICA AND THE CARIBBEAN CLEFT TX 13,780. CHECK/WIRE CENTRAL AMERICA AND THE CARIBBEAN CLEFT TX 35,271. CHECK/WIRE CENTRAL AMERICA AND THE CARIBBEAN CLEFT TX 6,478. CHECK/WIRE CENTRAL AMERICA AND THE CARIBBEAN CLEFT TX 6,478. CHECK/WIRE CENTRAL AMERICA AND THE CARIBBEAN CLEFT TX 40,188. CHECK/WIRE	IO MOUSS SOURCH and EIN (if applicable) (c) Region (c) Adjourned of cash grant (c) Market of cash disbursement noncash assistance CENTRAL AMERICA AND THE CARIBBEAN CLEFT TX 81,010. CHECK/WIRE 0. CENTRAL AMERICA AND THE CARIBBEAN CLEFT TX 9,679. CHECK/WIRE 0. CENTRAL AMERICA AND THE CARIBBEAN CLEFT TX 20,432. CHECK/WIRE 0. CENTRAL AMERICA AND THE CARIBBEAN CLEFT TX 13,780. CHECK/WIRE 0. CENTRAL AMERICA AND THE CARIBBEAN CLEFT TX 13,780. CHECK/WIRE 0. CENTRAL AMERICA AND THE CARIBBEAN CLEFT TX 13,780. CHECK/WIRE 0. CENTRAL AMERICA AND THE CARIBBEAN CLEFT TX 35,271. CHECK/WIRE 0. CENTRAL AMERICA AND THE CARIBBEAN CLEFT TX 6,478. CHECK/WIRE 0. CENTRAL AMERICA AND THE CARIBBEAN CLEFT TX 40,188. CHECK/WIRE 0. CENTRAL AMERICA AND THE CARIBBEAN CLEFT TX 40,188. CHECK/WIRE 0.	(b) Notice Sources of Light September of Cash grant (c) Notice Set of Cash grant (c) Notice Set of Cash disbursement noncash assistance of noncash assistance and EIN (if applicable) (c) Region (c) Notice Set of Cash grant (c) Set of Cash grant (c) Notice Set of Cash disbursement noncash assistance assistance central AMERICA AND THE CARIBBEAN CLEFT TX 81,010. CHECK/WIRE 0. . central AMERICA AND THE CARIBBEAN CLEFT TX 9,679. CHECK/WIRE 0. central AMERICA AND THE CARIBBEAN CLEFT TX 20,432. CHECK/WIRE 0. central AMERICA CENTRAL AMERICA 13,780. CHECK/WIRE 0. central AMERICA CENTRAL AMERICA 0. . not the CARIBBEAN CLEFT TX 6,478. CHECK/WIRE 0. central AMERICA CENTRAL AMERICA 0. . not the CARIBBEAN CLEFT TX 40,188. CHECK/WIRE 0. central AMERICA CENTRAL AMERICA . . <

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

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Page 2

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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)
		CENTRAL AMERICA AND THE CARIBBEAN	CLEFT TX	15,140.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	10,301.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	8,296.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	68,400.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	78,763.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	25,800.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	60,890.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	30,200.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	21,000.	CHECK/WIRE	0.		

Schedule F (Form 990)	SMILE T	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.	(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	33,800.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	22,199.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	16,075.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	5,635.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	40,396.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	19,065.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	32,380.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	100,123.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	16,398.	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	8,186.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	6,217.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	5,216.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	6,983.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	74,595.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	7,769.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	34,815.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	68,669.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	38,541.	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	113,794.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	19,725.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	7,743.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	77,174.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	82,000.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	26,290.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	79,084.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	21,740.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	12,545.	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	6,200.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	9,174.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	74,134.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC		125 200	CHECK/WIRE	0.		
		FACIFIC	CLEFT TX	125,200.	CHECK/ WIKE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	241,269.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	9,515.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	89,003.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	58,521.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	81,600.	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	58,365.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	11,844.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	118,375.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	42,300.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	6,600.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	10,922.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	7,482.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	16,088.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	62,164.	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
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		6 959				
		PACIFIC	CLEFT TX	6,250.	CHECK/WIRE	0.		
		EAST ASIA AND THE	a	5.000				
		PACIFIC	CLEFT TX	5,026.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	9,246.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	18,950.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	5,294.	CHECK/WIRE	0.		
		EAST ASIA AND THE		15 400				
		PACIFIC	CLEFT TX	15,489.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	72 622.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	14,500.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	41,518.	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	39,624.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	90,556.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	40,553.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	149,613.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	9.000.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX		CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	176,580.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX		CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	31,325.	CHECK/WIRE	0.		

Schedule F (Form 990) SMILE T	RAIN, INC.			13-3663	L416		Page 2
Part II Continua	tion 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 organiza	ation (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	61,249.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	113,953.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	131,585.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	25,683.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	41,667.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	16,585.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	59,815.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEFT TX	49,112.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEFT TX	16,914.	CHECK/WIRE	0.		

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 45,299. CHECK/WIRE Ο. EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 162,053. CHECK/WIRE 0. EUROPE (INCLUDING ICELAND & 750,000. CHECK/WIRE GREENLAND) CLEFT TX 0. EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 3,819,323. CHECK/WIRE 0. EUROPE (INCLUDING ICELAND & GREENLAND) 21,000. CHECK/WIRE CLEFT TX 0. EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 19,082. CHECK/WIRE 0 EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 19,015. CHECK/WIRE 0. EUROPE (INCLUDING ICELAND & GREENLAND) 16,804. CHECK/WIRE CLEFT TX Ο. EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 14,291. CHECK/WIRE 0.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 190,550, CHECK/WIRE Ο. EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 45,000. CHECK/WIRE 0. EUROPE (INCLUDING ICELAND & 13,500. CHECK/WIRE GREENLAND) CLEFT TX 0. EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 100,000. CHECK/WIRE 0. EUROPE (INCLUDING ICELAND & GREENLAND) 5,200. CHECK/WIRE CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 155,000. CHECK/WIRE 0 MIDDLE EAST AND NORTH AFRICA CLEFT TX 6,000. CHECK/WIRE 0. MIDDLE EAST AND NORTH AFRICA 49,596. CHECK/WIRE CLEFT TX Ο. MIDDLE EAST AND NORTH AFRICA CLEFT TX 52,000. 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 (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 35,000. CHECK/WIRE Ο. MIDDLE EAST AND NORTH AFRICA CLEFT TX 78,000. CHECK/WIRE 0. MIDDLE EAST AND 65,167. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 10,800. CHECK/WIRE 0. MIDDLE EAST AND 43,342. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 13,620. CHECK/WIRE 0 MIDDLE EAST AND NORTH AFRICA CLEFT TX 271,439. CHECK/WIRE 0. MIDDLE EAST AND NORTH AFRICA 105,020. CHECK/WIRE CLEFT TX Ο. MIDDLE EAST AND NORTH AFRICA CLEFT TX 23,500. 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 41,980. CHECK/WIRE Ο. MIDDLE EAST AND NORTH AFRICA CLEFT TX 37,995. CHECK/WIRE 0. MIDDLE EAST AND 17,000. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 6,000. CHECK/WIRE 0. MIDDLE EAST AND 203,564. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 17,994. CHECK/WIRE 0 MIDDLE EAST AND NORTH AFRICA CLEFT TX 10,500. CHECK/WIRE 0. MIDDLE EAST AND NORTH AFRICA 7,500. CHECK/WIRE CLEFT TX Ο. MIDDLE EAST AND NORTH AFRICA CLEFT TX 5,500. 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 47,358. CHECK/WIRE Ο. MIDDLE EAST AND NORTH AFRICA CLEFT TX 43,500. CHECK/WIRE 0. MIDDLE EAST AND 9,899. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 41,200. CHECK/WIRE 0. MIDDLE EAST AND 48,225. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 34,500. CHECK/WIRE 0 MIDDLE EAST AND 53,291. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA 32,000. CHECK/WIRE CLEFT TX Ο. MIDDLE EAST AND NORTH AFRICA CLEFT TX 388,138, 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 21,600. CHECK/WIRE Ο. MIDDLE EAST AND NORTH AFRICA CLEFT TX 544,175. CHECK/WIRE 0. MIDDLE EAST AND 5,300.CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 54,600. CHECK/WIRE Ο. MIDDLE EAST AND 13,500. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 12,976. CHECK/WIRE 0 NORTH AMERICA CLEFT TX 13,738. CHECK/WIRE 0. NORTH AMERICA 8,449. CHECK/WIRE CLEFT TX Ο. NORTH AMERICA CLEFT TX 41,738. CHECK/WIRE 0.

Schedule F (Form 990)		RAIN, INC.			13-3663			Page
Part II Continuation of 1 (a) Name of organization	of Grants and Other ((b) IRS code section and EIN (if applicable)	(a) Pagian	ations or Entities Outside the (d) Purpose of grant	(e) Amount	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line 1) (g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		NORTH AMERICA	CLEFT TX	12,432.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	9,975.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	168,863.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	24,426.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	24,432.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	22,500.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	105,120.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	14,400.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	22,510.	CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.			13-3663			Page 2
Part II Continuation of 1		Assistance to Organiza	ations or Entities Outside the			90), Part II, line 1) (g) Amount of	(h) Description	(i) Method of
(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 assistance	of non-cash assistance	valuation (book, FMV appraisal, other)
		NORTH AMERICA	CLEFT TX	14,760.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	23,336.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	27,997.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	23,567.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	18,522.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	11,962.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	8,700.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	27,702.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	6,095.	CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.			13-3663			Page 2
Part II Continuation of 1 (a) Name of organization	of Grants and Other ((b) IRS code section and EIN (if applicable)	Assistance to Organiza (c) Region	tions or Entities Outside the (d) Purpose of grant	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, FMV appraisal, other)
		NORTH AMERICA	CLEFT TX	44,316.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	117,775.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	7,800.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	6,786.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	123,154.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	46,286.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	11,232.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	6,531.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	17,800.	CHECK/WIRE	0.		

Schedule F (Form 990)	SMILE T	RAIN, INC.			13-3661	1416	, Part II, line 1)) Amount of non-cash (i) Method of valuation (book, FMV,		
	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	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	of non-cash	valuation (book, FMV,	
		NORTH AMERICA	CLEFT TX	18,403.	CHECK/WIRE	0.			
		NORTH AMERICA	CLEFT TX	5,280.	CHECK/WIRE	0.			
		NORTH AMERICA	CLEFT TX	87 000	CHECK/WIRE	0			
		NORTH AMERICA		87,000.	CHECK/WIKE	0.			
		NORTH AMERICA	CLEFT TX	57,477.	CHECK/WIRE	0.			
		NORTH AMERICA	CLEFT TX	80,691.	CHECK/WIRE	0.			
		NORTH AMERICA	CLEFT TX	13,337.	CHECK/WIRE	0.			
		NORTH AMERICA	CLEFT TX	30 111	CHECK/WIRE	0			
		NORTH AMERICA		52,111.	CHECK/WIKE	0.			
		RUSSIA AND							
		NEIGHBORING STATES ARMENIA	CLEFT TX	11,400.	CHECK/WIRE	0.			
		RUSSIA AND NEIGHBORING							
		STATES ARMENIA	CLEFT TX	7,250.	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) RUSSIA AND NEIGHBORING STATES ARMENIA CLEFT TX 42,500. CHECK/WIRE Ο. RUSSIA AND NEIGHBORING STATES ARMENIA CLEFT TX 18,200. CHECK/WIRE 0. RUSSIA AND NEIGHBORING 112,750. CHECK/WIRE STATES ARMENIA CLEFT TX 0. SOUTH AMERICA CLEFT TX 13,000. CHECK/WIRE 0. 291,977. CHECK/WIRE SOUTH AMERICA CLEFT TX 0. SOUTH AMERICA CLEFT TX 26,250.CHECK/WIRE 0 15,202. CHECK/WIRE SOUTH AMERICA CLEFT TX 0. SOUTH AMERICA 41,178. CHECK/WIRE CLEFT TX Ο. 26,330. CHECK/WIRE SOUTH AMERICA CLEFT TX 0.

Schedule F (Form 990)		RAIN, INC.			13-3663			Page
Part II Continuation of 1 (a) Name of organization	f Grants and Other A (b) IRS code section and EIN (if applicable)	(a) Pagian	ations or Entities Outside th (d) Purpose of grant	e 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, FM) appraisal, other)
		SOUTH AMERICA	CLEFT TX	12 000.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	6,693.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	130,061.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	55,338.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	35,612.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	130,778.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	26,250.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	52,850.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	83,538.	CHECK/WIRE	0.		

990) SMILE TRAIN, INC. Nuation of Grants and Other Assistance to Organizations or Entities Outside the				13-3663			n-cash valuation (book, FM	
(b) IRS code section	Assistance to Organiza (c) Region	ations or Entities Outside the (d) Purpose of grant	(e) Amount	(f) Manner of	90), Part II, line 1) (g) Amount of non-cash assistance	(h) Description of non-cash assistance	valuation (book, FM)	
	SOUTH AMERICA	CLEFT TX	177,680.	CHECK/WIRE	0.			
	SOUTH AMERICA	CLEFT TX	22,500.	CHECK/WIRE	0.			
	SOUTH AMERICA	CLEFT TX	16,500.	CHECK/WIRE	0.			
	SOUTH AMERICA	CLEFT TX	11,200.	CHECK/WIRE	0.			
	SOUTH AMERICA	CLEFT TX	43,632.	CHECK/WIRE	0.			
	SOUTH AMERICA	CLEFT TX	11,200.	CHECK/WIRE	0.			
	SOUTH AMERICA	CLEFT TX	11,200.	CHECK/WIRE	0.			
	SOUTH AMERICA	CLEFT TX	28,352.	CHECK/WIRE	0.			
	(b) IRS code section and EIN (if applicable)	(b) IRS code section	(b) IRS code section and EIN (if applicable) (c) Region (d) Purpose of grant SOUTH AMERICA CLEFT TX SOUTH AMERICA CLEFT TX	(b) IRS code section and EIN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant SOUTH AMERICA CLEFT TX 177,680. SOUTH AMERICA CLEFT TX 22,500. SOUTH AMERICA CLEFT TX 16,500. SOUTH AMERICA CLEFT TX 16,500. SOUTH AMERICA CLEFT TX 11,200. SOUTH AMERICA CLEFT TX 28,352.	(b) IRS code section and EIN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant (f) Manner of cash disbursement SOUTH AMERICA CLEFT TX 177,680. CHECK/WIRE SOUTH AMERICA CLEFT TX 22,500. CHECK/WIRE SOUTH AMERICA CLEFT TX 16,500. CHECK/WIRE SOUTH AMERICA CLEFT TX 11,200. CHECK/WIRE SOUTH AMERICA CLEFT TX 12,352. CHECK/WIRE	(b) IRS code section and EIN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant (f) Manner of 	(r) Moso out out out out out out out out out ou	

Schedule F (Form 990)		RAIN, INC.			13-3663			Page 2
Part II Continuation of 1 (a) Name of organization	of Grants and Other A (b) IRS code section and EIN (if applicable)	(a) Pagion	ations or Entities Outside th (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	30,900.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	18,500.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX		CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX		CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX		CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX		CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX		CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX		CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX		CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.			13-3663			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	(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	64,750.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	24,750.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	30,750.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	69,680.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	6,300.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	74,100.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	407,418.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	46,475.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	695,215.	CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.			13-3663		`	Page 2
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	(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	155,614.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	106,728.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	9,761.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	170,500.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	5,775.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	156,300.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	36,000.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	73,760.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	10,784.	CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.			13-3663			Page 2
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	(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	996,801.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	221,078.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	6,050.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	252,700.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	55,500.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	9,897.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	28,500.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	8,100.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	167,700.	CHECK/WIRE	0.		

Schedule F (Form 990) SMILE TRAIN, INC. Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the				13-3661416				Page 2
Part II Continuation of 1 (a) Name of organization	f Grants and Other (b) IRS code section and EIN (if applicable)	(a) Pagian	tions or Entities Outside the (d) Purpose of grant	(e) Amount	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line 1 (g) Amount of non-cash assistance) (h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		SOUTH ASIA	CLEFT TX	300,327.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	305,775.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	65,812.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	90,500.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	24,477.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	380,287.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	17,640.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	103,497.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	35,550.	CHECK/WIRE	0.		

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 46,500. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 13,500. CHECK/WIRE 0. SUB-SAHARAN 51,600. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 29,295. CHECK/WIRE 0. SUB-SAHARAN AFRICA 54,778. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 7,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 28,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 8,500. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 13,800. 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 9,916. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 63,198. CHECK/WIRE 0. SUB-SAHARAN AFRICA 6,000. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 5,400. CHECK/WIRE 0. SUB-SAHARAN AFRICA 16,363. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 28,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 54,992. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 33,111. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 28,556. 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 28,800. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 25,000. CHECK/WIRE 0. SUB-SAHARAN 7,000. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 40,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA 22,500. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 36,001. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 12,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 88,500. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 41,388.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 21,500. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 88,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA 6,989.CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 274,559. CHECK/WIRE 0. SUB-SAHARAN AFRICA 115,500. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 9,560. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 64,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 12,438, CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 151,773. 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 10,996. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 31,757. CHECK/WIRE 0. SUB-SAHARAN 36,082. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN 32,170. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA 96,535. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 76,200. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 13,072. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 23,300. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 9,100. 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 53,418. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 30,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA 10,400. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 11,500.CHECK/WIRE 0. SUB-SAHARAN AFRICA 29,218. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 12,000. CHECK/WIRE 0 SUB-SAHARAN 9,500. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 157,734. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 12,506. 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 18,096. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 15,000. CHECK/WIRE 0. SUB-SAHARAN 34,297. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 281,862. CHECK/WIRE 0. SUB-SAHARAN AFRICA 138,883. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 89,447. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 94,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 149,403. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 37,995. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (i) Method of (g) Amount of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 247,700. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 28,000. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 62,390. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 80,321. CHECK/WIRE 0. SUB-SAHARAN AFRICA 44,079.CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 10,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 29,078. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 66,100. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 25,715. 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 10,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 31,950. CHECK/WIRE 0. SUB-SAHARAN AFRICA 9,335. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 11,037.CHECK/WIRE 0. SUB-SAHARAN AFRICA 50,000. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 9,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 16,611. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 180,625. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 24,502. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) grant of cash grant cash disbursement assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 9,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 10,565. CHECK/WIRE 0. SUB-SAHARAN AFRICA 6,903.CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 8,310. CHECK/WIRE 0. SUB-SAHARAN AFRICA 60,600. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 10,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 21,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 7,319. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 7,500. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 5,878. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 15,443. CHECK/WIRE 0. SUB-SAHARAN 23,276. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 18,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA 16,000. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 157,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 37,243. CHECK/WIRE 0. SUB-SAHARAN AFRICA 66,000. CHECK/WIRE CLEFT TX Ο. SUB-SAHARAN AFRICA CLEFT TX 26,000. 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 10,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 1,050,822. CHECK/WIRE 0. SUB-SAHARAN AFRICA 124,964. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 39,700. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 369,180. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 11,810. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 67,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 113,698. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 140,915, 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 14,100.CHECK/WIRE 0. SUB-SAHARAN AFRICA 48,737. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 41,541. CHECK/WIRE 0. SUB-SAHARAN AFRICA 53,885. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 32,023. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 66,946. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 32,353. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 18,500. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 15,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 20,100. CHECK/WIRE 0. SUB-SAHARAN 25,500. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 13,143. CHECK/WIRE 0. SUB-SAHARAN AFRICA 56,477.CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 11,500. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 33,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 12,500, CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 16,500. 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 8,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 9,682. CHECK/WIRE 0. SUB-SAHARAN 19,884. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 16,966.CHECK/WIRE 0. SUB-SAHARAN AFRICA 82,228. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 6,000.CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 8,074. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 5,850. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 9,000. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 29,031. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 7,586. CHECK/WIRE 0. SUB-SAHARAN 21,000. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 9,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA 80,974. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 9,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 16,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 12,691, CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 214,500. 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 84,741. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 54,500. CHECK/WIRE 0. SUB-SAHARAN 21,870. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 16,400.CHECK/WIRE 0. SUB-SAHARAN AFRICA 23,254. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 280,800. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 66,600. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 410,371. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 118,118. 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 37,471. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 53,500. CHECK/WIRE 0. SUB-SAHARAN 7,000. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 28,519. CHECK/WIRE 0. SUB-SAHARAN AFRICA 91,800. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 19,200. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 9,622. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 23,534. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 10,000. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 5,371. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 31,973. CHECK/WIRE 0. SUB-SAHARAN AFRICA 56,400. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 39,433. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 67,582. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 5,030. CHECK/WIRE 0 SUB-SAHARAN 7,554. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA 74,662. CHECK/WIRE CLEFT TX Ο. SUB-SAHARAN AFRICA CLEFT TX 8,500. 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 1,075,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 9,305. CHECK/WIRE 0. SUB-SAHARAN 16,820. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 13,172. CHECK/WIRE 0. SUB-SAHARAN AFRICA 5,331. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 128,843. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 18,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 32,801. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 34,925. 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 36,870. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 10,938. CHECK/WIRE 0. SUB-SAHARAN 13,880. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 22,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA 36,975. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 8,920. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 13,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 41,500. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 17,566. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 11,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 100,200. CHECK/WIRE 0. SUB-SAHARAN AFRICA 149,978. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 5,147. CHECK/WIRE 0. SUB-SAHARAN AFRICA 140,000. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 8,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 15,099. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 158,687. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 6,395. 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 26,102. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 47,400.CHECK/WIRE 0. SUB-SAHARAN 14,040. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 11,000.CHECK/WIRE 0. SUB-SAHARAN AFRICA 9,000. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 148,026. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 308,055. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 26,600. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 19,834. 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 6,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 43,650.CHECK/WIRE 0. SUB-SAHARAN AFRICA 11,400. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 9,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA 54,650.CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 160,111. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 6,200. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 17,978, CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 6,397. 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 21,394. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 27,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA 5,112. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 5,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA 74,500. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 10,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 16,311. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 8,330. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 160,539, CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 17,500. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 6,000. CHECK/WIRE 0. SUB-SAHARAN 330,015. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 8,600. CHECK/WIRE 0. SUB-SAHARAN AFRICA 20,398. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 23,902. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 12,699. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 6,641. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 100,487. CHECK/WIRE Ο.

Schedule F (Form 990)		RAIN, INC.			13-3663			Page
Part II Continuation of 1 (a) Name of organization	of Grants and Other (b) IRS code section and EIN (if applicable)	(a) Region	tions or Entities Outside the (d) Purpose of grant	(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	30,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	42,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	12,417.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	108,600.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	14,500.	CHECK/WIRE	0.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2023

SMILE TRAIN, INC.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	EAST ASIA AND THE						
	PACIFIC -						
	AUSTRALIA,						
CLEFT TREATMENT TRAINING	BRUNEI, BURMA,	8	13,422.	CHECK/WIRE	0.		
CLEFT TREATMENT TRAINING	EUROPE	3	4,250.	CHECK/WIRE	0.		
	MIDDLE EAST AND						
CLEFT TREATMENT TRAINING	NORTH AFRICA	1	3,000.	CHECK/WIRE	0.		
	RUSSIA AND						
	NEIGHBORING						
	STATES - ARMENIA,						
CLEFT TREATMENT TRAINING	AZERBIJAN,	1	3,750.	CHECK/WIRE	0.		
CLEFT TREATMENT TRAINING	SOUTH AMERICA	3	8,230.	CHECK/WIRE	0.		
	SUB-SAHARAN						
	AFRICA - ANGOLA,						
	BENIN, BOTSWANA,						
CLEFT TREATMENT TRAINING	BURKINA FASO,	38	183,072.	CHECK/WIRE	0.		

13-3661416

Page 3

Schedule F (Form 990) 2023

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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)</i>	X Yes	No

Schedule F (Form 990) 2023

332074 11-29-23

Part V Supplemental Information

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

PART I, LINE 2:

THE GRANT BENEFICIARY MUST UPLOAD THE SURGERIES THAT HAVE BEEN PERFORMED

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

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

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

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

REQUIREMENTS.

PART I, LINE 3

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

REPRESENT FUNDING TO ORGANIZATIONS PERFORMING CLEFT SURGERIES. THESE

PAYMENTS ARE ESSENTIALLY GRANTS TO FOREIGN ORGANIZATIONS, AND SINCE THE

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

F PURPOSES, IT IS BEING CODED AS PROGRAMMATIC ACTIVITY.

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

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

TO ASSIST THOSE ORGANIZATIONS WITH THEIR OPERATING, FUNDRAISING AND

PROGRAM EXPENSES. THESE GRANTS INCLUDE FUNDING FOR CLEFT SURGERIES.

PART IV

SMILE TRAIN INC. HOLDS ONE FOREIGN INVESTMENT IN ITS ENDOWMENT

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

INVESTMENT ECLIPSES THE THRESHOLD FOR FILING EITHER THE FORM 926 OR

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

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

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

332075 11-29-23

Schedule F (Form 990) 2023

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09270507 153424 0183055-00003
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2023.05070 SMILE TRAIN, INC.

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inv	vestments vs. expenditures per region); Par	e 2 (monitoring of funds); Part I, line 3, column (f) (ac rt II, line 1 (accounting method); Part III (accounting r ile. Also complete this part to provide any additional	nethod); and Part III, column (c)
332075 11-29-23		95	Schedule F (Form 990) 2023
70507 15	3424 0183055-00003	2023.05070 SMILE TRAI	N, INC. 01830

SCHEDULE G	Suppleme	ntal Information Regarding	Euno	Iraiei	ng or Gaming A	otivi	tios	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on			• •			חחח
	c	organization entered more than \$1						2023
Department of the Treasury Internal Revenue Service	Got	Attach to Form 990 o www.irs.gov/Form990 for instru						Open to Public Inspection
Name of the organizatio						•	Employer ide	entification number
	SMILE TRAI						13-366143	
	complete this par	Complete if the organization answ t.	ered "Y	'es" or	n Form 990, Part IV, li	ne 17	'. Form 990-E2	Z filers are not
· · ·	· ·	ed funds through any of the followi	ng activ	vities.	Check all that apply.			
a 🔀 Mail solicita	tions			•	overnment grants			
	email solicitations			-	nment grants			
c X Phone solic d X In-person so		g X Specia	l fundra	aising	events			
		or oral agreement with any individua	l (includ	lina of	ficers. directors. trust	ees.	or	
•		art VII) or entity in connection with p		•		,	X Yes	s 🗌 No
b If "Yes," list the 10) highest paid indiv	viduals or entities (fundraisers) pursu	uant to	agreei	ments under which th	e fun	draiser is to b	e
compensated at le	east \$5,000 by the	organization.						
	e efinelisielsel		(iii)	 . Did			Amount paid	(vi) Amount paid
(i) Name and addres or entity (fund		(ii) Activity	have c	raiser ustody htrol of	(iv) Gross receipts from activity		r retained by) undraiser	to (or retained by)
	,			utions?	,	list	ed in col. (i)	organization
SD&A TELESERVICES	-		Yes	No				
WEST CENTURY BLVD.	, SUITE	CONSULTING		X	128,515.		172,514.	-43,999.
		1		•	100 545		100 51 5	
Total	ich the organizatio	n is registered or licensed to callet	contrib	utiona	128,515.	it ic c	172,514.	
or licensing.	ion the organizatio	n is registered or licensed to solicit	CONTRID	utions	or has been notified	IL IS E	exempt from re	gistration
		I, ID, IL, IN, IA, KS, KY, LA, ME,						
NE, NV, NH, NJ, NM, NY,	NC, ND, OH, OK, O	R,PA,RI,SC,SD,TN,TX,UT,VT,	VA,WA	, WV , W	I,WY,DC			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2023

LHA 332081 09-13-23

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 NONE	(d) Total events
		GALA	CHICAGO EVENT	NONE	(add col. (a) through col. (c))
υ		(event type)	(event type)	(total number)	
	Gross receipts	1,052,517.	73,012.		1,125,529
2	Less: Contributions	993,847.	23,012.		1,016,859
3	Gross income (line 1 minus line 2)	58,670.	50,000.		108,670
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
6 7	Food and beverages	235,928.	21,238.		257,166
8	Entertainment	151,320.			151,320
9		465,394.	23,172.		488,566
10		n 9 in column (d)			897,052
11	Net income summary. Subtract line 10 from I	ine 3. column (d)			-788,382

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

enue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
ş	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
Direct E	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8 Net gaming income summary. Subtract line 7 f	from line 1, column (d)			
	Enter the state(s) in which the organization conduct Is the organization licensed to conduct gaming act				Yes No
b	If "No," explain:				
	Were any of the organization's gaming licenses rev		• •	year?	Yes No

332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	SMILE TRAIN, INC.	13-3	8661416	Page 3
11	Does the organization conduct ga	ing activities with nonmembers?		Yes	No
		ciary or trustee of a trust, or a member of a partnership or o			
				Yes	No
13	Indicate the percentage of gaming				
		•		13a	%
				13b	%
		person who prepares the organization's gaming/special evo			
	Name				
	Address				
15a	Does the organization have a cont	act with a third party from whom the organization receives	gaming revenue?	Yes	No No
b	If "Yes," enter the amount of gami	g revenue received by the organization \$	and the amount		
	of gaming revenue retained by the	hird party \$			
c	If "Yes," enter name and address	the third party:			
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
	Description of services provided				
	Director/officer	Employee Independent contractor			
47					
17		tota lavuta maka abavitabla diatvibutiana from the coming r	araaada ta		
a		tate law to make charitable distributions from the gaming p		Vac	🗌 No
h		quirad under atota law to be distributed to other events or		Yes	
N	organization's own exempt activiti	quired under state law to be distributed to other exempt or s during the tax year \$	gamzations of spent in the		
Pa		ation. Provide the explanations required by Part I, line 2	b. columns (iii) and (v): and Pa	rt III lines 9	9b 10b
		pplicable. Also provide any additional information. See inst			00, 100,
SCH	EDULE G, PART I, LINE 2B,	IST OF TEN HIGHEST PAID FUNDRAISERS:			
	· · · ·				
(I)	NAME OF FUNDRAISER: SD&A	ELESERVICES INC.			
(I)	ADDRESS OF FUNDRAISER:				
575	7 WEST CENTURY BLVD., SUIT	300, LOS ANGELES, CA 44333			
PAR	T I, LINE 2B, COLUMN (V):				
		CHEDULE G FOR SD&A TELESERVICES REPRESENTS			
AMO	UNTS PAID ON A FISCAL YEAR	BASIS.			
3320	83 09-13-23	0.9	Sched	lule G (Form	990) 2023

SMILE TRAIN, INC.

THE FUNDRAISING EFFORTS OF THE PROFESSIONAL FUNDRAISER REPORTED IN

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

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

CONTRIBUTION TO SMILE TRAIN (AND NOT SUBSEQUENT GIVING THROUGHOUT THE

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

RECEIPTS" DERIVED FROM THE FUNDRAISER MAY APPEAR MISLEADING BECAUSE OF

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

Schedule G (Form 990)

332084 04-01-23

99 2023.05070 SMILE TRAIN, INC.

SCHEDULE I (Form 990)	Go	arants and Oth vernments, ar lete if the organizatio	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury	•	5	Attach to Form				Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization SMILE TRAIN, 1	INC.						Employer identification number 13-3661416
Part I General Information on Grants an	nd Assistance						
1 Does the organization maintain records to criteria used to award the grants or assis	tance?	-			-		
2 Describe in Part IV the organization's pro							N/ line O1 for one
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	es" on Form 990, Part	TV, line 21, for any
1 (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 noncash assistance	(h) Purpose of grant or assistance
AMERICAN CLEFT PALATE CRANIOFACIAL ASSOC. – 1504 EAST FRANKLIN STREET STE 102 – CHAPEL HILL, NC 27514	43-0793521	501(C)(3)	47,082.	0.			EDUCATION/TRAINING
APROQUEN, INC. 7040 SW 79 CT MIAMI, FL 33143	03-0427321	501(C)(3)	46,567.	0.			CLEFT SURGERIES, COMPREHENSIVE CLEFT CARE, AND EDUCATION/TRAINING
BE TEAM INTERNATIONAL INC 5901 JONESTOWN ROAD 6568 HARRISBURG, PA 17112	83-1878953		552,000.	0.			CLEFT SURGERIES AND COMPREHENSIVE CLEFT CARE
CHILDREN'S HEALTHCARE OF ATLANTA INC - 1575 NORTHEAST EXPRESSWAY - ATLANTA, GA 30329	58-2367819	501(C)(3)	7,000.	0.			EQUIPMENT
CLEAR GLOBAL, INC (TRANSLATORS WITHOUT BORDERS) – 9169 W STATE ST 3055 – GARDEN CITY, ID 83714	27-3840123	501(C)(3)	18,360.	0.			COMPREHENSIVE CLEFT CARE AND EDUCATION/TRAINING
CORE GROUP 1901 PENNSYLVANIA AVE NW 902 WASHINGTON, DC 20006	31-1744950	501(C)(3)	7,000.	0.			COMPREHENSIVE CLEFT CARE
2 Enter total number of section 501(c)(3) ar	nd government org	ganizations listed in th	e line 1 table				
3 Enter total number of other organizations	listed in the line ⁻	1 table					

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

Schedule I (Form 990) SMILE TRAIN, I							13-3661416 Page
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	1
(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
GHAYOUR CHARITABLE FOUNDATION (FBM							
LAZER ESTETIK PLASTIK CERRAHI							
KLINIGI SAN.TIC - 3705 S. GEORGE							COMPREHENSIVE CLEFT CARE
MASON DR. APT. 1214S - FALLS	99-0483444	501(C)(3)	134,250.	0.			AND EDUCATION/TRAINING
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L LEVY PLACE -							
NEW YORK, NY 10029	13-6171197	501(C)(3)	39,762.	0.			RESEARCH
INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH - 1619 DUKE STREET							
- ALEXANDRIA, VA 22314-3406	54-1790186	501(C)(3)	8,973.	0.			COMPREHENSIVE CLEFT CARE
LIFEBOX FOUNDATION, INC. 195 MONTAGUE ST, 14TH FLOOR BROOKLYN, NY 11201	46-2266526	501(C)(3)	962,173.	0.			EDUCATION/TRAINING AND EQUIPMENT
,			,				
OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HWY BH 546 NEW ORLEANS, LA 70121	72-0502505	501(C)(3)	11,480.	0.			COMPREHENSIVE CLEFT CARE AND EQUIPMENT
PLASTIC SURGERY FOUNDATION 444 E ALGONQUIN RD.							
NORWOOD, MA 02062	59-6144450	501(C)(3)	100,000.	0.			EDUCATION/TRAINING
SAFE SURGERY INITIATIVE, INC. 2151 N HERITAGE ST							
BUCKEYE, AZ 85396	27-1642249	501(C)(3)	22,174.	0.			EDUCATION/TRAINING
SEATTLE CHILDREN'S HOSPITAL DBA SEATTLE CHILDREN'S RESEARCH - PO BOX 5371 MS 818-FI - SEATTLE, WA							
98145-5005	91-0564748	501(C)(3)	45,841.	0.			EDUCATION/TRAINING
SEATTLE CHILDREN'S HOSPITAL FOUNDATION - 4800 SAND POINT WAY							COMPREHENSIVE CLEFT CARE
NE - SEATTLE, WA 98105	91-1156519	501(C)(3)	24,620.	Ο.			AND EDUCATION/TRAINING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
UNIVERSITY OF MISSISSIPPI FOUNDATION - 406 UNIVERSITY AVENUE								
- OXFORD, MS 38655	23-7310293	501(C)(3)	7,000.	0.			COMPREHENSIVE CLEFT CARE	
UNIVERSITY OF SAN FRANCISCO (UCSF) FOUNDATION - 2001 THE EMBARCADERO 3RD FLOOR - SAN FRANCISCO, CA								
94133	94-2829914	501(C)(3)	22,000.	0.			EDUCATION/TRAINING	
UTAH SMILES FOUNDATION 3248 N 1300 E	84-2269006	501/(3)/(3)	17 697	0.			COMPREHENSIVE CLEFT CARE	
LEHI, UT 84043 WVU FOUNDATION, INC.	84-2269006	501(C)(3)	17,687.	0.			AND EQUIPMENT	
ONE WATERFRONT PLACE, 7TH FL., PO BOX 1650 - MORGANTOWN, WV								
26507-1650	55-6017181	501(C)(3)	6,500.	0.			COMPREHENSIVE CLEFT CARE	

Schedule I (Form 990)

Schedule I (Form 990) 2023

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 assistance
Part IV Supplemental Information. Provide the information r					

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)

332291 04-01-23

> 104 2023.05070 SMILE TRAIN, INC.

SCHEDULE J (Form 990)		Compensation Information		OMB No. 1545-0047							
		For certain Officers, Directors, Trustees, Key Employees, and Highest									
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Ζυζυ							
	tment of the Treasury	Attach to Form 990.		Open to		ic					
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer ide		ection	mhor					
inari	e of the organization	SMILE TRAIN, INC.	Employer ider		on nui	nper					
SMILE TRAIN, INC. 13-3661416 Part I Questions Regarding Compensation 13-3661416											
14	att Question				Yes	No					
19	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990		165						
ia		line 1a. Complete Part III to provide any relevant information regarding these items.	550,								
	First-class or c		nal use								
	Travel for com	i i i i i i i i i i i i i i i i i i i									
	Tax indemnification and gross-up payments Health or social club dues or initiation fees										
	Discretionary spending account Personal services (such as maid, chauffeur, chef)										
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or									
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b							
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,									
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х						
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	\$								
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to								
		ation of the CEO/Executive Director, but explain in Part III.									
	X Compensation										
	·	compensation consultant									
	Form 990 of o	ther organizations	ommittee								
	Duning the user dis										
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
а	-	-		4a	х						
b				4b		x					
				4c		x					
•	c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.									
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n								
	contingent on the r	evenues of:									
а	The organization?			5a		х					
		ation?		5b		X					
		or 5b, describe in Part III.									
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n								
	contingent on the r	•									
				<u>6a</u>		X					
		ation?		6b		X					
		or 6b, describe in Part III.									
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			-						
		nes 5 and 6? If "Yes," describe in Part III		7	х						
8	•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	10								
~				8		X					
9		id the organization also follow the rebuttable presumption procedure described in									
	Regulations section			9							
⊦or	Paperwork Reduct	ion Act Notice, see the Instructions for Form 990.	Schedule	J (Forr	n 990)	2023					

LHA 332111 11-06-23

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-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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)		429,472.	100,000.	0.	12,199.	27,673.	569,344.	٥.	
PRESIDENT/CEO/EXEC VICE CHAIR	(ii)	0.	0.	0.	0.	0.	0.	٥.	
(2) ASHLEY OCHS	(i)	252,499.	35,000.	0.	16,100.	19,729.	323,328.	0.	
COO, SECRETARY & GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) BEATRIZ GONZALEZ	(i)	127,782.	35,000.	115,833.	7,560.	17,841.	304,016.	٥.	
FORMER CFO (THRU 06/2023)		0.	0.	0.	0.	0.	0.	٥.	
(4) ERIN STIEBER		224,928.	30,000.	0.	15,025.	32,641.	302,594.	0.	
CHIEF PROGRAMS STRATEGY OFF.	(i) (ii)	0.	0.	0.	0.	0.	0.	٥.	
(5) ELYSE TAUB	(i)	229,058.	30,000.	0.	13,683.	11,134.	283,875.	٥.	
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) TROY REINHART	(i)	204,406.	25,000.	0.	13,220.	21,403.	264,029.	٥.	
SVP, COMTY. & AMBASSADOR DEV.	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) PHILIP CARROLL	(i)	209,440.	15,000.	0.	13,089.	11,134.	248,663.	0.	
SENIOR VP, COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) VIVIAN LEWIS	(i)	194,147.	12,000.	0.	9,993.	21,341.	237,481.	0.	
VP, HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) R. JAMES MADIGAN	(i)	183,840.	10,000.	0.	7,432.	27,579.	228,851.	0.	
IN-HOUSE COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) WENDELL THOMAS	(i)	183,860.	10,000.	0.	11,148.	11,041.	216,049.	0.	
VP, INFORMATION SYSTEMS & TECH.	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

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

PART I, LINE 4A:

FORMER CHIEF FINANCIAL OFFICER, BEATRIZ GONZALEZ, RECEIVED A SEPARATION

PAYMENT IN CALENDAR YEAR 2023 IN THE AMOUNT OF \$115,833; THIS AMOUNT HAS

BEEN REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III).

PART I, LINE 7:

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

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

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

BONUSES ARE PERFORMANCE BASED AND NONE OF THE INDIVIDUALS WHO RECEIVED

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

BONUSES.

Schedule J (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

23

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

ZU

Name of the organization

SMILE

TRAIN,	INC.
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Par	rt 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 dete noncash contributi		ts
1	Art - Works of art			, , <u>,</u>			
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	119	1,628,858.	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 ()		 				
29	Number of Forms 8283 received by the organiz for which the organization completed Form 828						
	for which the organization completed Form 820	DO, Fart V, L	onee Acknowledg	ement 29		Yes	No
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I, lines 1 throug	h 28 that it	165	
004	must hold for at least 3 years from the date of t				· ·		
	exempt purposes for the entire holding period?		-			30a	x
b	If "Yes," describe the arrangement in Part II.					000	
31	Does the organization have a gift acceptance p	olicv that re	auires the review o	of any nonstandard contribut	ions?	31 X	
	Does the organization hire or use third parties of	-	-	•			<u> </u>
	contributions?		-			32a X	
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	ked,		
	describe in Part II.	. ,					

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23 Schedule M (Form 990) 2023 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) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



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 PERSON 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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 110 Schedule O (Form 990) 2023

09270507 153424 0183055-00003

Schedule O (Form 990) 2023	Page
Name of the organization SMILE TRAIN, INC.	Employer identification numbe
THE WORLD, SMILE TRAIN HAS TRANSFORMED THE LIVES OF MORE THAN 2 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.	
132212 11-14-23 111	Schedule O (Form 990) 2
0507 153424 0183055-00003 2023.05070 SMTLE TRAT	IN TNC. 018

Schedule O (Form 990) 2023

Page **2**

Schedule O (Form 990) 2023	Page 2
Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
THESE EXPENSES EXCLUDE \$30,349,026 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	
332212 11-14-23 112	Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number 13-3661416
SMILE TRAIN, INC.	13-3001410
FREE VIRTUAL SURGERY TRAINING MATERIALS TO OUR GLOBAL NETWORK OF	
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,	
UNITED KINGDOM, CANADA, KENYA	
FORM 990, PART VI, SECTION B, LINE 11B:	
SMILE TRAIN'S FORM 990 WAS PREPARED BY A NATIONALLY RECOGNIZED ACCOUNTING	
FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE FORM	
990 WAS PRESENTED TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS IN APRIL	
OF 2025 AND, ONCE APPROVED, IT WAS DISTRIBUTED TO THE FULL BOARD OF	
DIRECTORS FOR REVIEW AND COMMENT. AFTER PROVIDING AN APPROPRIATE TIME	
PERIOD OF REVIEW, SMILE TRAIN ELECTRONICALLY FILED THE FORM 990 WITH THE	
INTERNAL REVENUE SERVICE.	

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Name of the organization

SMILE TRAIN, INC.

Page 2 Employer identification number 13-3661416

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:

THE BOARD OF DIRECTORS PERIODICALLY UTILIZES THE SERVICES OF INDEPENDENT

COMPENSATION CONSULTANTS TO PROVIDE COMPARATIVE DATA AND OPINE ON THE

REASONABLENESS OF THE EXECUTIVE DIRECTOR'S AND OTHER EMPLOYEES'

COMPENSATION AS WELL AS TOP EXECUTIVES. ALL COMPENSATION DECISIONS MUST BE

APPROVED BY SMILE TRAIN'S COMPENSATION COMMITTEE AND ALL DECISIONS ARE

MEMORIALIZED IN COMMITTEE MEETING MINUTES. SMILE TRAIN IS IN THE PROCESS OF

COMMISSIONING A CURRENT COMPENSATION STUDY FROM AN INDEPENDENT THIRD PARTY

CONSULTANT THAT WILL INFORM SMILE TRAIN'S EXECUTIVE COMPENSATION DECISIONS

IN THE ENSUING YEARS.

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

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Schedule O (Form 990) 2023

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Name of the organization SMILE TRAIN, INC.		Employer identification number 13-3661416
ON PERFORMANCE AS INFORMED BY THE ANNUAL PERFORMANCE	MANAGEMENT PROCESS.	
THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS	ALSO USES COMPARATIVE	
COMPENSATION DATA FROM OUTSIDE SOURCES. PERIODICALLY	, AN OUTSIDE	
COMPENSATION CONSULTANT IS RETAINED TO OPINE ON THE	REASONABLENESS OF THE	
COMPENSATION OF THE HIGHEST PAID EXECUTIVES, INCLUDI	NG THE TOP 5 HIGHEST	
PAID COMPARED TO A SELECTED PEER GROUP OF CHARITABLE	ORGANIZATIONS. ALL	
COMPENSATION DECISIONS MUST BE APPROVED BY SMILE TRA	IN'S COMPENSATION	
COMMITTEE AND ALL DECISIONS ARE MEMORIALIZED IN COMM	ITTEE 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,M	N,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 ORGANIZATIO	N'S WEBSITE AT	
WWW.SMILETRAIN.ORG/FINANCIALS. THE ORGANIZATION'S FI	NANCIAL 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 GAIN	155,204.	
RESCINDED/REFUNDED GRANTS	140,364.	
TOTAL TO FORM 990, PART XI, LINE 9	295,568.	

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Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

SMILE TRAIN, INC.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SMILE TRAIN INTERNATIONAL, LLC					
633 THIRD AVENUE					
NEW YORK, NY 10017	INACTIVE	DELAWARE	Ο.	0.	SMILE TRAIN
SMILE TRAIN REAL ESTATE, LLC					
633 THIRD AVENUE					
NEW YORK, NY 10017	HOLD REAL ESTATE	NEW YORK	0.	16,978,470.	SMILE TRAIN
	-				

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) rolled tity?
				501(c)(3))		Yes	No
THE SMILE TRAIN UK							
10 QUEEN STREET PLACE							
, LONDON, UNITED KINGDOM EC4R 1BE	SEE PART VI	UNITED KINGDOM		N/A	SMILE TRAIN	х	
THE SMILE TRAIN CANADA FOUNDATION							
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	x	

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

Schedule R (Form 990) 2023

OMB No. 1545-0047

23 Open to Public Inspection

Go to www.irs	s.gov/Form990 fo	or instructions	and the lates	t information

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	contr	(g) tion 512(b)(13) controlled rganization?	
				501(c)(3))		Yes	No	
THE SMILE TRAIN INDIA	_							
PLOT NO 3, LSC, SECTOR C	_							
VASANT KUNJ, NEW DELHI, INDIA	SEE PART VI	INDIA		N/A	SMILE TRAIN	X		
YAYASAN SMILE TRAIN INDONESIA	_							
JI. TB SIMATUPANG KAV 22-26 TALAVERA OFFICE	_							
, 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	Х		
ASSOCIACAO SMILE TRAIN BRAZIL								
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	7							
, DEL. BENITO JUAREZ, MEXICO	SEE PART VI	MEXICO		N/A	SMILE TRAIN	x		
SIMULARE MEDICAL INC.								
174 SPADINA AVENUE, SUITE 404	-							
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		1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(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 itions?	amount in box 20 of Schedule	Gener mana partn	al or Percenta ^{jing} ownersh
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	1										
	1										
	1		l			1					

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

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

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Par	ts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)		x	٢
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)	<u>1e</u>		
Dividends from related organization(s)			
Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	<u>1i</u>		
Lease of facilities, equipment, or other assets to related organization(s)		_	
Lease of facilities, equipment, or other assets from related organization(s)	1k		
	11	X	ζ
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
Sharing of paid employees with related organization(s)		X	2
Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
Reimbursement paid by related organization(s) for expenses		X	2
Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization(s)	1s		

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE SMILE TRAIN UK	с	7,049,773.	FMV
(2) THE SMILE TRAIN STIFTUNG	С	488,737.	FMV
(3)			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2023 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) 2023

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,

THE SMILE TRAIN CANADA FOUNDATION, SMILE TRAIN PHILIPPINES FOUNDATION,

ASSOCIACAO SMILE TRAIN BRAZIL, FUNDACION SMILE TRAIN MEXICO AND YAYASAN

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, INDONESIA, 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 SMILE TRAIN KENYA DID NOT HAVE ANY OPERATING

ACTIVITIES DURING THE CURRENT YEAR.

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332165 09-28-23

Part VII Supplemental Information

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

PART IV, LINE 1

THE SMILE TRAIN UK TRADING COMPANY LIMITED WAS INCORPORATED IN JUNE

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

BY SHARES WITH UK AS THE SOLE MEMBER.

Schedule R (Form 990) 2023

332165 09-28-23

09270507 153424 0183055-00003

Form 8879-TE		IRS E-file Signature Authorization for a Tax Exempt Entity						OMB No. 1545-0047	
Form U	013-		For calendar w		or fiscal year beginning JUL 1	-	-	, ₂₀ 24	0000
			i or calcindar y	cai 2020,	Do not send to the IF			, <u>20</u>	2023
	ent of the Tr evenue Ser			C	Go to www.irs.gov/Form88	379TE for the la	test information.		
Name o	f filer							EIN or SSN	
	S	MILE TRA	IN, INC.					13-36	61416
Name a	nd title of	officer or pe	erson subject to	tax	SUSANNAH SCHAEFER				
					PRESIDENT & CEO				
Part	1	Type of	Return and	d Retu	urn Information				
Form 5 or 10a whiche	330 filer: below, a	s may ente Ind the amo Iplicable, b	r dollars and o ount on that li	cents. F ne for t	using this Form 8879-TE an For all other forms, enter wh the return being filed with th). But, if you entered -0- on t	ole dollars only. is form was blar	If you check the box on the leave line 1b ,	on line 1a, 2a, 2b, 3b, 4b, 5b	3a, 4a, 5a, 6a, 7a, 8a, 9a, , 6b, 7b, 8b, 9b, or 10b,
1a	Form 9	90 check ł	nere		b Total revenue, if any (F	⁻ orm 990, Part V	/III, column (A), line 12)	1b
2a	Form 9	90-EZ che	eck here		b Total revenue, if any (F				
3a	Form 1	120-POL	check here		b Total tax (Form 1120-P				3b
4a	Form 9	90-PF che	eck here		b Tax based on investm	ent income (Fo	rm 990-PF, Part V, line	e 5)	4b
5a	Form 8	868 check	here		b Balance due (Form 886	68, line 3c)			5b
6a	Form 9	90-T chec	k here	Х	b Total tax (Form 990-T,	Part III, line 4)			6b <u>0.</u>
7a	Form 4	720 check	here		b Total tax (Form 4720, F				
8a	Form 5	227 check	here		b FMV of assets at end				
9a			here		b Tax due (Form 5330, P				9b
10a		038-CP cł			b Amount of credit payn				10b
Part	11	Declarat	tion and Si	gnatu	ure Authorization of C	Officer or Pe	rson Subject to 1	Tax .	
2023 e compleinterme acknow of any entry tr financia later th payme person PIN: cl	lectronic ete. I furti ediate se vledgem refund. Ito o the fina al institut an 2 bus nt of taxa al identif neck one I auth as my with a on th As ar returr IRS F	return and her declare rvice provi- ent of rece f applicable ancial instit tion to deb siness days es to receiv- rication nur e box only norize <u>GRA</u> y signature a state age e return's on n officer or n. If I have	accompanyin that the amo der, transmitter ipt or reason f e, I authorize t ution account it the entry to prior to the p ve confidential nber (PIN) as in ANT THORNTCO on the tax ye ncy(ies) regula disclosure con person subject indicated with rogram, I will	ng sche unt in F er, or el for rejection the U.S. indicat this accuration ayment l inform my sign DN ADV at 2023 ating ch asent sc ct to tax- in this i	ERO firm nam 3 electronically filed return. I harities as part of the IRS Fe	, to the best of n hown on the co RO) to send the o) the reason for d Financial Ager oftware for paym t, I must contact thorize the finar inquiries and res irm and, if applic e f I have indicate ed/State program	my knowledge and be py of the electronic re return to the IRS and any delay in processi nt to initiate an electro- ient of the federal taxe the U.S. Treasury Fin icial institutions involv solve issues related to able, the consent to e able, the consent to e n, I also authorize the IN as my signature on d with a state agency(i	ief, they are truiturn. I consent to receive from ng the return or onic funds withdes owed on this bancial Agent at red in the proce the payment. I lectronic funds to enter my P at a copy of the aforementioned the tax year 20	e, correct, and to allow my the IRS (a) an refund, and (c) the date Irawal (direct debit) return, and the 1-888-353-4537 no ssing of the electronic have selected a withdrawal. N 26633 Enter five numbers, but do not enter all zeros return is being filed d ERO to enter my PIN 123 electronically filed harities as part of the
Part			ation and A	uther	ntication			Dale	
					c filing identification				
		-	your five-digi		-	[13976699185 Do not enter all ze	ros	
submit		return in a	•	-	J, which is my signature on t equirements of Pub. 4163,		•		
ERO's s	ignature						Date		
					RO Must Retain This				
	-				bmit This Form to the		Requested To D	00 S0	- 0070 TF
For Pri	vacy Ac	t and Pape	erwork Reduc	ction A	Act Notice, see instructions	5.			Form 8879-TE (2023)
LHA 3	02521 01-0	05-24				123			

09270507 153424 0183055-00003 2023.05070 SMILE TRAIN, INC. 01830551

Form	990-T	E	Exempt Organization Business Inco		Tax Retu	rn	F	OMB No. 1545-0047
			(and proxy tax under section 6033	,				0000
		For ca		_	UN 30, 2024	·		2023
Departn Internal	nent of the Treasury Revenue Service		Go to www.irs.gov/Form990T for instructions and the l to not enter SSN numbers on this form as it may be made public if you			8).	0 50	pen to Public Inspection for 01(c)(3) Organizations Only
A 🗌	Check box if address changed.		Name of organization (Check box if name changed and see instru	uctions.)		D	Emplo	oyer identification number
B Exe	empt under section	Print	SMILE TRAIN, INC.				1	3-3661416
	501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.					exemption number nstructions)
	408(e) 220(e)	Туре	633 THIRD AVENUE 9TH FL.				(300 11	lat detionay
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code					
	529(a) 529A		NEW YORK, NY 10017			F [Check box if
		C Bo	ok value of all assets at end of year	384,3	154,596.			an amended return.
G C	heck organization t	type	X 501(c) corporation 501(c) trust 401(a) trust 6417(d)(1)(A) Applicable entity		Other trust	Sta	ate c	ollege/university
H C	heck if filing only to	o claim	Credit from Form 8941 Refund shown on Form 2	2439 [Elective pay	ment ar	mou	nt from Form 3800
I C	heck if a 501(c)(3) o	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corp	poration				
			ed Schedules A (Form 990-T)					
			e corporation a subsidiary in an affiliated group or a parent-subsid	diary co	ontrolled group?			Yes X No
			d identifying number of the parent corporation					
	ne books are in car		PREMALI SHAH d Business Taxable Income	Telep	hone number	212-	689	-9199
Par								
1			ess taxable income computed from all unrelated trades or busine	-	-		_	0.
2								
3							3	0.
4			(see instructions for limitation rules)					0.
5			taxable income before net operating losses. Subtract line 4 from					
6 7			ing loss. See instructions			🗖	>	
'	Subtract line 6 fro					7	,	
8			erally \$1,000, but see instructions for exceptions)					1,000.
9			eduction. See instructions					_,
10			ines 8 and 9				0	1,000.
11			able income. Subtract line 10 from line 7. If line 10 is greater that					0.
Par	t II Tax Com	putat	on					
1	Organizations ta	xable	as corporations. Multiply Part I, line 11 by 21% (0.21)			_1	1	0.
2		_	rates. See instructions for tax computation. Income tax on the a					
			_ Tax rate schedule or Schedule D (Form 1041)					
3			ons					
4			instructions					
5	Alternative minim	um tax				. 5		
6 7			acility income. See instructions gh 6 to line 1 or 2, whichever applies			. 6		0.
7 Par								••
1a	Foreign tax credit	(corpo	rations attach Form 1118; trusts attach Form 1116)	1a				
b	Other credits (see		· · · · · · · · · · · · · · · · · · ·	1b				
с	General business	credit.	Attach Form 3800 (see instructions)	1c		_		
d	Credit for prior-ye	ar mini	mum tax (attach Form 8801 or 8827)	1d				
е	Total credits. Ad	ld lines	1a through 1d			. 1	е	
2	Subtract line 1e f	rom Pa	rt II, line 7			2	2	0.
3a	Amount due from			3a		_		
b	Amount due from			3b				
C	Amount due from		2000	3c		_		
d	Amount due from			3d		_		
e	Other amounts du	•		3e		\dashv		0.
f 1			lines 3a through 3e			. 3	or	υ.
4			nd 3f (see instructions).			4	1	0.
5			lity paid from Form 965-A, Part II, column (k)					0.
LHA			on Act Notice, see instructions. 323701 11-20-23					Form 990-T (2023)
			124					

^{2023.05070} SMILE TRAIN, INC.

Form 9	90-T (2023)			F	age 2
Part	III Tax and Payments (continued)				
6 a	Payments: Preceding year's overpayment credited to the current year	6a			
b	Current year's estimated tax payments. Check if section 643(g) election				
	applies	6b			
с	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
е	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941)				
g	Elective payment election amount from Form 3800	6g			
h	Payment from Form 2439	6h			
i	Credit from Form 4136	. 6i			
j	Other (see instructions)				
7	Total payments. Add lines 6a through 6j		7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	paid	10		
_11	Enter the amount of line 10 you want: Credited to 2024 estimated tax	Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Informat	tion (see instructions)			
1	At any time during the 2023 calendar year, did the organization have an interest in o	r a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	e organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	ne name of the foreign country			
	hereSEE STATEMENT 1			X	
2	During the tax year, did the organization receive a distribution from, or was it the gra	antor of, or transferor to, a			
	foreign trust?				X
	If "Yes," see instructions for other forms the organization may have to file.				
3	Enter the amount of tax-exempt interest received or accrued during the tax year	\$			
4	Enter available pre-2018 NOL carryovers here \$ Do not	include any post-2017 NOL car	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	any deduction reported on Part	I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-201	7 NOL carryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fc	or the tax year. See instructions.		_	
	Business Activity Code	Available post-2017 NOL	carryover		
		\$		_	
		\$			
		\$			
		\$			
6 a	Reserved for future use				
b	Reserved for future use				
Part	V Supplemental Information				

Provide any additional information. See instructions.

	Under penalties of perjury, I declare that I have examined correct, and complete. Declaration of preparer (other tha			as any knowledge.	weldge and belief, it is true, May the IRS discuss this return with the preparer shown below (see	
	Signature of officer	Date	Title		instructions)? X Yes No	
Paid Preparer	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature	Date	Check self-employ	if PTIN yed P00741490	
Use Only	Firm's name GRANT THORNTON AD	Firm's EIN	Firm's EIN 99-1856619			
•••• •,		UE, 3RD FLOOR				
	Firm's address NEW YORK, NY 1	0017-2013		Phone no.	(212) 599-0100	

Form **990-T** (2023)

323711 11-20-23

FORM 990-T NAME OF FOREIGN COUNTRY IN WHICH STATEMENT 1 ORGANIZATION HAS FINANCIAL INTEREST

NAME OF COUNTRY

INDIA CHINA INDONESIA PHILIPPINES BRAZIL MEXICO UNITED ARAB EMIRATES GERMANY UNITED KINGDOM CANADA KENYA



Alternative Minimum Tax-Corporations

OMB No. 1545-0123

Attach to your tax return.

Go to www.irs.gov/Form4626 for instructions and the latest information.

	2023
Em	ployer identification number

	SMILE TRAIN, INC.					13-36614	16
A	Is the corporation filing this form a member of a controlled group treated as a single	emplov	er under sections 59(k)	1)(D) and 52?		Yes	X No
	If "Yes," the corporation must complete Part V listing the names, EINs, and		()		····· L		
	statement income or loss for each member of the controlled group treated	-					
	account in the determination of "applicable corporation" under section 59(• • •				
	Is the corporation filing this form a member of a foreign-parented multinational grou			section 59(k)(2)	(B)? [Yes	X No
	If "Yes," the corporation must complete Part V listing the names, EINs, and	• •	,	()()	(2).		
	statement income or loss for each member of the FPMG under section 59(•					
Pa	rt I Applicable Corporation Determination (Report all am	nounts i	n U.S. dollars.)				
	If you have already determined in current or prior years you are an a			Part I and contir	nue to Pa	art II.	
			(a) First Preceding	(b) Second Pr			Preceding
			Year Ended	Year End	ied	Year I	Ended
1	Net income or loss per applicable financial statement(s) (AFS) (see inst):						
а	Consolidated net income or loss per the AFS of the corporation	1a					
b	Include AFS net income or loss of other includible entities (add						
	net income and subtract net loss)	1b					
с	Exclude AFS net income or loss of excludible entities (add net						
	loss and subtract net income)	1c					
d	Adjustment for certain consolidating entries (see instructions)	1d					
е	Specified additional net income or loss item B. Reserved for future use	1e					
f	AFS net income or loss of all entities in the test group before						
	adjustments. Combine lines 1a through 1d	1f					
2	Adjustments:						
а	Financial statements covering different tax years	2a					
b	Corporations that are not included on the taxpayer's consolidated						
	return (see instructions)	2b					
с	Pro-rata share of net income from controlled foreign corporations for						
	which the corporation is a U.S. shareholder. If zero or less, enter -0-						
	(see instructions for special rules if completing this form for an FPMG)	2c					
d	Amounts that are not effectively connected to a U.S. trade or business						
	(see instructions for special rules if completing this form for an FPMG)	2d					
е	Certain taxes (see instructions)	2e					
f	Patronage dividends and per-unit retain allocations (cooperatives only)	2f					
g	Alaska native corporations	2g					
h	Certain credits (see instructions)	2h					
i	Mortgage servicing income	2 i					
j	Tax-exempt entities (organizations subject to tax under section 511)	2j					
k	Depreciation	2k					
Т	Qualified wireless spectrum	21					
m		2m					
n	Adjustments related to bankruptcy and insolvency	2n					
о	Certain insurance company adjustments	2 0					
р	Adjustment P - Reserved for future use	2p					
q	Adjustment Q - Reserved for future use	2q					
r	Adjustment R - Reserved for future use	2r					
S	Adjustment S - Reserved for future use	2s					
z	Other (see instructions)	2z					
3	Specified adjustment. Reserved for future use	3					
4	Total adjustments. Combine lines 2a through 2z	4				 	
5	AFSI. Combine lines 1f and 4	5				 	
6	AFSI of first, second, and third preceding tax years. Combine columns (a)	, (b), an	id (c) of line 5			 	
7	3-year average annual AFSI (see instructions)	<u></u>			7	<u> </u>	
LHA	For Paperwork Reduction Act Notice, see separate instructions.		316231 02-12-24			Form 4	1626 (2023)

Form 4	626 (2023)				Page 2
Part	Applicable Corporation Determination (Report all amound)	unts in U.S.	dollars.) (continued	d)	
8	Is line 7 more than \$1 billion?				
	Yes. Continue to line 9.				
	No. STOP here and attach to your tax return.				
9	Is the corporation a member of an FPMG within the meaning of section 5	59(k)(2)(B)?			
	Yes. Continue to line 10.				
	No. Continue to Part II.				
			(a)	(b)	(c)
			First Preceding	Second Preceding	Third Preceding
			Year Ended	Year Ended	Year Ended
10	AFSI for purposes of the \$100 million test before adjustments:				
а	AFSI from line 5	10a			
b	Aggregation differences (see instructions)	10b			
С	Total AFSI for purposes of the \$100 million test before adjustments.				
	Combine lines 10a and 10b	10c			
11	Adjustments:				
а	Income not effectively connected to a U.S. trade or business	11a			
b	Pro-rata share of CFC net income described in section 56A(c)(3)				
	(attach worksheet) (see instructions)	11 b			
с	Reserved for future use - Other adjustments 1	11c			
d	Reserved for future use - Other adjustments 2	11d			
12	Total adjustments. Combine lines 11a and 11b	12			
13	Total AFSI for purposes of the \$100 million test. Combine lines				
	10c and 12	13			
14	AFSI of first, second, and third preceding tax years. Combine columns (a	a), (b), and ((c) of line 13		
15	3-year average annual AFSI for purposes of the \$100 million test				
16	Is line 15 \$100 million or more?				
	Yes. Continue to Part II.				
	No. STOP here. Attach to your tax return.				

Form **4626** (2023)

	4626 (2023)		Page 3
Pa	rt II Corporate Alternative Minimum Tax		
1	Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
а	Consolidated net income or loss per the AFS of the corporation	1a	-1,000.
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)		
с	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	. 1c	
d	Adjustment for certain consolidating entries (see instructions)	1d	
е	Specified additional net income or loss item D. Reserved for future use		
f	AFS net income or loss before adjustments. Combine lines 1a through 1d		-1,000.
2	Adjustments:		
а	Financial statements covering different tax years	2a	
b	Reserved for future use - Adjustment 2b		
с	Corporations that are not included on the taxpayers - consolidated return (see instructions)	0	
d	The corporation's distributive share of adjusted financial statement income of partnerships		
e	Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S.		
U		2e	
f	Amounts that are not effectively connected to a U.S. trade or business		
g			
h :			
1	Alaska native corporations		
J	Certain credits (see instructions)		
k	Mortgage servicing income		
I	Covered benefit plans described in section 56A(c)(11)(B)		
m	Tax-exempt entities (organizations subject to tax under section 511)		
n	Depreciation		
0	Qualified wireless spectrum		
р	Covered transactions		
q	Adjustments related to bankruptcy and insolvency		
r	Certain insurance company adjustments	2r	
S	AFSI adjustment S · Reserved for future use	2s	
t	AFSI adjustment T - Reserved for future use	2t	
u	AFSI adjustment U - Reserved for future use	2u	
z	Other (see instructions)	2z	
3	Total adjustments. Combine lines 2a through 2z	3	
4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4	-1,000.
5	Financial statement net operating loss (FSNOL) (see instructions)	5	
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-		
7	Multiply line 6 by 15% (0.15)	7	
8	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)		
9	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-)		
10	Regular tax liability (see instructions)		
11	Base erosion minimum tax (see instructions)		
12	Combine lines 10 and 11	12	
13	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form		
10	1100 Ocheshield Line Oceanity into the second state in a state of the second state in a second state of the	13	
Pa	t III Adjustment for Certain Taxes Under Section 56A(c)(5)	. 10	
		1	
1	Current income tax provision - Foreign		
2	Current income tax provision - Federal		
3	Deferred income tax provision - Foreign		
4	Deferred income tax provision - Federal		
5	Income taxes included in equity method investment income		
	Adjustment A - Reserved for future use		
	Adjustment B - Reserved for future use	6b	
C	Adjustment C - Reserved for future use	6c	
c	Adjustment D - Reserved for future use	6d	
e	Adjustment E - Reserved for future use	6e	
f	Adjustment F - Reserved for future use	6f	
ç	Adjustment G - Reserved for future use	6g	
ł	Adjustment H - Reserved for future use	6h	
	Income taxes in other places	6z	
_ 7	Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	. 7	
31623	3 02-12-24 129		Form 4626 (2023)

09270507 153424 0183055-00003

2023.05070 SMILE TRAIN, INC.

Form **4626** (2023) 01830551

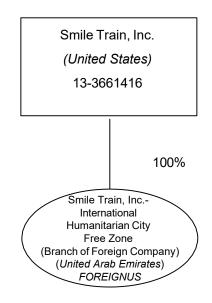
Form	4626 (2023)		Page 4		
Pa	rt IV Alternative Minimum Tax - Corporations Foreign Tax Credi	t			
Sec	tion I - AMT Foreign Tax Credit				
1	Domestic corporation AMT foreign income taxes:				
а	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B,				
	Part I, column 2(j)	1a			
b	Adjustment	1b			
с	Adjustment	1c			
d	Adjustment	1d			
е	Adjustment	1e			
f	Adjustment	1f			
g	Adjustment	1g			
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g		2		
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:				
а	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line				
	11, column (n)	3a			
b	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3b			
С	Total CFC AMT foreign income taxes. Add lines 3a and 3b			3c	
d	Percentage specified in section 55(b)(2)(A)(i)	3d	15%		
е	Pro-rata share of CFC net income described in section 56A(c)(3) (attach				
	worksheet) (see instructions)	3e			
f	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e)			3f	
g	Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f)			3g	
4	CAMT FTC Line 4 - Reserved for future use			4	
5	CAMT FTC Line 5 - Reserved for future use			5	
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part I	II, line 8		6	

Form 4626 (2023)

Electronic Filing PDF Attachment

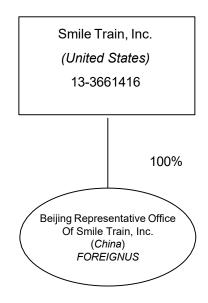
SMILE TRAIN, INC.- INTERNATIONAL HUMANITARIAN CITY FREE ZONE (BRANCH OF FOREIGN COMPANY) FOREIGNUS

Chart Attached to and Made a Part of Form 8858 Information Return of U.S. Persons With Respect to Foreign Disregarded Entities and Foreign Branches For the Taxable Year Ended June 30, 2023 Page 1, Line 5



BEIJING REPRESENTATIVE OFFICE OF SMILE TRAIN, INC. FOREIGNUS

Chart Attached to and Made a Part of Form 8858 Information Return of U.S. Persons With Respect to Foreign Disregarded Entities and Foreign Branches For the Taxable Year Ended June 30, 2023 Page 1, Line 5



Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Information								
For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2023 and Ending (mm/dd/yyyy) 06/30/2024								
Check if Applicable:	Name of Org		۱C.		Employer Identification Number (EIN): $13 - 3661416$			
Name Change Mailing Address: NY Registration Number: Initial Filing 633 THIRD AVENUE 9TH FL. 06-55-67								
Final Filing City / State / ZIP: Telephone: Amended Filing NEW YORK, NY 10017 212 689-9199								
Reg ID Pending	Website: WWW • SM	ILETRAIN	ORG		Email:			
Check your organization's	3			0				
registration category:	7A o	nly EPTL	only X DUAL (7A &		onfirm your Registration Category in the narities Registry at <u>www.CharitiesNYS.com</u> .			
2. Certification								
See instructions for certifi two signatories.	ication require	ements. Improper	certification is a violation of	of law that may be subject to	penalties. The certification requires			
We certify under p	enalties of pe	erjury that we revie	wed this report, including a	all attachments, and to the b	est of our knowledge and belief,			
				of the State of New York app				
				SUSANNAH SC	HAEFER			
President or Authorized	Officer:			PRESIDENT &	CEO			
		Signature		Print Name	and Title Date			
Chief Financial Officer or	Treasurer:							
		Signature		Print Name	and Title Date			
2 Annual Demonstra								
3. Annual Reporting								
					bry (7A or EPTL only filers) or both			
					Char500. No fee, schedules, or			
	•	•	an exemption or are a DU	AL filer that claims only one	exemption, you must file applicable			
schedules and attachmer	its and pay a	pplicable lees.						
	a oxomption	Total contribution	as from NV State including	residents foundations and	ernment agencies, etc. did not			
	<u> </u>			, , , ,	ising counsel (FRC) to solicit			
	ons during the	•			3 ()			
3b FPTL 1	filina exempti	on: Gross receipts	s did not exceed \$25,000 a	ind the market value of asse	ts did not exceed \$25,000 at any time			
	fiscal year.							
-	-							
4. Schedules and A	ttachment	ts						
See the following page								
for a checklist of	Yes 🛽	🚺 No 🛛 4a. Did yo	our organization use a prof	essional fund raiser, fund rai	sing counsel or commercial co-venturer			
schedules and				If yes, complete Schedule				
attachments to								
complete your filing.	Yes 🛽	🚺 No 4b. Did th	e organization receive gov	ernment grants? If yes, com	plete Schedule 4b.			
5. Fee				-				
See the checklist on the	7A filin	g fee:	EPTL filing fee:	Total fee:	Make a single check or money order			
next page to calculate yo	ur				payable to:			
fee(s). Indicate fee(s) you		<u> </u>	A 4 - A A	• • • • • • ·	"Department of Law"			
are submitting here:	\$	25.	\$ <u>1,500.</u>	\$ <u>1,525.</u>	Dopa. thore of Law			
CHAR500 Annual Filing for	r Charitable C	Drganizations (Upd	lated January 2022)					
•		•	•	not refer to its IRS tax desig	nation.			

368451 04-01-23 1019

Page 1

2023.05070 SMILE TRAIN, INC.

1

01830551

SMILE TRAIN, INC.

CHAR500 Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.

- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable

All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.

Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

Review Report if you received total revenue and support greater than \$250,000 and up to \$1,000,000

X Audit Report if you received total revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021.

If the fiscal year begins before that date, an Audit Report is required if total revenue and support is greater than \$750,000

No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b
\$25, if the NET WORTH is less than \$50,000
50, if the NET WORTH is \$50,000 or more but less than \$250,000
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
\fbox \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com.</u>

Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

³⁶⁸⁴⁶¹ ⁰⁴⁻⁰¹⁻²³ 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

2023.05070 SMILE TRAIN, INC.

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** 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 Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2023 Open to Public Inspection

A	For th	e 2023 calendar year, or tax year beginning JUL 1, 2023 and	ending JT	JN 30, 2024			
	Check if applicat			D Employer ide	ntifica	ation number	
	Addr						
	Nam chan			13-3661	416		
	Initia returi	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nu	mber		
	Final returi	633 THIRD AVENUE 9TH FL.		(212) 689	-919	9	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		216,255,193.	
	Amer	NEW FORK, NY 10017	H(a) Is this a gro	up ret			
	Appli tion pend	F Name and address of principal officer: booking in Benker Bit	for subordin	ates?	Yes X No		
	-	633 THIRD AVENUE, NEW YORK, NY 1001/		H(b) Are all subordina	ates incl	uded? Yes No	
<u> </u>	Tax-e>	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	If "No," atta	ch a li	st. See instructions	
	Webs			H(c) Group exem			
		f organization: X Corporation Trust Association Other	L Year	of formation: 1992	M	State of legal domicile: NY	
Pa	art I	Summary					
ġ	1	Briefly describe the organization's mission or most significant activities:	FRAIN AIM	IS TO ENSURE T	HAT		
Governance		EVERY PERSON HAS ACCESS TO SAFE, QUALITY CLEFT CARE.					
ernä	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its ne	I I	its.	
Š	3				3	1	
		Number of independent voting members of the governing body (Part VI, line 1b)	4	111			
ies	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5				
Activities &	6	Total number of volunteers (estimate if necessary)	6	-			
Act	/ a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.	
		Net unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year	7b	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		89,140,5	05	84,292,090.	
ani	9			,,.	0.	0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,190,1	· ·	16,032,394.	
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		72,2		-705,097.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		99,402,851.		99,619,387.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		66,481,9		59,722,040.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.	
6	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		14,812,9	44.	14,537,455.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		90,1	71.	172,514.	
per	. b	Total fundraising expenses (Part IX, column (D), line 25) 19,984,0					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		34,625,4	41.	34,334,371.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		116,010,5	03.	108,766,380.	
	19	Revenue less expenses. Subtract line 18 from line 12		-16,607,652.		-9,146,993.	
OL			Be	ginning of Current Y	ear	End of Year	
Net Assets or	20	Total assets (Part X, line 16)		374,570,1	32.	384,154,596.	
tAs	21	Total liabilities (Part X, line 26)		10,775,1	94.	9,216,571.	
		Net assets or fund balances. Subtract line 21 from line 20		363,794,9	38.	374,938,025.	
Pa	art II	Signature Block					
Und	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best o	of my k	nowledge and belief, it is	
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.			

Sign Signature of officer					Date		
Here	SUSANNAH SCHAEFER, PRESIDENT & CEO						
	Type or print name and title						
	Print/Type preparer's name Preparer's signature Date			Date	Check	PTIN	
Paid	SCOTT THOMPS	SETT			self-employed	P00741490	
Preparer	Firm's name	GRANT THORNTON ADVISORS LI	LC		Firm's EIN 99-	1856619	
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 abo	ve? See instructions			X Yes	No

332001 12-21-23

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	SMILE TRAIN, INC.'S PRIMARY PURPOSE IS TO PROVIDE PEOPLE BORN WITH A		
	CLEFT THE SAME OPPORTUNITIES IN LIFE AS THOSE BORN WITHOUT CLEFTS.		
	(CONT'D ON SCH. O).		
2	Did the organization undertake any significant program services during the year which were not listed on the		v
	prior Form 990 or 990-EZ?	Y	es X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yo	es 🛛 No
4			~
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t	ne total expenses,	and
-	revenue, if any, for each program service reported.		0
4a	(Code:) (Expenses \$ 63,609,434. including grants of \$ 54,503,167.) (Revenue \$		0.
	TREATMENT PROGRAM: FREE CLEFT SURGERIES - WHILE OUR COST PER SURGERY		
	VARIES ACROSS THE 90+ DIFFERENT COUNTRIES WHERE WE HAVE WORKED, OUR		
	CONTRIBUTION PER SURGERY IS AN AVERAGE OF \$400. THIS AMOUNT REFLECTS		
	THE CONTRIBUTION PER SURGERY THAT WE PROVIDE OUR PARTNER HOSPITALS. IT		
	ALSO COVERS A SIGNIFICANT PORTION OF EACH SURGERY AS PART OF OUR		
	COST-SHARING AGREEMENT AND MEDICAL PARTNERSHIPS. (CONT'D ON SCH. O).		
4b	(Code:) (Expenses \$15,015,245. including grants of \$721,663.) (Revenue \$		٥.
	PUBLIC EDUCATION PROGRAM - AROUND THE WORLD, MANY PEOPLE ARE UNFAMILIAR		
	WITH CLEFT LIP AND PALATE. FOR MANY OF THE FAMILIES WE SUPPORT, THE		
	FIRST TIME THEY SEE A CLEFT IS WHEN THEY FIRST LOOK AT THE FACE OF		
	THEIR NEWBORN CHILD. THIS LACK OF AWARENESS, COUPLED WITH STIGMA AND		
	MYTHS AROUND CLEFTS, OFTEN LEADS TO BABIES WITH CLEFTS BEING ABANDONED,		
	ISOLATED, OR SIMPLY NEVER BROUGHT TO A HOSPITAL FOR TREATMENT BECAUSE		
	FAMILIES AND COMMUNITIES DON'T KNOW THAT TREATMENT IS AVAILABLE. NO		
	FAMILIES AND COMMUNITIES DON'T KNOW THAT TREATMENT IS AVAILABLE. NO MATTER WHERE THEY LIVE, IT IS ESSENTIAL THAT EVERY FAMILY IS AWARE OF		
	FAMILIES AND COMMUNITIES DON'T KNOW THAT TREATMENT IS AVAILABLE. NO MATTER WHERE THEY LIVE, IT IS ESSENTIAL THAT EVERY FAMILY IS AWARE OF CLEFT LIP AND PALATE AND THE CARE THAT THEIR CHILD WILL NEED AS THEY		
	FAMILIES AND COMMUNITIES DON'T KNOW THAT TREATMENT IS AVAILABLE. NO MATTER WHERE THEY LIVE, IT IS ESSENTIAL THAT EVERY FAMILY IS AWARE OF		
	FAMILIES AND COMMUNITIES DON'T KNOW THAT TREATMENT IS AVAILABLE. NO MATTER WHERE THEY LIVE, IT IS ESSENTIAL THAT EVERY FAMILY IS AWARE OF CLEFT LIP AND PALATE AND THE CARE THAT THEIR CHILD WILL NEED AS THEY		
4c	FAMILIES AND COMMUNITIES DON'T KNOW THAT TREATMENT IS AVAILABLE. NO MATTER WHERE THEY LIVE, IT IS ESSENTIAL THAT EVERY FAMILY IS AWARE OF CLEFT LIP AND PALATE AND THE CARE THAT THEIR CHILD WILL NEED AS THEY GROW AND DEVELOP. (CONT'D ON SCH. O).		0.
4c	FAMILIES AND COMMUNITIES DON'T KNOW THAT TREATMENT IS AVAILABLE. NO MATTER WHERE THEY LIVE, IT IS ESSENTIAL THAT EVERY FAMILY IS AWARE OF CLEFT LIP AND PALATE AND THE CARE THAT THEIR CHILD WILL NEED AS THEY		0.
4c	FAMILIES AND COMMUNITIES DON'T KNOW THAT TREATMENT IS AVAILABLE. NO MATTER WHERE THEY LIVE, IT IS ESSENTIAL THAT EVERY FAMILY IS AWARE OF CLEFT LIP AND PALATE AND THE CARE THAT THEIR CHILD WILL NEED AS THEY GROW AND DEVELOP. (CONT'D ON SCH. 0). (Code:)(Expenses \$		0.
4c	FAMILIES AND COMMUNITIES DON'T KNOW THAT TREATMENT IS AVAILABLE. NO MATTER WHERE THEY LIVE, IT IS ESSENTIAL THAT EVERY FAMILY IS AWARE OF CLEFT LIP AND PALATE AND THE CARE THAT THEIR CHILD WILL NEED AS THEY GROW AND DEVELOP. (CONT'D ON SCH. O). (Code:)(Expenses \$		0.
4c	FAMILIES AND COMMUNITIES DON'T KNOW THAT TREATMENT IS AVAILABLE. NO MATTER WHERE THEY LIVE, IT IS ESSENTIAL THAT EVERY FAMILY IS AWARE OF CLEFT LIP AND PALATE AND THE CARE THAT THEIR CHILD WILL NEED AS THEY GROW AND DEVELOP. (CONT'D ON SCH. 0). (Code:)(Expenses \$8,036,710. including grants of \$4,497,210.) (Revenue \$ TRAINING PROGRAMS - SMILE TRAIN PROVIDES FREE TRAINING AND EDUCATION TO CLEFT CARE PROFESSIONALS AROUND THE WORLD. ACCESS TO EDUCATION AND TRAINING OPPORTUNITIES IS CRITICAL TO SMILE TRAIN'S WORK EMPOWERING		0.
4c	FAMILIES AND COMMUNITIES DON'T KNOW THAT TREATMENT IS AVAILABLE. NO MATTER WHERE THEY LIVE, IT IS ESSENTIAL THAT EVERY FAMILY IS AWARE OF CLEFT LIP AND PALATE AND THE CARE THAT THEIR CHILD WILL NEED AS THEY GROW AND DEVELOP. (CONT'D ON SCH. 0). (Code:)(Expenses \$		0.
4c	FAMILIES AND COMMUNITIES DON'T KNOW THAT TREATMENT IS AVAILABLE. NO MATTER WHERE THEY LIVE, IT IS ESSENTIAL THAT EVERY FAMILY IS AWARE OF CLEFT LIP AND PALATE AND THE CARE THAT THEIR CHILD WILL NEED AS THEY GROW AND DEVELOP. (CONT'D ON SCH. 0). (Code:)(Expenses \$8,036,710. including grants of \$4,497,210.) (Revenue \$ TRAINING PROGRAMS - SMILE TRAIN PROVIDES FREE TRAINING AND EDUCATION TO CLEFT CARE PROFESSIONALS AROUND THE WORLD. ACCESS TO EDUCATION AND TRAINING OPPORTUNITIES IS CRITICAL TO SMILE TRAIN'S WORK EMPOWERING LOCAL MEDICAL TEAMS TO PROVIDE SAFE, HIGH-QUALITY COMPREHENSIVE CLEFT CARE. SINCE 1999, WE HAVE PROVIDED MORE THAN 100,000 TRAINING		0.
4c	FAMILIES AND COMMUNITIES DON'T KNOW THAT TREATMENT IS AVAILABLE. NO MATTER WHERE THEY LIVE, IT IS ESSENTIAL THAT EVERY FAMILY IS AWARE OF CLEFT LIP AND PALATE AND THE CARE THAT THEIR CHILD WILL NEED AS THEY GROW AND DEVELOP. (CONT'D ON SCH. 0). (Code:)(Expenses \$		0.
4c	FAMILIES AND COMMUNITIES DON'T KNOW THAT TREATMENT IS AVAILABLE. NO MATTER WHERE THEY LIVE, IT IS ESSENTIAL THAT EVERY FAMILY IS AWARE OF CLEFT LIP AND PALATE AND THE CARE THAT THEIR CHILD WILL NEED AS THEY GROW AND DEVELOP. (CONT'D ON SCH. 0). (Code:)(Expenses \$8,036,710. including grants of \$4,497,210.) (Revenue \$ TRAINING PROGRAMS - SMILE TRAIN PROVIDES FREE TRAINING AND EDUCATION TO CLEFT CARE PROFESSIONALS AROUND THE WORLD. ACCESS TO EDUCATION AND TRAINING OPPORTUNITIES IS CRITICAL TO SMILE TRAIN'S WORK EMPOWERING LOCAL MEDICAL TEAMS TO PROVIDE SAFE, HIGH-QUALITY COMPREHENSIVE CLEFT CARE. SINCE 1999, WE HAVE PROVIDED MORE THAN 100,000 TRAINING		0.
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4d	FAMILIES AND COMMUNITIES DON'T KNOW THAT TREATMENT IS AVAILABLE. NO MATTER WHERE THEY LIVE, IT IS ESSENTIAL THAT EVERY FAMILY IS AWARE OF CLEFT LIP AND PALATE AND THE CARE THAT THEIR CHILD WILL NEED AS THEY GROW AND DEVELOP. (CONT'D ON SCH. O). (Code:)(Expenses \$		0.
4d	FAMILIES AND COMMUNITIES DON'T KNOW THAT TREATMENT IS AVAILABLE. NO MATTER WHERE THEY LIVE, IT IS ESSENTIAL THAT EVERY FAMILY IS AWARE OF CLEFT LIP AND PALATE AND THE CARE THAT THEIR CHILD WILL NEED AS THEY GROW AND DEVELOP. (CONT'D ON SCH. O). (Code:)(Expenses \$ 8,036,710. including grants of \$ 4,497,210.) (Revenue \$ TRAINING PROGRAMS - SMILE TRAIN PROVIDES FREE TRAINING AND EDUCATION TO CLEFT CARE PROFESSIONALS AROUND THE WORLD. ACCESS TO EDUCATION AND TRAINING OPPORTUNITIES IS CRITICAL TO SMILE TRAIN'S WORK EMPOWERING LOCAL MEDICAL TEAMS TO PROVIDE SAFE, HIGH-QUALITY COMPREHENSIVE CLEFT CARE. SINCE 1999, WE HAVE PROVIDED MORE THAN 100,000 TRAINING OPPORTUNITIES TO IMPROVE CLEFT TREATMENT IN COUNTRIES AROUND THE WORLD. (CONT'D ON SCH. O).		0.

Form	990 (2023) SMILE TRAIN, INC. 13-36614	L6	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			<u> </u>
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
-				<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	L_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			1
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
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
Ь	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			<u> </u>
u		11d		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX		х	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	А	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	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		<u>x</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			1
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	┝───
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	L
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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	
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	
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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17	х	1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<u> </u>
10		18	х	1
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		<u>├──</u>
19		1		v
~-	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
	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			1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	L
332003	9 12-21-23	Form	990	(2023)

Form	1 990 (2023) SMILE TRAIN, INC. 13-36614	16	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<u> </u>
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	–		<u> </u>
0L		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
04	Part V, line 1	34	х	
35 2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	<u> </u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>55a</u>		<u> </u>
U		35b		x
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
30		26		x
07	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	0	х	
Pa	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	<u> </u>
	Obeeluit Celealuis O contains a reasonance ar rate to envilue in this Dart V			X
	Check if Schedule O contains a response or note to any line in this Part V		Var	
	Enter the number reported in box 3 of Form 1096. Enter -0 , if not applicable 74		Yes	No
		-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	and the organization comply with backup with boling fulles for reportable payments to vehicles and reportable gaming			

(gambling) winnings to prize winners? 332004 12-21-23

1c X Form **990** (2023)

	1990 (2023) SMILE TRAIN, INC.		13-366141	6	Р	age 5		
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued))						
			1		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return		111					
b	at least one is reported on line 2a, did the organization file all required federal employment tax returns?				X	x		
3a	Vid the organization have unrelated business gross income of \$1,000 or more during the year?							
b	f "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial	nt)?	4a	X				
b	If "Yes," enter the name of the foreign countrySEE_SCHEDULE_O							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anization solicit					
	any contributions that were not tax deductible as charitable contributions?			6a		X		
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?							
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a		X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b				
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired					
	to file Form 8282?			7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer	d by th	e					
	sponsoring organization have excess business holdings at any time during the year?			8				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?							
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:		1					
а	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041 n	?	12a		L		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	s the organization licensed to issue qualified health plans in more than one state?							
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1					
	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
14a				14a		x		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration	or					
	excess parachute payment(s) during the year?			15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?				x		
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.							
332005	5 12-21-23			Form	990	(2023)		

Form	990 (2023) SMILE TRAIN, INC.		13-366		P	Page 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, and t	for a "No"	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		7		
	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	1b		6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		ny other	_		
-	officer, director, trustee, or key employee?			2		x
3	Did the organization delegate control over management duties customarily performed by or under the					
5				3		x
4	of officers, directors, trustees, or key employees to a management company or other person?					x
- 5	Did the organization become aware during the year of a significant diversion of the organization's asse					x
6						x
7a		•		70		x
ь	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, sto		dara ar	<u>7a</u>		
D						x
•	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		v	
a	The governing body?				X	
b	Each committee with authority to act on behalf of the governing body?			<u>8b</u>	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac					
<u> </u>	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)			T
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			<u>10b</u>	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form	? 11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13				X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			<u>12b</u>	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				
	on Schedule O how this was done			<u>12c</u>		
13	Did the organization have a written whistleblower policy?				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 inc	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			<u>15a</u>	X	
b	Other officers or key employees of the organization			15 b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent wi	th a			
	taxable entity during the year?			16 a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	ization	's			
	exempt status with respect to such arrangements?			16 b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedSEE_SCHEDULE_0					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	T (section 501(c	c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	f interest policy,	, and finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records			
	PREMALI SHAH - 212-689-9199					
	633 THIRD AVENUE, NEW YORK, NY 10017					
332006	12-21-23			Forr	n 990	(2023)

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Form 990 (2023) 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 	0	•

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.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do			ition		ane	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		n an	compensation	compensation	amount of		
	week		cer an		Irecto	r/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	al trus		yee	mpen		1099-NEC)	1000 NEO	and related
	below	ndividual trustee or director	nstitutional trustee	5	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) SUSANNAH SCHAEFER	40.00									
PRESIDENT/CEO/EXEC VICE CHAIR	0.00	х		х				529,472.	0.	39,872.
(2) ASHLEY OCHS	40.00									
COO, SECRETARY & GENERAL COUNSEL	0.00			х				287,499.	0.	35,829.
(3) BEATRIZ GONZALEZ	40.00									
FORMER CFO (THRU 06/2023)	0.00						Х	278,615.	0.	25,401.
(4) ERIN STIEBER	40.00									
CHIEF PROGRAMS STRATEGY OFF.	0.00			х				254,928.	0.	47,666.
(5) ELYSE TAUB	40.00									
CHIEF DEVELOPMENT OFFICER	0.00			х				259,058.	0.	24,817.
(6) TROY REINHART	40.00									
SVP, COMTY. & AMBASSADOR DEV.	0.00					x		229,406.	0.	34,623.
(7) PHILIP CARROLL	40.00									
SENIOR VP, COMMUNICATIONS	0.00					x		224,440.	0.	24,223.
(8) VIVIAN LEWIS	40.00									
VP, HUMAN RESOURCES	0.00					x		206,147.	0.	31,334.
(9) R. JAMES MADIGAN	40.00									
IN-HOUSE COUNSEL	0.00					x		193,840.	0.	35,011.
(10) WENDELL THOMAS	40.00									
VP, INFORMATION SYSTEMS & TECH.	0.00					х		193,860.	0.	22,189.
(11) PREMALI SHAH	40.00									
CFO (AS OF 11/2023)	0.00			Х				40,545.	0.	5.
(12) ROY E. REICHBACH	3.00									
CHAIRPERSON	0.00	Х		Х				0.	0.	0.
(13) ARTHUR J. MCCARTHY	1.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(14) ROBERT T. BELL	1.00									
BOARD MEMBER (THRU 06/2024)	0.00	Х						0.	0.	0.
(15) ED GOREN	1.00									
BOARD MEMBER (THRU 02/2024)	0.00	Х						0.	0.	0.
(16) RICHARD RUDERMAN	1.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(17) MATHIAS KIWANUKA	1.00									
BOARD MEMBER	0.00	х						0.	0.	0.

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Form 990 (2023)

Form 990 (2023) SMILE TRAIN,	INC.								13-36	5141	6 Page 8
Part VII Section A. Officers, Directors, True	stees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)			(0				(D)	(E)	l	(F)
Name and title	Average	(10		Pos				Reportable	Reportable	l	Estimated
	hours per					than c s both		compensation	compensation	n	amount of
	week	offi	cer an	d a di	irecto	or/trust	tee)	from	from related		other
	(list any	ctor						the	organizations	3	compensation
	hours for	r dire				ed		organization	(W-2/1099-MIS	C/	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		organization
	organizations	l trus	nal tr		oyee	duo		1099-NEC)		l	and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner			l	organizations
	line)	Indi	Insti	Officer	Key	High emp	Former				
(18) PAULA SHUGART	1.00									l	
BOARD MEMBER	0.00	Х						٥.		0.	0.
(19) CRYSTLE STEWART	1.00									l	
BOARD MEMBER	0.00	х						0.		Ο.	0.
		1								l	
		·								l	
										l	
										l	
		1								l	
										l	
										l	
								2 6 0 7 9 1 0		0.	220.070
1b Subtotal								2,697,810.			320,970.
c Total from continuation sheets to Part V										0.	<u> </u>
d Total (add lines 1b and 1c)								2,697,810.		0.	320,970.
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		
compensation from the organization											30
											Yes No
3 Did the organization list any former officer	r, director, truste	ee, k	key e	mpl	oyee	e, or	hig	hest compensated emp	oyee on	l	
line 1a? If "Yes," complete Schedule J for	such individual										3 X
4 For any individual listed on line 1a, is the s											
and related organizations greater than \$15								-	-	l	4 X
5 Did any person listed on line 1a receive or											
rendered to the organization? If "Yes," cor										l	5 X
Section B. Independent Contractors	<u>npiele Schedule</u>	<u>, </u>	or st	ICH Ļ	Jers	011 .					<u> </u>
		0.7.1	nd-	at a -			-بر م	not ropping many than A	100 000 of		tion from
1 Complete this table for your five highest co										ensa	
the organization. Report compensation for	the calendar ye	ear e	enair	ig w	ith C	or wi	<u>inin</u>		ear.		(0)
(A)	addraaa							(B)	omiana	c	(C)
Name and busines								Description of s	ervices		Compensation
MARKETEAM LLC, 600 NORTHPARK TOWN CH	INTER										
STE 1600, ATLANTA, GA 30328								DIR. MAIL PROCESSI	NG		984,000.
FREEPORT METRICS, INC., 245 COMMERCE	AL ST.										
STE 245, PORTLAND, ME 04101							2	SOFTWARE CONSULTIN	G		965,911.
DIRECT MAIL PROCESSORS											
1150 CONRAD COURT, HAGERSTOWN, MD 21	740							MAIL PROCESSING			538,142.
1ST DEGREE, 4200 PARLIAMENT PLACE, S											,
300, LANHAM, MD 20706								MAREKTING CONSULTI	NG		515,419.
CORETELLIGENT LLC							—f				515,115.
	10017						Ĺ				E10 401
750 3RD AVE 9TH FLOOR, NEW YORK, NY								IT CONSULTING			512,431.
2 Total number of independent contractors (ot lin	nitec	tot			ted	above) who received mo	ore than		
\$100,000 of compensation from the organ	ization				17	7					
											Form 990 (2023)

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				E TRAIN,	INC.				13-366141	.6 Page 9
Pa	rt V	/111								
			Check if Schedule O	contains a r	esponse	or note to any lin	<u>e in this Part VIII …</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ŝ	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	•				1b					
ي ق			Fundraising events		1c	1,016,859.				
lifts ar A			Related organizations		1d	7,538,510.				
s, Bila			Government grants (contr		1e					
ion		f	All other contributions, gifts,	grants, and						
but			similar amounts not included	l above	1f	75,736,721.				
duti		g	Noncash contributions included in	lines 1a-1f	1g \$	1,628,858.				
<u> </u>		h	Total. Add lines 1a-1f				84,292,090.			
						Business Code				
ice	2	а								
ervi		b								
n S /eDi		с								
graı Rev		d								
Program Service Revenue		e f	All other program service	revenue						
-		י מ	Total. Add lines 2a-2f							
	3	9	Investment income (includ							
				0			8,754,430.			8,754,430.
	4		Income from investment of							
	5		Royalties				36,023.			36,023.
				(i)	Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses \dots	6b						
			Rental income or (loss)	6c						
			Net rental income or (loss							
	7	а	Gross amount from sales of		ecurities	(ii) Other				
			assets other than inventory	7a 123,0	10,/10.					
Ð		D	Less: cost or other basis and sales expenses	7b ¹¹⁵ ,7	38 754					
evenue		c	Gain or (loss)		77,964.					
Jev.			Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·			7,277,964.			7,277,964.
Other R			Gross income from fundraisi				, ,			, ,
Ę			including \$ 1,							
			contributions reported on	line 1c). Se	e					
			Part IV, line 18		8a	108,670.				
			Less: direct expenses			897,052.				
			Net income or (loss) from				-788,382.			-788,382.
	9	а	Gross income from gamin	-						
		1-	Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from Gross sales of inventory, l							
	10	a	and allowances							
		b	Less: cost of goods sold							
			Net income or (loss) from							
			(, ett)		<i>,</i>	Business Code				
ŝno	11	а	MISCELLANEOUS REVEN	IUE		900099	47,262.			47,262.
scellaneo Revenue		b								
celle		с								
Miscellaneous Revenue			All other revenue							
_			Total. Add lines 11a-11d				47,262.		-	
	12		Total revenue. See instruction	ons			99,619,387.	0.	0.	15,327,297.
33200	9 12-	21-	23							Form 990 (2023)

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SMILE TRAIN, INC.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons	e or note to any line in t	his Part IX		
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 0	Grants and other assistance to domestic organizations				
а	and domestic governments. See Part IV, line 21 📖	2,091,447.	2,091,447.		
2 (Grants and other assistance to domestic				
i	individuals. See Part IV, line 22				
3 (Grants and other assistance to foreign				
c	organizations, foreign governments, and foreign				
i	individuals. See Part IV, lines 15 and 16	57,630,593.	57,630,593.		
4 E	Benefits paid to or for members				
	Compensation of current officers, directors,				
t	trustees, and key employees	1,371,502.	1,019,484.	120,667.	231,351
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	276,615.	221,292.	55,323.	
	Other salaries and wages	9,097,900.	6,621,537.	250,525.	2,225,838
	Pension plan accruals and contributions (include	, ,		,	
	section 401(k) and 403(b) employer contributions)	506,333.	405,066.	15,190.	86,077
	Other employee benefits	2,462,457.	1,959,721.	76,264.	426,472
	Payroll taxes	822,648.	658,119.	24,679.	, 139,850
	Fees for services (nonemployees):	,,,-	-,		,
	Management	329,290.	263,320.	9,804.	56,166
		275,777.	200,020.	275,777.	50,100
		6,417.	6,417.	213,111.	
		172,514.	0,11/.		172,514
	Professional fundraising services. See Part IV, line 17	1,170,093.		1,170,093.	172,314
	Investment management fees	1,170,055.		1,170,055.	
-	Other. (If line 11g amount exceeds 10% of line 25,	2,463,824.	2 220 162	25,795.	100 967
	column (A), amount, list line 11g expenses on Sch 0.)	6,118,652.	2,328,162.	25,755.	109,867 5,492,916
	Advertising and promotion		/	20 006	
	Office expenses	1,143,419.	916,892.	28,896.	197,631
	Information technology	621,678.	487,253.	18,139.	116,286
	Royalties	241 250	270 120	7 507	E 4 1711
	Occupancy	341,356.	279,138.	7,507.	54,711
	Travel	696,392.	540,426.	1,330.	154,636
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 (Conferences, conventions, and meetings	629,500.	446,959.	2,227.	180,314
	Interest				
	Payments to affiliates				
22 [Depreciation, depletion, and amortization	1,770,707.	1,654,874.	17,210.	98,623
23 I	Insurance	227,226.	181,781.	6,817.	38,628
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule O.)				
	MARKETING & FUNDRAISING	16,595,001.	6,478,211.		10,116,790
× -	REPAIRS & MAINTENANCE	1,329,304.	1,229,226.	14,671.	85,407
сĒ	PRINTED PROG. MATERIALS	538,313.	538,313.		
d M	MEDICAL ADVISORY BOARD	77,422.	77,422.		
e A	All other expenses				
25 T	Total functional expenses. Add lines 1 through 24e	108,766,380.	86,661,389.	2,120,914.	19,984,077
	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)	12,366,602.	6,478,212.	Ο.	5,888,390
					Form 990 (202

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SMILE	TRAIN,	INC.	

Form 990 (2023)
Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			50,148.	1	50,491.
	2	Savings and temporary cash investments			5,025,303.	2	5,861,713
	3	Pledges and grants receivable, net			2,547,521.	3	1,282,209
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ns		5	
	6	Loans and other receivables from other disqualit	fied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	l in secti	on 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۳	9				3,061,554.	9	2,033,665
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	27,200,531.			
	b	Less: accumulated depreciation	10b	8,414,696.	19,747,767.	10c	18,785,835
	11	Investments - publicly traded securities			335,331,174.	11	346,612,880
	12	Investments - other securities. See Part IV, line 1	1		8,750,384.	12	9,527,803
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			56,281.	15	
	16	Total assets. Add lines 1 through 15 (must equa			374,570,132.	16	384,154,596
	17	Accounts payable and accrued expenses			5,453,240.	17	3,658,996
	18	Grants payable			5,321,140.	18	5,372,099
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
ŝ	22	Loans and other payables to any current or form	ner office	r, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
abi		controlled entity or family member of any of thes	se perso	ns		22	
	23	Secured mortgages and notes payable to unrela	ted third	I parties		23	
	24	Unsecured notes and loans payable to unrelated	d third pa	arties		24	
	25	Other liabilities (including federal income tax, pa	yables to	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D			814.	25	185,476.
	26	Total liabilities. Add lines 17 through 25			10,775,194.	26	9,216,571
		Organizations that follow FASB ASC 958, che	ck here	X			
ces		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions			357,617,332.	27	369,031,663
Ba	28	Net assets with donor restrictions		L	6,177,606.	28	5,906,362
pur		Organizations that do not follow FASB ASC 9	58, cheo	k here			
щ Г		and complete lines 29 through 33.					
0 9	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec	luipmen	fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances		L	363,794,938.	32	374,938,025
	33	Total liabilities and net assets/fund balances			374,570,132.	33	384 , 154 , 596 , Form 990 (2023

Form	990 (2023) SMILE TRAIN, INC.	13-366141	6	Pa	_{ge} 12
	rt 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	619,	387.
2	Total expenses (must equal Part IX, column (A), line 25)	2	108	766,	380.
3	Revenue less expenses. Subtract line 2 from line 1	3	-9	146,	993.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	363	794,	938.
5	Net unrealized gains (losses) on investments	5	19	994,	512.
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		295,	568.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	374	938,	025.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047	
2023	

Open to Public . Inspection

Nam	e of t	the organization						Employer	identification number
			TRAIN, INC.						13-3661416
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or
		university:							
10		An organization that norma	Ily receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section	509(a)(3). (Check the box on
	_	lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization			majority o	of the direc	tors or truste	es of the su	pporting
	_	organization. You must o	-						
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported
	_	organization(s). You mus	-						
с		J Type III functionally inte						ly integrate	ed with,
	_	its supported organization	.,.,,	•					
d		J Type III non-functionally	•					•	
		that is not functionally int			•		-	an attentiv	/eness
		requirement (see instructi Check this box if the orga	,	•					
е		functionally integrated, or					турет, туре	п, туре п	
f	Ente	er the number of supported of		any integrated supporting	0 0				
		vide the following information	•						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	fmonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota									

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 **(a)** 2019 (d) 2022 Calendar year (or fiscal year beginning in) (b) 2020 (c) 2021 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 93,083,921 92,042,568 91,593,384 89,140,505. 83,849,356. 449,709,734. 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 92,042,568, 91,593,384. 93 083 921 89,140,505, 83,849,356. 449,709,734. 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) 449,709,734. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2021 (e) 2023 Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (d) 2022 (f) Total 92,042,568. 91,593,384. 93,083,921, 89,140,505. 83,849,356. 449,709,734. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 6,808,633. 8,790,453. 6,024,372 6,672,409 7,899,282. 36,195,149. 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.) 74,522. 63,826, 94,301 35,326. 155,932 423,907. 486,328,790. **11 Total support.** Add lines 7 through 10 **12** Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 92.47 14 % 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 92.58 15 % 16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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) 2023

332022 12-21-23

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

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e	e) 2023	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or bus-								
	iness under section 513							 	
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
Sec	ction B. Total Support		_		_				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e	e) 2023	(f) Total	
9	Amounts from line 6								
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)) organizatic	on,	-
	check this box and stop here	<u></u>					<u></u>		
Sec	ction C. Computation of Publi	ic Support Per	rcentage						
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15			%
16						16			%
Sec	ction D. Computation of Inves	stment Income	e Percentage						
17	Investment income percentage for 20)23 (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17			%
18	Investment income percentage from					18			%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%	, and line 17	7 is not	_
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation		[
b	33 1/3% support tests - 2022. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than	i 33 1/3%, a	Ind	
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly suppo	orted or	ganization		
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	structior	าร		
33202	23 12-21-23						Schedule A	A (Form 990) 20)23

^{2023.05070} SMILE TRAIN, INC.

1

2

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.)

332024 12-21-23

3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2023

Part IV Suppo	rtina Oraaniz	atione	/	~
Schedule A (Form 990			TRAIN,	

13-3661416	Page 5
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2

		Yes	No
1 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		

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

<u>supervised, or controlled the supporting organization.</u> Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- 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.*

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental er	ntity (see instruction <u>s).</u>
---	--	---	-------------------------	---------------------------------	-----------------------------------

- 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.*332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

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2023.05070 SMILE TRAIN, INC.

Yes No

ra	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir			
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mus	<u>st complete S</u>	Sections A through E.	
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		
b	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		

Schedule A (Form 990) 2023

332026 12-21-23

_	dule A (Form 990) 2023 SMILE TRAIN, INC.				13-3661416	Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ied)		
Sect	ion D - Distributions				Current Y	ear
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	L	
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity		2	L		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	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	ļ	
6	Other distributions (describe in Part VI). See instructions.			6	ļ	
7	Total annual distributions. Add lines 1 through 6.			7	ļ	
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 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) Underdistributior Pre-2023	าร	(iii) Distributa Amount for	
_1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
C	From 2020					
d	From 2021					
e	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount				L	
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 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	17b; Part III, line 12;	•
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 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	and 2; Part IV, Section . Section B. line 1e: Pa	n C, art 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	al information.	,
(See instructions.)		
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
OTHER INCOME		
2019 AMOUNT: \$ 64,332.		
2020 AMOUNT: \$ 63,826.		
2021 AMOUNT: \$ 94,301.		
2021 Mooki. ¢ 94,501.		
2022 AMOUNT: \$ 35,326.		
2023 AMOUNT: \$ 47,262.		
FUNDRAISING EVENTS		
2019 AMOUNT: \$ 10,190.		
2020 AMOUNT: \$ 0.		
2021 AMOUNT: \$ 0.		
2022 AMOUNT: \$ 0.		
2023 AMOUNT: \$ 108,670.		

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Schedule A (Form 990) 2023

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

13-3661416

SMILE	TRAIN.	INC

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

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

General Rule

Schedule B

Department of the Treasury

Organization type (check one):

Internal Revenue Service Name of the organization

(Form 990)

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 the set of the parts unless to the set of the

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).

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

Schedule B (Form 990) (2023)

Schedule	B (Form 990) (2023)		Page
Name of o	rganization		Employer identification number
SMILE TH	RAIN, INC.		13-3661416
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
1		- \$7,049 -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
2		- \$488	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
		- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Dns Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

	B (Form 990) (2023)		Page 3
Name of o	rganization		Employer identification number
SMILE TR	RAIN, INC.		13-3661416
Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed	J.
(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	
		\$	
(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	
		\$	
323453 12-26	5-23		Schedule B (Form 990) (2023)

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lame of or	rganization		Employer identification number		
MILE TR	AIN, INC.		13-3661416		
Part III	Exclusively religious, charitable, etc., contribut		ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year		
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or I	less for the year. (Enter this info. once.)		
(a) No.	Use duplicate copies of Part III if additional	space is needed.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
1 41 11					
			[
F		e) Transfer of gif	•		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I	(b) Fulpose of gift				
		(e) Transfer of gif	t		
	Transferee's name, address, a	nd 7 IP ± 4	Relationship of transferor to transferee		
-					
(a) No.					
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
F		(e) Transfer of gif	 t		
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) Na		1			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
ŀ		(e) Transfer of gif	<u> </u>		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
3454 12-26-	-23		Schedule B (Form 990) (20)		

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SCHEDULE	С
(Form 990)	

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of organization				Employ	ver identification number
	SMILE TRAIN					13-3661416
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c) of	or is a section 52	7 orga	nization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures gn activities				
		anization is exempt und				
2 3 4a	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a sectio Was a correction made? If "Yes," describe in Part IV. Enter I-C Complete if the org	incurred by organization manage n 4955 tax, did it file Form 4720	ers under section 4955 for this year?		\$ _	Yes No
				-		-
2	Enter the amount directly expended Enter the amount of the filing organ exempt function activities	ization's funds contributed to ot	her organizations for se	ection 527		
3	Total exempt function expenditures					
	line 17b					
	Did the filing organization file Form					
5	Enter the names, addresses, and er made payments. For each organiza contributions received that were pro political action committee (PAC). If	tion listed, enter the amount pair omptly and directly delivered to a	d from the filing organiz a separate political orga	ation's funds. Also ent anization, such as a se	ter the a	mount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fu filing organization funds. If none, ente	n's c	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

LHA 332041 11-06-23



OMB No. 1545-0047

Open to Public Inspection

	MILE TRAIN,				661416 Page 2
	inization is	exempt under section	n 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).					
A Check if the filing organizati	on belongs to a	an affiliated group (and list ir	n Part IV each affiliated g	group member's nam	e, address, EIN,
expenses, and share	of excess lobb	oying expenditures).			
B Check if the filing organizati	on checked bo	x A and "limited control" pro	ovisions apply.		1
	s on Lobbying tures" means	Expenditures amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public opi	nion (grassroots lobbying)			
b Total lobbying expenditures to influe		a la sela (ella sel la la la da sel			
c Total lobbying expenditures (add lin	es 1a and 1b)	• • • •			
d Other exempt purpose expenditures					
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Enter	the amount fro		r i i i i i i i i i i i i i i i i i i i		
If the amount on line 1e, column (a) or	(b) is: TI	ne lobbying nontaxable am	ount is:		
not over \$500,000,	20	0% of the amount on line 1e.			
over \$500,000 but not over \$1,000,0	000, \$1	100,000 plus 15% of the exc	ess over \$500,000.		
over \$1,000,000 but not over \$1,500	D,000, \$1	175,000 plus 10% of the exc	ess over \$1,000,000.		
over \$1,500,000 but not over \$17,00	00,000, \$2	225,000 plus 5% of the exce	ess over \$1,500,000.		
over \$17,000,000,	\$1	1,000,000.			
g Grassroots nontaxable amount (ente	er 25% of line 1	f)			
h Subtract line 1g from line 1a. If zero	or less, enter -	D-			
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zero	on either line	1h or line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this y					Yes No
<i>(</i> 2		ar Averaging Period Under	.,		
(Some organizations the		tion 501(h) election do not separate instructions for li	•	f the five columns b	elow.
	Lobbying	Expenditures During 4-Yea	ar Averaging Period		
Octoretaria					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
(0					
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					
			1		

Schedule C (Form 990) 2023

332042 11-06-23

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:				
	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X X		
	Grants to other organizations for lobbying purposes?	x	A		6,417.
g L	Direct contact with legislators, their staffs, government officials, or a legislative body?	A	x		0,41/.
			x		
	Other activities? Total. Add lines 1c through 1i				6,417.
ر د 2 م	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		x		-,
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	'No" OR	(b) Part I	II-A, line	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	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2 a		
b	Carryover from last year		2 b		
С			2c		
3			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 Dar	Taxable amount of lobbying and political expenditures. See instructions t IV Supplemental Information		5		
			• 11 • •		
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information. ! II-B, LINE 1, LOBBYING ACTIVITIES:				
	TI B, HINE I, HOBBIING ACTIVITIES.				
SMIT	E TRAIN DOES NOT TYPICALLY ENGAGE IN ANY LOBBYING ACTIVITIES; IN				
FISC	AL YEAR 2024, SMILE TRAIN INCURRED \$6,417 IN LOBBYING EXPENSES TO				
ADVO	CATE FOR THE PASSAGE OF THE ENSURING LASTING SMILES ACT. THE				
ENSU	RING LASTING SMILES ACT (ELSA) WOULD REQUIRE ALL PRIVATE INSURANCE				
GROU	IP AND INDIVIDUAL HEALTH CARE PLANS TO COVER MEDICALLY NECESSARY				

332043 11-06-23

Schedule C (Form 990) 2023

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) 2023

332044 11-06-23

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)

Department of the Treasury

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Internal Revenue Service **Name of the organization**

: Maiı	ntaininc	Donor	Δdvi
SMILE	TRAIN,	INC.	

Employer identification number

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
_			
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education)	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and onforcing consonra	tion assemants during the year
'	Amount of expenses incurred in monitoring, inspecting, hard		tion easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)
-			
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr		
	organization's accounting for conservation easements.	-	
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these item	S.
b	If the organization elected, as permitted under FASB ASC 95	i8, to report in its revenue statement and t	palance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2023
332051	09-28-23		

2023.05070 SMILE TRAIN, INC.

Sche	dule D (Form 990) 2023 SMILE TRAIN					8-3661416	Р	age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or Oth	er Similar As	ssets _{(conti}		
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that make	e significant use c	of its		
	collection items (check all that apply).							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's ex	kempt purpose in	ı Part XIII.		
5	During the year, did the organization solicit of				lar assets			_
	to be sold to raise funds rather than to be ma					Yes		No
Par	t IV Escrow and Custodial Arran		te if the organization	n answered "Yes" o	on Form 990, Par	t IV, line 9, or		
	reported an amount on Form 990, Pa							
1 a	Is the organization an agent, trustee, custodi						_	۰. ۲
	on Form 990, Part X?					Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:			Δ		
						Amour	IL	
	Beginning balance							
	Additions during the year							
e	Distributions during the year							
T Oo	Ending balance				1f	Yes		
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •			_ No
Par							. L	
		(a) Current year	(b) Prior year	(c) Two years back		back (e) Fou	ir vears	back
1a	Beginning of year balance	254,475,926.		., ,			,184,	
b	Contributions	, , -	, , ,	10,000			<u>, , , , , , , , , , , , , , , , , , , </u>	
c	Net investment earnings, gains, and losses	30,361,051.	26,691,713.				,063,	
d	Grants or scholarships	, ,	, ,	, ,			<u>, ,</u>	
	Other expenditures for facilities							
-	and programs	20,169,870.	17,670,531.	15,213,177	-10,250,	000.	250,	000.
f	Administrative expenses							
g	End of year balance	264,667,107.	254,475,926.	245,454,744	. 298,614,	664. 221	,998,	225.
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	98.1500	%					
b	Permanent endowment 1.8500	%						
с	Term endowment .0000	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administered for	the			
	organization by:						Yes	No
	(i) Unrelated organizations?					3a(i)		X
								X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?			3b		
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm				V II 10			
	Complete if the organization answere							
	Description of property	(a) Cost or o	. ,		Accumulated	(d) Boo	ok valu	е
		basis (investr	basis	(other)	depreciation	+		
	Land			114 100	2 125 650	1.0	0.00	470
	Buildings		20	,114,120.	3,135,650	· 10	<u>,</u> 978,	4/0.
	Leasehold improvements			728 520	710 776	+	1 7	711
	Equipment		c	728,520.	710,776		, 789,	744. 621
	Other							
Iota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	<u>X, line 10c, column</u>	<u>(B))</u>			,785,	
					Sch	edule D (Fori	m 990)	2023

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(a) Description of security or category (including		(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or e	end-of-year market value
		(0) 20011 10100		
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, line	e 12, col. (B))			
Part VIII Investments - Program				
Complete if the organization a	inswered "Yes" on I	Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investmen	/t	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line Part IX Other Assets	e 13, col. (B))			
		Taura 000 David IV (line	11d Cas Farm 000 Dark V line 15	
Complete in the organization a			11d. See Form 990, Part X, line 15.	(b) Book value
(4)		scription		
(1)				
(2)				
(3)				
(4)				
<u>(5)</u> (6)				
(7)				
(1)				
(8)				
(8)				
(9)	art X line 15 col /R))		
(9)	art X, line 15, col. (B))		
(9) Total. (Column (b) must equal Form 990, Pa Part X Other Liabilities			11e or 11f. See Form 990, Part X, line	25.
(9) Fotal. (Column (b) must equal Form 990, Pa Part X Other Liabilities	answered "Yes" on I			25. (b) Book value
(9) Total. (Column (b) must equal Form 990, Part X Other Liabilities Complete if the organization a	answered "Yes" on I			
(9) Total. (Column (b) must equal Form 990, Part X Other Liabilities Complete if the organization a (a) Description of	answered "Yes" on I			
(9) Total. (Column (b) must equal Form 990, Part X Other Liabilities Complete if the organization a (a) Description of (1) Federal income taxes	answered "Yes" on I			(b) Book value
(9) Total. (Column (b) must equal Form 990, Part X Other Liabilities Complete if the organization a 1. (a) Description of (1) Federal income taxes (2) DUE TO AFFILIATES	answered "Yes" on I			(b) Book value
(9) Total. (Column (b) must equal Form 990, Pa Part X Other Liabilities Complete if the organization a (a) Description of (1) Federal income taxes (2) DUE TO AFFILIATES (3)	answered "Yes" on I			(b) Book value
(9) Total. (Column (b) must equal Form 990, Par Part X Other Liabilities Complete if the organization a (a) Description of (1) Federal income taxes (2) DUE TO AFFILIATES (3) (4)	answered "Yes" on I			(b) Book value
(9) Total. (Column (b) must equal Form 990, Pa Part X Other Liabilities Complete if the organization a (a) Description of (1) Federal income taxes (2) DUE TO AFFILIATES (3) (4) (5)	answered "Yes" on I			(b) Book value
(9) Total. (Column (b) must equal Form 990, Part X Other Liabilities Complete if the organization a (a) Description of (1) Federal income taxes (2) DUE TO AFFILIATES (3) (4) (5) (6)	answered "Yes" on I			(b) Book value
(9) Total. (Column (b) must equal Form 990, Part X Other Liabilities Complete if the organization a (a) Description of (1) Federal income taxes (2) DUE TO AFFILIATES (3) (4) (5) (6) (7)	answered "Yes" on I			(b) Book value

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

Schedule D (Form 990) 2023

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X

	edule D (Form 990) 2023 SMILE TRAIN, INC.				661416 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With I	Revenue per Re [.]	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	167,920,603.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	19,994,512.		
b	Donated services and use of facilities	2b	48,284,177.		
с	Recoveries of prior year grants		140,364.		
d			155,204.		
е				2e	68,574,257.
3	Subtract line 2e from line 1			3	99,346,346.
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	1,170,093.		
b	Other (Describe in Part XIII.)	4b	-897,052.		
	Add lines 4a and 4b			4c	273,041.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	99,619,387.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		Expenses per F	leturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1					
	Total expenses and losses per audited financial statements			1	156,777,516.
2				1	156,777,516.
2 a	Total expenses and losses per audited financial statements		48,284,177.	1	156,777,516.
_	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a		1	156,777,516.
a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b		1	156,777,516.
a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c		1	156,777,516.
a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	48,284,177.	1 2e	156,777,516. 49,181,229.
a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	48,284,177.		
a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	48,284,177.	2e	49,181,229.
a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	48,284,177.	2e	49,181,229.
a b c d e 3 4 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	48,284,177.	2e	49,181,229.
a b c d e 3 4 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	48,284,177. 897,052. 1,170,093.	2e	49,181,229.
a b c 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	48,284,177. 897,052. 1,170,093.	2e 3	49,181,229. 107,596,287.

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 \$4,887,484 IN DONOR-RESTRICTED ENDOWMENT ASSETS.

PART X, LINE 2:

LIABILITY FOR UNCERTAIN TAX POSITIONS

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

332054 09-28-23

Schedule D (Form 990) 2023

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 GAIN 155,204. PART XI, LINE 4B - OTHER ADJUSTMENTS: FUNDRAISING EXPENSES RECLASSED FROM PART IX -897,052. PART XII, LINE 2D - OTHER ADJUSTMENTS: Schedule D (Form 990) 2023 332055 09-28-23 09270507 153424 0183055-00003 2023.05070 SMILE TRAIN, INC. 01830551

FUNDRAISING EXPENSES RECLASSED FROM PART IX

897,052.

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

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) 2023

332055 09-28-23

09270507 153424 0183055-00003

Department of the Treasury	Attach to Form 990.						Open to Public	
Internal Revenue Service	Go to w	ww.irs.gov/Form	1990 for instructions and the latest i	nformation.		Inspe		
Name of the organization					Employer ic	dentifi	cation number	
SMILE TRAIN, INC.					13-36614	416		
	formation on A	ctivities Out	side the United States. Comple	ete if the organ			es" on	
Form 990, Par			•	5				
1 For grantmakers. Do	pes the organization	n maintain recor	ds to substantiate the amount of its gra	ints and other a	assistance,			
the grantees' eligibilit	y for the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	stance?	. X	Yes 🗌 No	
-	escribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance	e outsid	de the	
United States.								
(a) Region	(b) Number of		an be duplicated if additional space is n (d) Activities conducted in the region	· · · · · · · · · · · · · · · · · · ·	vity listed in (d	4)	(f) Total	
	offices	employees,	(by type) (such as, fundraising, pro-		gram service,	"	expenditures	
	in the region	agents, and independent	gram services, investments, grants to		e specific type		for and	
		contractors in the region	recipients located in the region)	of service	(s) in the regio	n	investments in the region	
CENTRAL AMERICA AND				CLEFT SURGE	DIES AND			
THE CARIBBEAN	0	0	PROGRAM SERVICES	COMPREHENSI		ARE	268,880.	
EAST ASIA AND THE PACIFIC	2	5	PROGRAM SERVICES	CLEFT SURGE COMPREHENSI		יאסדי	4,437,296.	
	2	5	FROGRAM SERVICES	COMPREMENSI	LVE CHEFT C	AKE	4,437,290.	
EUROPE (INCLUDING								
ICELAND AND				CLEFT SURGE	ERIES AND			
GREENLAND)	0	1	PROGRAM SERVICES	COMPREHENSI	IVE CLEFT C	CARE	5,305,083.	
MIDDLE EAST AND				CLEFT SURGE	ERTES AND			
NORTH AFRICA	1	3	PROGRAM SERVICES	COMPREHENSI		CARE	2,630,140.	
				CLEFT SURGE	ERIES AND			
NORTH AMERICA	0	6	PROGRAM SERVICES	COMPREHENSI	IVE CLEFT C	CARE	1,947,951.	
RUSSIA AND THE NEWLY				CLEFT SURGE	ERIES AND			
INDEPENDENT STATES	0	0	PROGRAM SERVICES	COMPREHENSI		ARE	195,850.	
				CLEFT SURGE	ERIES AND			
SOUTH AMERICA	0	4	PROGRAM SERVICES	COMPREHENSI		CARE	1,515,044.	
				CLEFT SURGE	ERIES AND			

Statement of Activities Outside the United States

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

SOUTH ASIA 0 3 PROGRAM SERVICES COMPREHENSIVE CLEFT CARE 5,249,281. 3 22 21,549,525. 3 a Subtotal **b** Total from continuation 1 24 45,608,872. sheets to Part I c Totals (add lines 3a 4 46 67,158,397. and 3b)

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

Schedule F (Form 990) 2023

OMB No. 1545-0047

LHA 332071 11-29-23

SCHEDULE F (Form 990)

Schedule F (Form 990) Part I Continuatio	SMILE TRAIN,		• (Schedule F (Form 990), Part I, line 3	13-3661416	Page
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditure for region
				CLEFT SURGERIES AND	
SUB-SAHARAN AFRICA	1	24	PROGRAM SERVICES	COMPREHENSIVE CLEFT CARE	13,698,480
NORTH AMERICA	0	0	GRANTMAKING		496,118
EUROPE (INCLUDING ICELAND AND					
GREENLAND)	0	0	GRANTMAKING		215,219
SOUTH ASIA	0	0	GRANTMAKING		12,015,538
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		7,275,714
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SOUTH AMERICA	0	0	GRANTMAKING		2,380,000
EUROPE (INCLUDING					
ICELAND AND GREENLAND)	0	0	INVESTMENTS		9,527,803
Totals	. 1	24			45,608,872

332181 04-01-23

332072 11-29-23

3 Enter total number of other organizations or entities

Part II

1

(a) Name of organization

	AND THE CARIBBEAN	CLEFT TX	81,010.	CHECK/WIRE	0.	
	CENTRAL AMERICA					
	AND THE CARIBBEAN	CLEFT TX	9,679.	CHECK/WIRE	0.	
	CENTRAL AMERICA					
	AND THE CARIBBEAN	CLEFT TX	20,432.	CHECK/WIRE	0.	
	CENTRAL AMERICA					
	AND THE CARIBBEAN	CLEFT TX	13,780.	CHECK/WIRE	0.	
	CENTRAL AMERICA					
	AND THE CARIBBEAN	CLEFT TX	35,271.	CHECK/WIRE	0.	
			,			
	CENTRAL AMERICA					
	AND THE CARIBBEAN	CLEFT TX	6.478.	CHECK/WIRE	0.	
			,			
	CENTRAL AMERICA					
	AND THE CARIBBEAN	CLEFT TX	40 188.	CHECK/WIRE	0.	
	CENTRAL AMERICA					
	AND THE CARIBBEAN	CLEFT TX	35 328.	CHECK/WIRE	0.	
2 Enter total number of r	ecipient organizations listed above that are r				· · · · ·	I

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.

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

(c) Region

CENTRAL AMERICA

(d) Purpose of

grant

SMILE TRAIN, INC. Schedule F (Form 990) 2023

(b) IRS code section

and EIN (if applicable)

(f) Manner of

of cash grant cash disbursement

(e) Amount

13-3661416

(g) Amount of

noncash

assistance

(h) Description

of noncash

assistance

Page 2

(i) Method of

valuation (book, FMV,

appraisal, other)

481 0

Schedule F (Form 990) 2023

Schedule F (Form 990)	SMILE T	RAIN, INC.			13-3662	1416		Page 2
Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	e 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)
		CENTRAL AMERICA AND THE CARIBBEAN	CLEFT TX	15,140.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	10,301.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	8,296.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	68,400.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	78,763.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	25,800.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	60,890.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	30,200.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	21,000.	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 (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) EAST ASIA AND THE PACIFIC CLEFT TX 33,800. CHECK/WIRE Ο. EAST ASIA AND THE PACIFIC 22,199. CHECK/WIRE CLEFT TX 0. EAST ASIA AND THE 16,075. CHECK/WIRE PACIFIC CLEFT TX 0. EAST ASIA AND THE PACIFIC CLEFT TX 5,635. CHECK/WIRE 0. EAST ASIA AND THE PACIFIC 40,396. CHECK/WIRE CLEFT TX 0. EAST ASIA AND THE PACIFIC CLEFT TX 19,065. CHECK/WIRE 0. EAST ASIA AND THE PACIFIC CLEFT TX 32,380. CHECK/WIRE 0. EAST ASIA AND THE PACIFIC 100,123. CHECK/WIRE CLEFT TX Ο. EAST ASIA AND THE PACIFIC CLEFT TX 16,398. 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 (f) Manner of (d) Purpose of (e) Amount (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 8,186. CHECK/WIRE Ο. EAST ASIA AND THE PACIFIC CLEFT TX 6,217. CHECK/WIRE 0. EAST ASIA AND THE PACIFIC 5,216. CHECK/WIRE CLEFT TX 0. EAST ASIA AND THE PACIFIC CLEFT TX 6,983. CHECK/WIRE 0. EAST ASIA AND THE PACIFIC 74,595. CHECK/WIRE CLEFT TX 0. EAST ASIA AND THE PACIFIC CLEFT TX 7,769. CHECK/WIRE 0. EAST ASIA AND THE PACIFIC CLEFT TX 34,815. CHECK/WIRE 0. EAST ASIA AND THE PACIFIC 68,669. CHECK/WIRE CLEFT TX Ο. EAST ASIA AND THE PACIFIC CLEFT TX 38,541. CHECK/WIRE 0.

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Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside th	e 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	113,794.	CHECK/WIRE	Ο.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	19 725	CHECK/WIRE	0.		
				19,725.				
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	7,743.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	77,174.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	82 000.	CHECK/WIRE	0.		
				,				
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	26,290.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	79,084.	CHECK/WIRE	0.		
		EAST ASIA AND THE						
		PACIFIC	CLEFT TX	21,740.	CHECK/WIRE	0.		
				,				
		EAST ASIA AND THE		10 575				
		PACIFIC	CLEFT TX	12,545.	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) EAST ASIA AND THE PACIFIC CLEFT TX 6,200. CHECK/WIRE Ο. EAST ASIA AND THE PACIFIC 9,174.CHECK/WIRE CLEFT TX 0. EAST ASIA AND THE 74,134. CHECK/WIRE PACIFIC CLEFT TX 0. EAST ASIA AND THE PACIFIC 125,200, CHECK/WIRE CLEFT TX 0. EAST ASIA AND THE PACIFIC 241,269. CHECK/WIRE CLEFT TX 0. EAST ASIA AND THE PACIFIC CLEFT TX 9,515. CHECK/WIRE 0. EAST ASIA AND THE 89,003. CHECK/WIRE PACIFIC CLEFT TX 0. EAST ASIA AND THE PACIFIC 58,521. CHECK/WIRE CLEFT TX Ο. EAST ASIA AND THE PACIFIC CLEFT TX 81,600. 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 (f) Manner of (d) Purpose of (e) Amount (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 58,365. CHECK/WIRE Ο. EAST ASIA AND THE PACIFIC 11,844. CHECK/WIRE CLEFT TX 0. EAST ASIA AND THE 118,375. CHECK/WIRE PACIFIC CLEFT TX 0. EAST ASIA AND THE PACIFIC 42,300. CHECK/WIRE CLEFT TX 0. EAST ASIA AND THE PACIFIC 6,600. CHECK/WIRE CLEFT TX 0. EAST ASIA AND THE PACIFIC CLEFT TX 10,922. CHECK/WIRE 0. EAST ASIA AND THE 7,482.CHECK/WIRE PACIFIC CLEFT TX 0. EAST ASIA AND THE PACIFIC 16,088. CHECK/WIRE CLEFT TX Ο. EAST ASIA AND THE PACIFIC 62,164. CHECK/WIRE CLEFT TX 0.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (i) Method of (g) Amount of (h) Description (b) IRS code section (f) Manner of (d) Purpose of (e) Amount (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) EAST ASIA AND THE PACIFIC CLEFT TX 6,250. CHECK/WIRE Ο. EAST ASIA AND THE PACIFIC CLEFT TX 5,026. CHECK/WIRE 0. EAST ASIA AND THE PACIFIC 9,246. CHECK/WIRE CLEFT TX 0. EAST ASIA AND THE PACIFIC 18,950. CHECK/WIRE CLEFT TX 0. EAST ASIA AND THE PACIFIC 5,294. CHECK/WIRE CLEFT TX 0. EAST ASIA AND THE PACIFIC CLEFT TX 15,489. CHECK/WIRE 0. EAST ASIA AND THE 72,622. CHECK/WIRE PACIFIC CLEFT TX 0. EAST ASIA AND THE PACIFIC 14,500. CHECK/WIRE CLEFT TX Ο. EAST ASIA AND THE PACIFIC CLEFT TX 41,518. 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) EAST ASIA AND THE PACIFIC CLEFT TX 39,624. CHECK/WIRE Ο. EAST ASIA AND THE PACIFIC 90,556. CHECK/WIRE CLEFT TX 0. EAST ASIA AND THE 40,553. CHECK/WIRE PACIFIC CLEFT TX 0. EAST ASIA AND THE PACIFIC 149,613. CHECK/WIRE CLEFT TX 0. EAST ASIA AND THE PACIFIC 9,000. CHECK/WIRE CLEFT TX 0. EAST ASIA AND THE PACIFIC CLEFT TX 46,962. CHECK/WIRE 0. EAST ASIA AND THE PACIFIC CLEFT TX 176,580. CHECK/WIRE 0. EAST ASIA AND THE PACIFIC 749,760. CHECK/WIRE CLEFT TX Ο. EAST ASIA AND THE PACIFIC CLEFT TX 31,325. 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) EAST ASIA AND THE PACIFIC CLEFT TX 61,249. CHECK/WIRE Ο. EAST ASIA AND THE PACIFIC CLEFT TX 113,953. CHECK/WIRE 0. EAST ASIA AND THE 131,585. CHECK/WIRE PACIFIC CLEFT TX 0. EAST ASIA AND THE PACIFIC 25,683. CHECK/WIRE CLEFT TX 0. EAST ASIA AND THE PACIFIC 41,667.CHECK/WIRE CLEFT TX 0. EAST ASIA AND THE PACIFIC CLEFT TX 16,585. CHECK/WIRE 0. EAST ASIA AND THE PACIFIC CLEFT TX 59,815. CHECK/WIRE 0. EUROPE (INCLUDING ICELAND & GREENLAND) 49,112. CHECK/WIRE CLEFT TX Ο. EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 16,914. CHECK/WIRE 0.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (h) Description (i) Method of (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 45,299. CHECK/WIRE Ο. EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 162,053. CHECK/WIRE 0. EUROPE (INCLUDING ICELAND & 750,000. CHECK/WIRE GREENLAND) CLEFT TX 0. EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 3,819,323. CHECK/WIRE 0. EUROPE (INCLUDING ICELAND & GREENLAND) 21,000. CHECK/WIRE CLEFT TX 0. EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 19,082. CHECK/WIRE 0 EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 19,015. CHECK/WIRE 0. EUROPE (INCLUDING ICELAND & GREENLAND) 16,804. CHECK/WIRE CLEFT TX Ο. EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 14,291. 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 190,550, CHECK/WIRE Ο. EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 45,000. CHECK/WIRE 0. EUROPE (INCLUDING ICELAND & 13,500. CHECK/WIRE GREENLAND) CLEFT TX 0. EUROPE (INCLUDING ICELAND & GREENLAND) CLEFT TX 100,000. CHECK/WIRE 0. EUROPE (INCLUDING ICELAND & GREENLAND) 5,200. CHECK/WIRE CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 155,000. CHECK/WIRE 0 MIDDLE EAST AND NORTH AFRICA CLEFT TX 6,000. CHECK/WIRE 0. MIDDLE EAST AND NORTH AFRICA 49,596. CHECK/WIRE CLEFT TX Ο. MIDDLE EAST AND NORTH AFRICA CLEFT TX 52,000. 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 (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 35,000. CHECK/WIRE Ο. MIDDLE EAST AND NORTH AFRICA 78,000. CHECK/WIRE CLEFT TX 0. MIDDLE EAST AND 65,167. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 10,800. CHECK/WIRE Ο. MIDDLE EAST AND 43,342. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 13,620. CHECK/WIRE 0 MIDDLE EAST AND NORTH AFRICA CLEFT TX 271,439. CHECK/WIRE 0. MIDDLE EAST AND NORTH AFRICA 105,020. CHECK/WIRE CLEFT TX Ο. MIDDLE EAST AND NORTH AFRICA CLEFT TX 23,500. 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 41,980. CHECK/WIRE Ο. MIDDLE EAST AND NORTH AFRICA CLEFT TX 37,995. CHECK/WIRE 0. MIDDLE EAST AND 17,000. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 6,000. CHECK/WIRE Ο. MIDDLE EAST AND 203,564. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 17,994. CHECK/WIRE 0 MIDDLE EAST AND NORTH AFRICA CLEFT TX 10,500. CHECK/WIRE 0. MIDDLE EAST AND NORTH AFRICA 7,500. CHECK/WIRE CLEFT TX Ο. MIDDLE EAST AND NORTH AFRICA CLEFT TX 5,500. 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 47,358. CHECK/WIRE Ο. MIDDLE EAST AND NORTH AFRICA CLEFT TX 43,500. CHECK/WIRE 0. MIDDLE EAST AND 9,899. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 41,200. CHECK/WIRE Ο. MIDDLE EAST AND 48,225. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 34,500. CHECK/WIRE 0 MIDDLE EAST AND 53,291. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA 32,000. CHECK/WIRE CLEFT TX Ο. MIDDLE EAST AND NORTH AFRICA CLEFT TX 388,138, 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 21,600. CHECK/WIRE Ο. MIDDLE EAST AND NORTH AFRICA CLEFT TX 544,175. CHECK/WIRE 0. MIDDLE EAST AND 5,300. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 54,600. CHECK/WIRE Ο. MIDDLE EAST AND 13,500. CHECK/WIRE NORTH AFRICA CLEFT TX 0. MIDDLE EAST AND NORTH AFRICA CLEFT TX 12,976. CHECK/WIRE 0 NORTH AMERICA CLEFT TX 13,738. CHECK/WIRE 0. NORTH AMERICA 8,449. CHECK/WIRE CLEFT TX Ο. NORTH AMERICA CLEFT TX 41,738. 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
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	12,432.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	9,975.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	168,863.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	24,426.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	24,432.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	22 500.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	105,120.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	14,400.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	22,510.	CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.			13-3661			Page 2
	f 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	14,760.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	23,336.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	27,997.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	23 567	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	18,522.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	11,962.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	8,700.	CHECK/WIRE	0.		
				0.5.500				
		NORTH AMERICA	CLEFT TX	27,702.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	6.095.	CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.			13-3663			Page 2
	f 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	44,316.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	117,775.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	7,800.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	6,786.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	123,154.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	46 286	CHECK/WIRE	0.		
		NORTH AMERICA		40,200.				
		NORTH AMERICA	CLEFT TX	11,232.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	6,531.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	17,800.	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	18,403.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	5,280.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	87,000.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	57 477.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	80,691.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	13,337.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	32,111.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING						
		STATES ARMENIA	CLEFT TX	11,400.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING						
		STATES ARMENIA	CLEFT TX	7,250.	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) RUSSIA AND NEIGHBORING STATES ARMENIA CLEFT TX 42,500. CHECK/WIRE Ο. RUSSIA AND NEIGHBORING STATES ARMENIA CLEFT TX 18,200. CHECK/WIRE 0. RUSSIA AND NEIGHBORING 112,750. CHECK/WIRE STATES ARMENIA CLEFT TX 0. SOUTH AMERICA CLEFT TX 13,000. CHECK/WIRE 0. 291,977. CHECK/WIRE SOUTH AMERICA CLEFT TX 0. SOUTH AMERICA CLEFT TX 26,250. CHECK/WIRE 0 15,202. CHECK/WIRE SOUTH AMERICA CLEFT TX 0. SOUTH AMERICA CLEFT TX 41,178. CHECK/WIRE Ο. 26,330. CHECK/WIRE SOUTH AMERICA CLEFT TX 0.

Schedule F (Form 990)		RAIN, INC.			13-3663			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 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, FMV appraisal, other)
		SOUTH AMERICA	CLEFT TX	12,000.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	6 693	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX		CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	55,338.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	35,612.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	130,778.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	26,250.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	52,850.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	83,538.	CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.			13-3663			Page 2
Part II Continuation of 1 (a) Name of organization	f Grants and Other A (b) IRS code section and EIN (if applicable)	(a) Pagian	ations or Entities Outside 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, FMV appraisal, other)
		SOUTH AMERICA	CLEFT TX	177,680.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	22,500.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX		CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX		CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	43,632.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	11,200.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	11,200.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	28,352.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	29,254.	CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.			13-3663			Page 2
Part II Continuation of 1 (a) Name of organization	f Grants and Other (b) IRS code section and EIN (if applicable)	(a) Pagian	tions or Entities Outside the (d) Purpose of grant	(e) Amount	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line 1) (g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH AMERICA	CLEFT TX	30,900.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	18 500	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX		CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	8,352.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	13,400.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	30,014.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	5,550.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	9,657.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	14,250.	CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.			13-3663			Page
Part II Continuation of 1 (a) Name of organization	f Grants and Other A (b) IRS code section and EIN (if applicable)	(a) Pagian	tions or Entities Outside the (d) Purpose of grant	(e) Amount	(f) Manner of	90), Part II, line 1) (g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SOUTH ASIA	CLEFT TX	64,750.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	24,750.	CHECK/WIRE	0.		
				20.850				
		SOUTH ASIA	CLEFT TX	30,750.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	69,680.	CHECK/WIRE	0.		
		SOUTH ASIA	СLЕFТ ТХ	6,300.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	74,100.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	407,418.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	16 175	CHECK/WIRE	0.		
				-0,4/3.	CHECK/ WIRE			
		SOUTH ASIA	CLEFT TX	695,215.	CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.			13-3663			Page 2
Part II Continuation of 1 (a) Name of organization	(b) IRS code section	(a) Pagion	tions or Entities Outside the (d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FMV
., .	and EIN (if applicable)		grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
				155 614				
		SOUTH ASIA	CLEFT TX	155,614.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	106,728.	CHECK/WIRE	Ο.		
		SOUTH ASIA	CLEFT TX	9,761.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	170 500	CHECK/WIRE	0.		
				1,0,000.				
		SOUTH ASIA	CLEFT TX	5,775.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	156,300.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	36,000.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	73,760.	CHECK/WIRE	0.		
				10 50 5				
		SOUTH ASIA	CLEFT TX	10,784.	CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.			13-3663			Page 2
Part IIContinuation of1(a) Name of organization	of Grants and Other (b) IRS code section and EIN (if applicable)	(a) Pagion	tions or Entities Outside the (d) Purpose of grant	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FMV
			grant	or cash grant	cash disbursement	assistance	assistance	appraisal, other)
		SOUTH ASIA	CLEFT TX	996,801.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	221,078.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	6,050.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	252,700.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	55,500.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	9,897.	CHECK/WIRE	0.		
				,				
				20 500				
		SOUTH ASIA	CLEFT TX	28,500.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	8,100.	CHECK/WIRE	0.		
		SOUTH ASIA	CLEFT TX	167,700.	CHECK/WIRE	0.		

Schedule F (Form 990)		RAIN, INC.			13-3663			Page 2	
Part II Continuation of 1 (a) Name of organization	of Grants and Other (b) IRS code section and EIN (if applicable)	(a) Pagian	tions or Entities Outside the (d) Purpose of grant	(e) Amount	(f) Manner of	90), Part II, line 1) (g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)	
	, ,					assistance	23313121100		
		SOUTH ASIA	CLEFT TX	300,327.	CHECK/WIRE	0.			
		SOUTH ASIA	CLEFT TX	305,775.	CHECK/WIRE	0.			
		SOUTH ASIA	CLEFT TX	65,812.	CHECK/WIRE	0.			
		SOUTH ASIA	CLEFT TX	90,500.	CHECK/WIRE	0.			
		SOUTH ASIA	CLEFT TX	24,477.	CHECK/WIRE	0.			
				200 207					
		SOUTH ASIA	CLEFT TX	300,207.	CHECK/WIRE	0.			
		SOUTH ASIA	CLEFT TX	17,640.	CHECK/WIRE	0.			
				102 407					
		SOUTH ASIA	CLEFT TX	103,497.	CHECK/WIRE	0.			
		SOUTH ASIA	CLEFT TX	35,550.	CHECK/WIRE	0.			

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 46,500. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 13,500. CHECK/WIRE 0. SUB-SAHARAN 51,600. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA 29,295. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 54,778. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 7,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 28,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 8,500. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 13,800. CHECK/WIRE 0.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 9,916. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 63,198. CHECK/WIRE 0. SUB-SAHARAN AFRICA 6,000. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 5,400. CHECK/WIRE 0. SUB-SAHARAN AFRICA 16,363. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 28,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 54,992. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 33,111. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 28,556. 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 28,800. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 25,000. CHECK/WIRE 0. SUB-SAHARAN 7,000. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 40,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA 22,500. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 36,001. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 12,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 88,500. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 41,388.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 21,500. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 88,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA 6,989.CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 274,559. CHECK/WIRE 0. SUB-SAHARAN AFRICA 115,500. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 9,560. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 64,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 12,438, CHECK/WIRE Ο. SUB-SAHARAN AFRICA 151,773. 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 10,996. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 31,757. CHECK/WIRE 0. SUB-SAHARAN 36,082. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN 32,170. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA 96,535. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 76,200. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 13,072. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 23,300. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 9,100. 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 53,418. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 30,000. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 10,400. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 11,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA 29,218. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 12,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 9,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 157,734. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 12,506. 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 18,096. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 15,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA 34,297. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 281,862. CHECK/WIRE 0. SUB-SAHARAN AFRICA 138,883. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 89,447. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 94,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 149,403. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 37,995. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (i) Method of (g) Amount of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 247,700. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 28,000. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 62,390. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 80,321. CHECK/WIRE 0. SUB-SAHARAN AFRICA 44,079.CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 10,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 29,078. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 66,100. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 25,715. 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) grant of cash grant cash disbursement assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 10,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 31,950. CHECK/WIRE 0. SUB-SAHARAN AFRICA 9,335.CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 11,037.CHECK/WIRE 0. SUB-SAHARAN AFRICA 50,000. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 9,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 16,611. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 180,625. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 24,502. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) grant of cash grant cash disbursement assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 9,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 10,565. CHECK/WIRE 0. SUB-SAHARAN AFRICA 6,903.CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 8,310. CHECK/WIRE 0. SUB-SAHARAN AFRICA 60,600. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 10,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 21,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 7,319. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 7,500. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 5,878. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 15,443. CHECK/WIRE 0. SUB-SAHARAN 23,276. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 18,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA 16,000. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 157,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 37,243. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 66,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 26,000. 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 (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 1,050,822. CHECK/WIRE 0. SUB-SAHARAN AFRICA 124,964. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 39,700. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 369,180. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 11,810. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 67,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 113,698. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 140,915, CHECK/WIRE 0.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 10,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 14,100. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 48,737. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 41,541. CHECK/WIRE 0. SUB-SAHARAN AFRICA 53,885. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 32,023. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 66,946. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 32,353. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 18,500. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 15,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 20,100. CHECK/WIRE 0. SUB-SAHARAN 25,500. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA 13,143. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 56,477.CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 11,500. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 33,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 12,500, CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 16,500. 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 8,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 9,682. CHECK/WIRE 0. SUB-SAHARAN 19,884. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 16,966. CHECK/WIRE 0. SUB-SAHARAN AFRICA 82,228. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 6,000.CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 8,074. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 5,850. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 9,000. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) grant of cash grant cash disbursement assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 29,031. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 7,586. CHECK/WIRE 0. SUB-SAHARAN 21,000. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 9,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA 80,974. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 9,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 16,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 12,691, CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 214,500. 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 (i) Method of (g) Amount of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 84,741. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 54,500. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN 21,870. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA 16,400. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 23,254. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 280,800. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 66,600. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 410,371. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 118,118. 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 37,471. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 53,500. CHECK/WIRE 0. SUB-SAHARAN 7,000. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 28,519. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 91,800. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 19,200. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 9,622. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 23,534. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 10,000. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 5,371. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 31,973. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 56,400. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 39,433. CHECK/WIRE CLEFT TX Ο. SUB-SAHARAN AFRICA 67,582. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 5,030. CHECK/WIRE 0 SUB-SAHARAN 7,554. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 74,662. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 8,500. 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 1,075,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 9,305. CHECK/WIRE 0. SUB-SAHARAN 16,820. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA 13,172. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 5,331. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 128,843. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 18,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 32,801. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 34,925. 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 36,870. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 10,938. CHECK/WIRE 0. SUB-SAHARAN 13,880. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 22,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA 36,975. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 8,920. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 13,000. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 41,500. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 17,566. 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 11,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 100,200. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 149,978. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 5,147. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 140,000. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 8,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 15,099. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 158,687. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 6,395. CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (i) Method of (g) Amount of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 26,102. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 47,400. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN 14,040. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN 11,000. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA 9,000. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 148,026. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 308,055. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 26,600. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 19,834. 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 6,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 43,650.CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA 11,400. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 9,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 54,650.CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 160,111. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 6,200. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 17,978, CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 6,397. 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 21,394. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 27,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA 5,112. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 5,500. CHECK/WIRE 0. SUB-SAHARAN AFRICA 74,500. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 10,000. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 16,311. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 8,330. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 160,539, CHECK/WIRE Ο.

SMILE TRAIN, INC. 13-3661416 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (g) Amount of (i) Method of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA CLEFT TX 17,500. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 6,000. CHECK/WIRE 0. SUB-SAHARAN 330,015. CHECK/WIRE AFRICA CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 8,600. CHECK/WIRE 0. SUB-SAHARAN AFRICA 20,398. CHECK/WIRE CLEFT TX 0. SUB-SAHARAN AFRICA CLEFT TX 23,902. CHECK/WIRE 0 SUB-SAHARAN AFRICA CLEFT TX 12,699. CHECK/WIRE 0. SUB-SAHARAN AFRICA CLEFT TX 6,641. CHECK/WIRE Ο. SUB-SAHARAN AFRICA CLEFT TX 100,487. 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) (g) Amount of 1 (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 30,000. CHECK/WIRE Ο. SUB-SAHARAN AFRICA 42,000. CHECK/WIRE CLEFT TX Ο. SUB-SAHARAN AFRICA CLEFT TX 12,417. CHECK/WIRE 0. SUB-SAHARAN AFRICA 108,600. CHECK/WIRE CLEFT TX Ο. SUB-SAHARAN AFRICA CLEFT TX 14,500. CHECK/WIRE 0.

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Schedule F (Form 990) 2023	SMILE	TRAIN,	INC.

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

Part III can be duplicated if (a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	EAST ASIA AND THE						
	PACIFIC -						
	AUSTRALIA,						
CLEFT TREATMENT TRAINING	BRUNEI, BURMA,	8	13,422.	CHECK/WIRE	0.		
LEFT TREATMENT TRAINING	EUROPE	3	4,250.	CHECK/WIRE	0.		
	MIDDLE EAST AND						
LEFT TREATMENT TRAINING	NORTH AFRICA	1	3,000.	CHECK/WIRE	0.		
	RUSSIA AND						
	NEIGHBORING						
	STATES - ARMENIA,						
CLEFT TREATMENT TRAINING	AZERBIJAN,	1	3,750.	CHECK/WIRE	0.		
CLEFT TREATMENT TRAINING	SOUTH AMERICA	3	8 230.	CHECK/WIRE	0.		
	SUB-SAHARAN		-,				
	AFRICA - ANGOLA,						
	BENIN, BOTSWANA,						
CLEFT TREATMENT TRAINING	BURKINA FASO,	38	183,072.	CHECK/WIRE	0.		

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Schedule F (Form 990) 2023

Page 3

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 the 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 the 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 the Instructions for Form 5471)</i>	X Yes	No 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)</i>	X Yes	No No

Schedule F (Form 990) 2023

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Schedule F (Form 990) 2023 SMILE TRAIN, INC.	13-3661416	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accour		
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting meth		
(estimated number of recipients), as applicable. Also complete this part to provide any additional infor	rmation. See instructions.	
PART I, LINE 2:		
·		
THE GRANT BENEFICIARY MUST UPLOAD THE SURGERIES THAT HAVE BEEN PERFORMED		
ON THE SECURE DATABASE WEBSITE: WWW.SMILETRAINEXPRESS.ORG, WITHIN ONE		
MONTH FROM THE PERFORMANCE OF THE SURGERY. THIS INFORMATION IS REVIEWED		
DAILY BY THE PROGRAM MANAGEMENT FOR APPROVAL. WHERE APPLICABLE, GRANTEES		
ARE REQUIRED TO SUBMIT A FINAL GRANT REPORT UPON COMPLETION OF THE		
REQUIREMENTS.		
PART I, LINE 3		
·		
AMOUNTS LISTED AS PROGRAM SERVICE EXPENDITURES ON SCHEDULE F, PART I,		
REPRESENT FUNDING TO ORGANIZATIONS PERFORMING CLEFT SURGERIES. THESE		
PAYMENTS ARE ESSENTIALLY GRANTS TO FOREIGN ORGANIZATIONS, AND SINCE THE		
ACTIVITY REPRESENTS SMILE TRAIN'S PRIMARY EXEMPT MISSION, FOR SCHEDULE		
CITVITI RERESENTS SMILE TRAIN S FRIMARI EXEMPT MISSION, FOR SCHEDULE		
F PURPOSES, IT IS BEING CODED AS PROGRAMMATIC ACTIVITY.		
THE GRANTS REPORTED AS HAVING BEEN MADE IN NORTH AMERICA, EUROPE, SOUTH		
ASIA, EAST ASIA, AND SOUTH AMERICA REPRESENT FUNDING TO OUR AFFILIATES		
TO ASSIST THOSE ORGANIZATIONS WITH THEIR OPERATING, FUNDRAISING AND		
PROGRAM EXPENSES. THESE GRANTS INCLUDE FUNDING FOR CLEFT SURGERIES.		
PART IV		
SMILE TRAIN INC. HOLDS ONE FOREIGN INVESTMENT IN ITS ENDOWMENT		
PORTFOLIO; TO THE EXTENT THAT SMILE TRAIN'S OWNERSHIP INTEREST IN THAT		
INVESTMENT ECLIPSES THE THRESHOLD FOR FILING EITHER THE FORM 926 OR		
FORM 5471, THAT FILING IS ATTACHED TO THE ORGANIZATION'S FORM 990-T.		
Total 5471, 1MAL FIELDS IS ATTACHED TO THE ORGANIZATION S FORM 550-1.		
SMILE TRAIN FILES A FORM 5713 TO REPORT THOSE COUNTRIES IN WHICH IT		

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

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Schedule F (Form 990) 2023

	 		Schedule F (Form 9	

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctivi	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2023
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service	Go t	o www.irs.gov/Form990 for instru	ctions	and tl	ne latest informatio	n.		Inspection
Name of the organization	ו						Employer ide	entification number
	SMILE TRAII	•					13-366143	
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-E2	filers are not
 a X Mail solicitat b X Internet and c X Phone solici d X In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written c ed in Form 990, P		ition of ition of I fundra (incluc irofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes	
compensated at le	0	()1		5				-
.,				(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization	
SD&A TELESERVICES	INC 5757		Yes	No				
WEST CENTURY BLVD.	, SUITE	CONSULTING		x	128,515.		172,514.	-43,999.
Total					128,515.		172,514.	-43,999.
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib		or has been notified			,

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2023

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SMILE TRAIN, INC.

13-3661416 Page **2**

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 NONE	(d) Total events
		GALA	CHICAGO EVENT	noni	(add col. (a) through col. (c))
ē		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	1,052,517.	73,012.		1,125,529
	2 Less: Contributions	993,847.	23,012.		1,016,859
	3 Gross income (line 1 minus line 2)	58,670.	50,000.		108,670
	4 Cash prizes				
ő	5 Noncash prizes				
bense	6 Rent/facility costs				
Direct Expenses	7 Food and beverages	235,928.	21,238.		257,166
_	8 Entertainment	151,320.			151,320
	9 Other direct expenses	465,394.	23,172.		488,566
1	0 Direct expense summary. Add lines 4 through	n 9 in column (d)			897,052
1	1 Net income summary. Subtract line 10 from li	ine 3, column (d)			-788,382

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
s	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
rect Ey	4 Rent/facility costs				
ā	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Enter the state(s) in which the organization conduc				
а	Is the organization licensed to conduct gaming ac	tivities in each of these s	states?		
b	If "No," explain:				
	Were any of the organization's gaming licenses re		• •	/ear?	Yes No
b	If "Yes," explain:				

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Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	SMILE TRAIN, INC.	13-3	661416	Page 3
		ning activities with nonmembers?		Yes	No No
12		iciary or trustee of a trust, or a member of a partnership or other entity forme		Yes	No
13	Indicate the percentage of gaming?	activity conducted in:			
		,		13a	%
b	An outside facility			13b	%
14	Enter the name and address of the	person who prepares the organization's gaming/special events books and re	cords:		
	Name				
	Address				
15a	Does the organization have a cont	act with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
b	If "Yes," enter the amount of gami	ng revenue received by the organization \$ and the	e amount		
	of gaming revenue retained by the	third party \$			
c	: If "Yes," enter name and address	f the third party:			
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
		·			
	Description of services provided				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
	•	state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?			Yes	No No
b	 Enter the amount of distributions r organization's own exempt activiti 	equired under state law to be distributed to other exempt organizations or spo	ent in the		
Pa		es during the tax year \$ nation. Provide the explanations required by Part I, line 2b, columns (iii) and	d (v); and Par	t III, lines 9,	9b, 10b,
		applicable. Also provide any additional information. See instructions.			
SCH	EDULE G. PART I. LINE 2B.	LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(1)	NAME OF FUNDRAISER: SD&A	FELESERVICES INC.			
(I)	ADDRESS OF FUNDRAISER:				
575	7 WEST CENTURY BLVD., SUIT	E 300, LOS ANGELES, CA 44333			
PAR	T I, LINE 2B, COLUMN (V):				
	· · ·				
	COMPENSATION REPORTED IN UNTS PAID ON A FISCAL YEAR	SCHEDULE G FOR SD&A TELESERVICES REPRESENTS BASIS.			
	83 09-13-23		Sched	ıle G (Form	990) 2023

THE FUNDRAISING EFFORTS OF THE PROFESSIONAL FUNDRAISER REPORTED IN

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

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

CONTRIBUTION TO SMILE TRAIN (AND NOT SUBSEQUENT GIVING THROUGHOUT THE

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

RECEIPTS" DERIVED FROM THE FUNDRAISER MAY APPEAR MISLEADING BECAUSE OF

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

Schedule G (Form 990)

332084 04-01-23

09270507 153424 0183055-00003

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, ar lete if the organizatio	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury		-	Attach to Form		·		Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization	NC.						Employer identification number 13-3661416
Part I General Information on Grants ar	nd Assistance					•	
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro 	tance?				•		
Part II Grants and Other Assistance to I	•				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$ 1 (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 noncash assistance	(h) Purpose of grant or assistance
AMERICAN CLEFT PALATE CRANIOFACIAL ASSOC. – 1504 EAST FRANKLIN STREET STE 102 – CHAPEL HILL, NC 27514	43-0793521	501(C)(3)	47,082.	0.			EDUCATION/TRAINING
APROQUEN, INC. 7040 sw 79 cT MIAMI, FL 33143	03-0427321	501(C)(3)	46,567.	0.			CLEFT SURGERIES, COMPREHENSIVE CLEFT CARE, AND EDUCATION/TRAINING
BE TEAM INTERNATIONAL INC 5901 JONESTOWN ROAD 6568 HARRISBURG, PA 17112	83-1878953	501(C)(3)	552,000.	0.			CLEFT SURGERIES AND COMPREHENSIVE CLEFT CARE
CHILDREN'S HEALTHCARE OF ATLANTA INC – 1575 NORTHEAST EXPRESSWAY – ATLANTA, GA 30329	58-2367819	501(C)(3)	7,000.	0.			EQUIPMENT
CLEAR GLOBAL, INC (TRANSLATORS WITHOUT BORDERS) - 9169 W STATE ST 3055 - GARDEN CITY, ID 83714	27-3840123	501(C)(3)	18,360.	0.			COMPREHENSIVE CLEFT CARE AND EDUCATION/TRAINING
CORE GROUP 1901 PENNSYLVANIA AVE NW 902 WASHINGTON, DC 20006	31-1744950	501(C)(3)	7,000.	0.			COMPREHENSIVE CLEFT CARE
2 Enter total number of section 501(c)(3) ar			o lino 1 tablo	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	I	19.
3 Enter total number of other organizations	•	5					0.

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

Schedule I (Form 990) 2023

(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
GHAYOUR CHARITABLE FOUNDATION (FBM							
LAZER ESTETIK PLASTIK CERRAHI							
KLINIGI SAN.TIC - 3705 S. GEORGE							COMPREHENSIVE CLEFT CARE
MASON DR. APT. 1214S - FALLS	99-0483444	501(C)(3)	134,250.	0.			AND EDUCATION/TRAINING
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L LEVY PLACE -							
NEW YORK, NY 10029	13-6171197	501(C)(3)	39,762.	0.			RESEARCH
INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH - 1619 DUKE STREET	54 4800405						
- ALEXANDRIA, VA 22314-3406	54-1790186	501(C)(3)	8,973.	0.			COMPREHENSIVE CLEFT CARE
LIFEBOX FOUNDATION, INC. 195 MONTAGUE ST, 14TH FLOOR							EDUCATION/TRAINING AND
BROOKLYN, NY 11201	46-2266526	501(C)(3)	962,173.	٥.			EQUIPMENT
OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HWY BH 546							COMPREHENSIVE CLEFT CARE
NEW ORLEANS, LA 70121	72-0502505	501(C)(3)	11,480.	0.			AND EQUIPMENT
PLASTIC SURGERY FOUNDATION 444 E ALGONQUIN RD.							
NORWOOD, MA 02062	59-6144450	501(C)(3)	100,000.	0.			EDUCATION/TRAINING
SAFE SURGERY INITIATIVE, INC. 2151 N HERITAGE ST							
BUCKEYE, AZ 85396	27-1642249	501(C)(3)	22,174.	0.			EDUCATION/TRAINING
SEATTLE CHILDREN'S HOSPITAL DBA SEATTLE CHILDREN'S RESEARCH - PO BOX 5371 MS 818-FI - SEATTLE, WA							
98145-5005	91-0564748	501(C)(3)	45,841.	0.			EDUCATION/TRAINING
			, <u>,</u>				
SEATTLE CHILDREN'S HOSPITAL FOUNDATION - 4800 SAND POINT WAY							COMPREHENSIVE CLEFT CARE
NE - SEATTLE, WA 98105	91-1156519	501(C)(3)	24,620.	٥.			AND EDUCATION/TRAINING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
UNIVERSITY OF MISSISSIPPI FOUNDATION - 406 UNIVERSITY AVENUE - OXFORD, MS 38655	23-7310293	501(C)(3)	7,000.	0.			COMPREHENSIVE CLEFT CARE	
UNIVERSITY OF SAN FRANCISCO (UCSF) FOUNDATION - 2001 THE EMBARCADERO 3RD FLOOR - SAN FRANCISCO, CA								
94133	94-2829914	501(C)(3)	22,000.	0.			EDUCATION/TRAINING	
UTAH SMILES FOUNDATION 3248 N 1300 E LEHI, UT 84043	84-2269006	501(C)(3)	17,687.	0.			COMPREHENSIVE CLEFT CARE AND EQUIPMENT	
WVU FOUNDATION, INC. ONE WATERFRONT PLACE, 7TH FL., PO BOX 1650 - MORGANTOWN, WV 26507-1650	55-6017181	F01 (G) (2)	6,500.	0.			COMPREHENSIVE CLEFT CARE	
20507 1050	55 001/101	501(07(5)	0,500.					
	1							

Schedule I (Form 990) 2023

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 assistance

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

PART I, LINE 2:

GRANT RECIPIENTS ARE REQUIRED TO SUBMIT FINAL GRANT REPORTS DESCRIBING

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

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

SMILE TRAIN GRANTS. SMILE TRAIN UNDERTAKES PERIODIC FINANCIAL AUDITS TO

ENSURE ACCURACY OF THESE RECORDS. ADDITIONALLY, ORGANIZATIONS RECEIVING

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

PHOTOS FOR EVERY SURGERY PERFORMED WITH SMILE TRAIN FUNDING TO

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

Part IV Supplemental Information

PATIENT RECORDS ARE REVIEWED DAILY BY SMILE TRAIN STAFF FOR COMPLETENESS

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

REGULARLY REVIEWS RANDOMLY SELECTED RECORDS FOR MEDICAL QUALITY.

Schedule I (Form 990)

332291 04-01-23

SCI	HEDULE J	Compensation Information		OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	23	2
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				•
	tment of the Treasury al Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Inspe		IC
	e of the organization		Employer ider	ntificati	on nui	mber
	C C	SMILE TRAIN, INC.	13-366	1416		
Pa	rt I Question	s Regarding Compensation	1			
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary :	spending account Personal services (such as maid, chauffer	ır, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	
3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization's	, ,			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
	X Independent o	compensation consultant				
	Form 990 of o	ther organizations	ommittee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	-				
		e payment or change-of-control payment?		4a	X	x
	-	eive payment from a supplemental nonqualified retirement plan?				X
с	•	eive payment from an equity-based compensation arrangement?		4c		
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only continu E01/a	(2) 501(c)(4) and 501(c)(20) associations must complete lines 5.0				
E		(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	·	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation evenues of:	"			
а	contingent on the r			5a		x
		ation?		5a 5b		x
5		or 5b, describe in Part III.		00		
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
U	contingent on the r					
а	•			6a		x
		ation?		6b		x
-		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	5			
-		nes 5 and 6? If "Yes," describe in Part III		7	х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
-	-			8		x
9		id the organization also follow the rebuttable presumption procedure described in				
-	Regulations section			9		
For		ion Act Notice, see the Instructions for Form 990.	Schedule		n 990)	2023

LHA 332111 11-06-23

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) SUSANNAH SCHAEFER	(i)	429,472.	100,000.	0.	12,199.	27,673.	569,344.	0.	
PRESIDENT/CEO/EXEC VICE CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) ASHLEY OCHS	(i)	252,499.	35,000.	0.	16,100.	19,729.	323,328.	0.	
COO, SECRETARY & GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) BEATRIZ GONZALEZ	(i)	127,782.	35,000.	115,833.	7,560.	17,841.	304,016.	0.	
FORMER CFO (THRU 06/2023)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) ERIN STIEBER	(i)	224,928.	30,000.	0.	15,025.	32,641.	302,594.	0.	
CHIEF PROGRAMS STRATEGY OFF.	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) ELYSE TAUB	(i)	229,058.	30,000.	0.	13,683.	11,134.	283,875.	0.	
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) TROY REINHART	(i)	204,406.	25,000.	0.	13,220.	21,403.	264,029.	0.	
SVP, COMTY. & AMBASSADOR DEV.	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) PHILIP CARROLL	(i)	209,440.	15,000.	0.	13,089.	11,134.	248,663.	0.	
SENIOR VP, COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) VIVIAN LEWIS	(i)	194,147.	12,000.	0.	9,993.	21,341.	237,481.	0.	
VP, HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) R. JAMES MADIGAN	(i)	183,840.	10,000.	0.	7,432.	27,579.	228,851.	0.	
IN-HOUSE COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) WENDELL THOMAS	(i)	183,860.	10,000.	0.	11,148.	11,041.	216,049.	0.	
VP, INFORMATION SYSTEMS & TECH.	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

13-3661416

Part III Supplemental Information

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

PART I, LINE 4A:

FORMER CHIEF FINANCIAL OFFICER, BEATRIZ GONZALEZ, RECEIVED A SEPARATION

PAYMENT IN CALENDAR YEAR 2023 IN THE AMOUNT OF \$115,833; THIS AMOUNT HAS

BEEN REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III).

PART I, LINE 7:

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

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

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

BONUSES ARE PERFORMANCE BASED AND NONE OF THE INDIVIDUALS WHO RECEIVED

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

BONUSES.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

23

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.	

Pa	rt 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 de noncash contribu		•	\$
1	Art Works of art							
2	Art - Works of art Art - Historical treasures							
2	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		119	1,628,858.	FMV			
10	Securities - Closely held stock			, ,				
11	Securities - Partnership, LLC, or							
	trust interests							
12								
13	Qualified conservation contribution							
	Historic structures							
14	Qualified conservation contribution	on - 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 ()						
29	Number of Forms 8283 received	, ,	5					
	for which the organization comple	eted Form 8283, Part V, I	Oonee Acknowledg	ement 29		<u> </u>		
							Yes	No
30a	During the year, did the organizat							
	must hold for at least 3 years from		ntribution, and whi	ch isn't required to be used	or			v
Ŀ	exempt purposes for the entire he	-				30a		X
	If "Yes," describe the arrangemer		quires the review	of any popularid contribut	ions?		x	
31	Does the organization have a gift Does the organization hire or use		-	•		31	-	
3∠a		·	0	cit, process, or sell noncash		32a	x	
b	If "Yes," describe in Part II.							
22	If the ergenization didn't report of	n amount in column (a) fo	- a turna of aranarti	for which column (c) is char	lind			

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

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23 Schedule M (Form 990) 2023 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) 2023

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332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



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 PERSON 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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023	Page
Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
THE WORLD, SMILE TRAIN HAS TRANSFORMED THE LIVES OF MORE THAN 2 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.	
332212 11-14-23	Schedule O (Form 990) 2023
70507 153424 0183055-00003 2023.05070 SMILE TRAT	IN TNC. 01830

Schedule O (Form 990) 2023

Page 2

Schedule O (Form 990) 2023	Page 2
Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
THESE EXPENSES EXCLUDE \$30,349,026 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	
332212 11-14-23	Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	
Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
FREE VIRTUAL SURGERY TRAINING MATERIALS TO OUR GLOBAL NETWORK OF	
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,	
UNITED KINGDOM, CANADA, KENYA	
FORM 990, PART VI, SECTION B, LINE 11B:	
SMILE TRAIN'S FORM 990 WAS PREPARED BY A NATIONALLY RECOGNIZED ACCOUNTING	
FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE FORM	
990 WAS PRESENTED TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS IN APRIL	
OF 2025 AND, ONCE APPROVED, IT WAS DISTRIBUTED TO THE FULL BOARD OF	
DIRECTORS FOR REVIEW AND COMMENT. AFTER PROVIDING AN APPROPRIATE TIME	

DIRECTORS FOR REVIEW AND COMMENT. AFTER PROVIDING AN APPROPRIATE TIME

PERIOD OF REVIEW, SMILE TRAIN ELECTRONICALLY FILED THE FORM 990 WITH THE

INTERNAL REVENUE SERVICE.

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Name of the organization

SMILE TRAIN, INC.

Page 2 Employer identification number 13-3661416

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:

THE BOARD OF DIRECTORS PERIODICALLY UTILIZES THE SERVICES OF INDEPENDENT

COMPENSATION CONSULTANTS TO PROVIDE COMPARATIVE DATA AND OPINE ON THE

REASONABLENESS OF THE EXECUTIVE DIRECTOR'S AND OTHER EMPLOYEES'

COMPENSATION AS WELL AS TOP EXECUTIVES. ALL COMPENSATION DECISIONS MUST BE

APPROVED BY SMILE TRAIN'S COMPENSATION COMMITTEE AND ALL DECISIONS ARE

MEMORIALIZED IN COMMITTEE MEETING MINUTES. SMILE TRAIN IS IN THE PROCESS OF

COMMISSIONING A CURRENT COMPENSATION STUDY FROM AN INDEPENDENT THIRD PARTY

CONSULTANT THAT WILL INFORM SMILE TRAIN'S EXECUTIVE COMPENSATION DECISIONS

IN THE ENSUING YEARS.

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

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Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
	l
ON PERFORMANCE AS INFORMED BY THE ANNUAL PERFORMANCE MANAGEMENT PROCESS.	
THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ALSO USES COMPARATIVE	
COMPENSATION DATA FROM OUTSIDE SOURCES. PERIODICALLY, AN OUTSIDE	
COMPENSATION CONSULTANT IS RETAINED TO OPINE ON THE REASONABLENESS OF THE	
COMPENSATION OF THE HIGHEST PAID EXECUTIVES, INCLUDING THE TOP 5 HIGHEST	
PAID COMPARED TO A SELECTED PEER GROUP OF CHARITABLE ORGANIZATIONS. ALL	
COMPENSATION DECISIONS MUST BE APPROVED BY SMILE TRAIN'S COMPENSATION	
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 GAIN 155,204	
RESCINDED/REFUNDED GRANTS 140,364	•
TOTAL TO FORM 990, PART XI, LINE 9 295,568	

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Schedule O (Form 990) 2023

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Name of the organization

Department of the Treasury Internal Revenue Service

SMILE TRAIN, INC.

Employer identification number 13-3661416

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SMILE TRAIN INTERNATIONAL, LLC					
633 THIRD AVENUE					
NEW YORK, NY 10017	INACTIVE	DELAWARE	٥.	0.	SMILE TRAIN
SMILE TRAIN REAL ESTATE, LLC					
633 THIRD AVENUE					
NEW YORK, NY 10017	HOLD REAL ESTATE	NEW YORK	0.	16,978,470.	SMILE TRAIN
	_				
	_				
	_				
	-				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(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) 2023

OMB No. 1545-0047

01010 110. 1343-0047

2023 Open to Public Inspection Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	, address, and EIN Primary activity		(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr organiz	g) 512(b)(13) rolled zation?
THE SMILE TRAIN INDIA				301(0)(3))		Yes	No
PLOT NO 3, LSC, SECTOR C	-						
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	1						
, JAKARTA, INDONESIA 12430	SEE PART VI	INDONESIA		N/A	SMILE TRAIN	x	
SMILE TRAIN PHILIPPINES FOUNDATION							
3/F ANNEX BUILDING, 22 EAST AVE	1						
, QUEZON CITY, PHILIPPINES	SEE PART VI	PHILIPPINES		N/A	SMILE TRAIN	x	
ASSOCIACAO SMILE TRAIN BRAZIL							
RUA VINTE E QUATRO, NO. 159, LOT F-19	1						
PAULINIA, SAO PAULO, BRAZIL 13.141-064	SEE PART VI	BRAZIL		N/A	SMILE TRAIN	x	
FUNDACION SMILE TRAIN MEXICO, AC							
ACORDADA 18, 101, SAN JOSE INSURGENTES	1						
, DEL. BENITO JUAREZ, MEXICO	SEE PART VI	MEXICO		N/A	SMILE TRAIN	x	
SIMULARE MEDICAL INC.							
174 SPADINA AVENUE, SUITE 404	-						
TORONTO, ON, CANADA M5T 2C2	SEE PART VI	CANADA		N/A	SMILE TRAIN	x	
THE SMILE TRAIN							
P.O. BOX 2168, MARAGOLI AVENUE	1						
, NAKURU, KENYA 18129	SEE PART VI	KENYA		N/A	SMILE TRAIN	x	
	-						
	_						
	-						

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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 re	ated
raitili	organizations treated as a partnership during the tax year.		

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	
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?		Genera manag partne	l or Percentage ^{ing} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr ent	o)(13) rolled ity?
	country)						No		
SMILE TRAIN UK TRADING COMPANY	4								
10 QUEEN STREET PLACE		UNITED							
LONDON, UNITED KINGDOM EC4R 1BE	SEE PART VI	KINGDOM	SMILE TRAIN UK	C CORP	Ο.	٥.	100%	X	
	-								
	-								

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

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
(1) THE SMILE TRAIN UK	с	7,049,773.	FMV
(2) THE SMILE TRAIN STIFTUNG	с	488,737.	FMV
(3)			
<u>(4)</u>			
<u>(5)</u>			
_(6)			

Schedule R (Form 990) 2023 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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(c org	e) all rs sec. c)(3) s.?	(f) Share of total	(g) Share of end-of-year	h) ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	(k) Percentage ownership
		country)	sections 512-514)	Yes		income	assets	No	(Form 1065)	Yes No	

Schedule R (Form 990) 2023

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,

THE SMILE TRAIN CANADA FOUNDATION, SMILE TRAIN PHILIPPINES FOUNDATION,

ASSOCIACAO SMILE TRAIN BRAZIL, FUNDACION SMILE TRAIN MEXICO AND YAYASAN

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, INDONESIA, 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 SMILE TRAIN KENYA DID NOT HAVE ANY OPERATING

ACTIVITIES DURING THE CURRENT YEAR.

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Schedule R (Form 990) 2023

Part VII Supplemental Information

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

PART IV, LINE 1

THE SMILE TRAIN UK TRADING COMPANY LIMITED WAS INCORPORATED IN JUNE

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

BY SHARES WITH UK AS THE SOLE MEMBER.

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