

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SMILE TRAIN, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 633 THIRD AVENUE 9TH FL. City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10017 F Name and address of principal officer: SUSANNAH SCHAEFER 633 THIRD AVENUE, NEW YORK, NY 10017	D Employer identification number 13-3661416 E Telephone number (212) 689-9199 G Gross receipts \$ 216,255,193. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.SMILETRAIN.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1992
		M State of legal domicile: NY

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SMILE TRAIN AIMS TO ENSURE THAT EVERY PERSON HAS ACCESS TO SAFE, QUALITY CLEFT CARE.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	111
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	89,140,505.
9	Program service revenue (Part VIII, line 2g)	9	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	10,190,133.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	72,213.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	99,402,851.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	66,481,947.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	14,812,944.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	90,171.
16b	Total fundraising expenses (Part IX, column (D), line 25)	16b	19,984,077.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	34,625,441.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	116,010,503.
19	Revenue less expenses. Subtract line 18 from line 12	19	-16,607,652.
20	Total assets (Part X, line 16)	20	374,570,132.
21	Total liabilities (Part X, line 26)	21	10,775,194.
22	Net assets or fund balances. Subtract line 21 from line 20	22	363,794,938.

Part II Signature Block

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

Sign Here	TAXPAYER COPY Signature of officer SUSANNAH SCHAEFER, PRESIDENT & CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name SCOTT THOMPSETT Preparer's signature <i>Scott Thompson</i> Date 05/07/2025 Check if self-employed <input type="checkbox"/> PTIN P00741490 Firm's name GRANT THORNTON ADVISORS LLC Firm's EIN 99-1856619 Firm's address 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013 Phone no. (212) 599-0100	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**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.

OMB No. 1545-0047

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.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. SMILE TRAIN, INC.	Taxpayer identification number (TIN) 13-3661416
	Number, street, and room or suite no. If a P.O. box, see instructions. 633 THIRD AVENUE 9TH FL.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10017	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (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 for the whole 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 members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☐ calendar year 20 _____ or
☒ tax year beginning JUL 1, 20 23, and ending JUN 30, 20 24

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ 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.

Form **8868** (Rev. 1-2024)

Part III Statement of Program Service AccomplishmentsCheck 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 prior Form 990 or 990-EZ? ☐ Yes ☒ 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 ☒ 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

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 \$ 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).

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 86,661,389.Form **990** (2023)

Part 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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

X

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	74
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		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	2a 111		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country <u>SEE SCHEDULE O</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a 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:			
a 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?	12a		
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.			
a Is 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.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
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? If "Yes," complete Form 6069.	17		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	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		6												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2							X				
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 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 was filed?					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?							6							X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								7a						X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									7b					X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										8a	X			
b Each committee with authority to act on behalf of the governing body?											8b	X		
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O												9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a														X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b													
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			11a	X											
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.															
12a Did the organization have a written conflict of interest policy? If "No," go to line 13					12a	X									
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						12b	X								
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done							12c	X							
13 Did the organization have a written whistleblower policy?								13	X						
14 Did the organization have a written document retention and destruction policy?									14	X					
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?															
a The organization's CEO, Executive Director, or top management official										15a	X				
b Other officers or key employees of the organization											15b	X			
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.															
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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 participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?													16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records
 PREMALI SHAH - 212-689-9199
 633 THIRD AVENUE, NEW YORK, NY 10017

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 with or within the organization's tax year.

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

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PAULA SHUGART BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(19) CRYSTLE STEWART BOARD MEMBER	1.00 0.00	X						0.	0.	0.
1b Subtotal								2,697,810.	0.	320,970.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,697,810.	0.	320,970.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

30

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MARKETEAM LLC, 600 NORTHPARK TOWN CENTER STE 1600, ATLANTA, GA 30328	DIR. MAIL PROCESSING	984,000.
FREEMETRICS, INC., 245 COMMERCIAL ST. STE 245, PORTLAND, ME 04101	SOFTWARE CONSULTING	965,911.
DIRECT MAIL PROCESSORS 1150 CONRAD COURT, HAGERSTOWN, MD 21740	MAIL PROCESSING	538,142.
1ST DEGREE, 4200 PARLIAMENT PLACE, STE 300, LANHAM, MD 20706	MARKETING CONSULTING	515,419.
CORETELLIGENT LLC 750 3RD AVE 9TH FLOOR, NEW YORK, NY 10017	IT CONSULTING	512,431.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		17

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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,016,859.				
	d Related organizations	1d	7,538,510.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	75,736,721.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,628,858.				
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			8,754,430.			8,754,430.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			36,023.			36,023.
	6 a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 1,016,859. of contributions reported on line 1c). See Part IV, line 18	8a	108,670.				
	b Less: direct expenses	8b	897,052.				
	c Net income or (loss) from fundraising events		-788,382.				
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a MISCELLANEOUS REVENUE		900099	47,262.			47,262.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			47,262.			
12 Total revenue. See instructions				99,619,387.	0.	0.	15,327,297.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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				
5 Compensation of current officers, directors, trustees, and key employees	1,371,502.	1,019,484.	120,667.	231,351.
6 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.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	506,333.	405,066.	15,190.	86,077.
9 Other employee benefits	2,462,457.	1,959,721.	76,264.	426,472.
10 Payroll taxes	822,648.	658,119.	24,679.	139,850.
11 Fees for services (nonemployees):				
a Management				
b Legal	329,290.	263,320.	9,804.	56,166.
c Accounting	275,777.		275,777.	
d Lobbying	6,417.	6,417.		
e Professional fundraising services. See Part IV, line 17	172,514.			172,514.
f Investment management fees	1,170,093.		1,170,093.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,463,824.	2,328,162.	25,795.	109,867.
12 Advertising and promotion	6,118,652.	625,736.		5,492,916.
13 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 O.)				
a MARKETING & FUNDRAISING	16,595,001.	6,478,211.		10,116,790.
b REPAIRS & MAINTENANCE	1,329,304.	1,229,226.	14,671.	85,407.
c PRINTED PROG. MATERIALS	538,313.	538,313.		
d MEDICAL ADVISORY BOARD	77,422.	77,422.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	108,766,380.	86,661,389.	2,120,914.	19,984,077.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	12,366,602.	6,478,212.	0.	5,888,390.

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	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, director, 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 defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	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.		
	11 Investments - publicly traded securities	19,747,767.	10c	18,785,835.
	12 Investments - other securities. See Part IV, line 11	335,331,174.	11	346,612,880.
	13 Investments - program-related. See Part IV, line 11	8,750,384.	12	9,527,803.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	56,281.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	374,570,132.	15		
Liabilities	17 Accounts payable and accrued expenses	374,570,132.	16	384,154,596.
	18 Grants payable	5,453,240.	17	3,658,996.
	19 Deferred revenue	5,321,140.	18	5,372,099.
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other 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		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	814.	24	
	26 Total liabilities. Add lines 17 through 25	10,775,194.	25	185,476.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26	9,216,571.
	27 Net assets without donor restrictions			
	28 Net assets with donor restrictions	357,617,332.	27	369,031,663.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.	6,177,606.	28	5,906,362.
	29 Capital stock or trust principal, or current funds			
	30 Paid-in or capital surplus, or land, building, or equipment fund		29	
	31 Retained earnings, endowment, accumulated income, or other funds		30	
	32 Total net assets or fund balances		31	
	33 Total liabilities and net assets/fund balances	363,794,938.	32	374,938,025.
	374,570,132.	33	384,154,596.	

Form **990** (2023)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

☒

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.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **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 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	92,042,568.	91,593,384.	93,083,921.	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						
4 Total. Add lines 1 through 3	92,042,568.	91,593,384.	93,083,921.	89,140,505.	83,849,356.	449,709,734.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						449,709,734.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	92,042,568.	91,593,384.	93,083,921.	89,140,505.	83,849,356.	449,709,734.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,808,633.	6,024,372.	6,672,409.	7,899,282.	8,790,453.	36,195,149.
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.
11 Total support. Add lines 7 through 10						486,328,790.

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		<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	92.47	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	92.58	%
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		<input checked="" type="checkbox"/>	
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		<input type="checkbox"/>	
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		<input type="checkbox"/>	
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		<input type="checkbox"/>	
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		<input type="checkbox"/>	

Schedule A (Form 990) 2023

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) 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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities 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)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a 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						
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 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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

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

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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.		
2a		
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.		
2b		
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 .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D - Distributions**

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). 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: \$			
a 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

Part VI

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

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

OTHER INCOME

2019 AMOUNT: \$ 64,332.

2020 AMOUNT: \$ 63,826.

2021 AMOUNT: \$ 94,301.

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.

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**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

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization	Employer identification number
SMILE TRAIN, INC.	13-3661416

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 7,049,773.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 488,737.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SMILE TRAIN, INC.	13-3661416

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization	Employer identification number
SMILE TRAIN, INC.	13-3661416

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(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.

OMB No. 1545-0047

2023

Open to Public
Inspection

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.

Name of organization SMILE TRAIN, INC.	Employer identification number 13-3661416
-----------------------------------------------	--------------------------------------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(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

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
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					

Schedule C (Form 990) 2023

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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		6,417.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			6,417.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 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?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-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 political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide 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 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

SMILE TRAIN DOES NOT TYPICALLY ENGAGE IN ANY LOBBYING ACTIVITIES; IN

FISCAL YEAR 2024, SMILE TRAIN INCURRED \$6,417 IN LOBBYING EXPENSES TO

ADVOCATE FOR THE PASSAGE OF THE ENSURING LASTING SMILES ACT. THE

ENSURING LASTING SMILES ACT (ELSA) WOULD REQUIRE ALL PRIVATE INSURANCE

GROUP AND INDIVIDUAL HEALTH CARE PLANS TO COVER MEDICALLY NECESSARY

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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

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

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

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2023

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	254,475,926.	245,454,744.	298,614,664.	221,998,225.	212,184,623.
b Contributions			10,000.	197,701.	4,000,213.
c Net investment earnings, gains, and losses	30,361,051.	26,691,713.	-37,956,743.	66,168,738.	6,063,389.
d Grants or scholarships					
e 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 current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 98.1500 %

b Permanent endowment 1.8500 %

c Term endowment .0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations?

(ii) Related organizations?

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		20,114,120.	3,135,650.	16,978,470.
c Leasehold improvements				
d Equipment		728,520.	710,776.	17,744.
e Other		6,357,891.	4,568,270.	1,789,621.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				18,785,835.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(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. (B))	

Part X Other Liabilities

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 the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) 2023

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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	167,920,603.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	19,994,512.
b	Donated services and use of facilities	2b	48,284,177.
c	Recoveries of prior year grants	2c	140,364.
d	Other (Describe in Part XIII.)	2d	155,204.
e	Add lines 2a through 2d	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,170,093.
b	Other (Describe in Part XIII.)	4b	-897,052.
c	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.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	156,777,516.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	48,284,177.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	897,052.
e	Add lines 2a through 2d	2e	49,181,229.
3	Subtract line 2e from line 1	3	107,596,287.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,170,093.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	1,170,093.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	108,766,380.

Part 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

Part XIII Supplemental Information (continued)

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

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FOREIGN EXCHANGE CURRENCY GAIN 155,204.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES RECLASSIFIED FROM PART IX -897,052.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

FUNDRAISING EXPENSES RECLASSIFIED 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 F
(Form 990)**Department of the Treasury
Internal Revenue Service**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.

OMB No. 1545-0047

2023Open to Public
Inspection

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	CLEFT SURGERIES AND COMPREHENSIVE CLEFT CARE	268,880.
EAST ASIA AND THE PACIFIC	2	5	PROGRAM SERVICES	CLEFT SURGERIES AND COMPREHENSIVE CLEFT CARE	4,437,296.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	PROGRAM SERVICES	CLEFT SURGERIES AND COMPREHENSIVE CLEFT CARE	5,305,083.
MIDDLE EAST AND NORTH AFRICA	1	3	PROGRAM SERVICES	CLEFT SURGERIES AND COMPREHENSIVE CLEFT CARE	2,630,140.
NORTH AMERICA	0	6	PROGRAM SERVICES	CLEFT SURGERIES AND COMPREHENSIVE CLEFT CARE	1,947,951.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	CLEFT SURGERIES AND COMPREHENSIVE CLEFT CARE	195,850.
SOUTH AMERICA	0	4	PROGRAM SERVICES	CLEFT SURGERIES AND COMPREHENSIVE CLEFT CARE	1,515,044.
SOUTH ASIA	0	3	PROGRAM SERVICES	CLEFT SURGERIES AND COMPREHENSIVE CLEFT CARE	5,249,281.
3 a Subtotal	3	22			21,549,525.
b Total from continuation sheets to Part I	1	24			45,608,872.
c Totals (add lines 3a and 3b)	4	46			67,158,397.

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

Schedule F (Form 990) 2023

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(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 expenditures for region
SUB-SAHARAN AFRICA	1	24	PROGRAM SERVICES	CLEFT SURGERIES AND 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.

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

1 (a) Name of organization	(b) 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 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 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 481

3 Enter total number of other organizations or entities 0

Schedule F (Form 990) 2023

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 (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.		

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 (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.		

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 (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.		

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 (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.		

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 (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	CLEFT TX	125,200.	CHECK/WIRE	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.		

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 (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.		

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 (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	6,250.	CHECK/WIRE	0.		
		EAST ASIA AND THE 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 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.		

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 (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	46,962.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	176,580.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	749,760.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	31,325.	CHECK/WIRE	0.		

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 (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	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.		

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 (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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEFT TX	45,299.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEFT TX	162,053.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEFT TX	750,000.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEFT TX	3,819,323.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEFT TX	21,000.	CHECK/WIRE	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)	CLEFT TX	16,804.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEFT TX	14,291.	CHECK/WIRE	0.		

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 (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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEFT TX	190,550.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEFT TX	45,000.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEFT TX	13,500.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEFT TX	100,000.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEFT TX	5,200.	CHECK/WIRE	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	CLEFT TX	49,596.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	52,000.	CHECK/WIRE	0.		

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 (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)
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	35,000.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	78,000.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	65,167.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	10,800.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	43,342.	CHECK/WIRE	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	CLEFT TX	105,020.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	23,500.	CHECK/WIRE	0.		

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 (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)
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	41,980.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	37,995.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	17,000.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	6,000.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	203,564.	CHECK/WIRE	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	CLEFT TX	7,500.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	5,500.	CHECK/WIRE	0.		

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 (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)
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	47,358.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	43,500.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	9,899.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	41,200.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	48,225.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	34,500.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	53,291.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	32,000.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	388,138.	CHECK/WIRE	0.		

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 (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)
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	21,600.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	544,175.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	5,300.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	54,600.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	13,500.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	12,976.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	13,738.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	8,449.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	41,738.	CHECK/WIRE	0.		

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 (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.		

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 (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.		
		NORTH AMERICA	CLEFT TX	27,702.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	6,095.	CHECK/WIRE	0.		

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 (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	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.		

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 (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.		

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 (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)
		RUSSIA AND NEIGHBORING STATES ARMENIA	CLEFT TX	42,500.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES ARMENIA	CLEFT TX	18,200.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES ARMENIA	CLEFT TX	112,750.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	13,000.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	291,977.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	26,250.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	15,202.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	41,178.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	26,330.	CHECK/WIRE	0.		

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 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	CLEFT TX	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.		

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 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	CLEFT TX	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.		
		SOUTH AMERICA	CLEFT TX	29,254.	CHECK/WIRE	0.		

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 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	CLEFT TX	30,900.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	18,500.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	25,761.	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.		

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 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH 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.		

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 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH 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.		

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 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH 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.		

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 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH 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.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	46,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	13,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	51,600.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	29,295.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	54,778.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	13,800.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	9,916.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	63,198.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	6,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	5,400.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	16,363.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	28,556.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	28,800.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	25,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	7,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	40,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	22,500.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	41,388.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	21,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	88,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	6,989.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	274,559.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	115,500.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	151,773.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	10,996.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	31,757.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	36,082.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	32,170.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	96,535.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	9,100.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	53,418.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	30,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	10,400.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	11,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	29,218.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	12,506.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	18,096.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	15,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	34,297.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	281,862.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	138,883.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	37,995.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	247,700.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	28,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	62,390.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	80,321.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	44,079.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	25,715.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	10,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	31,950.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	9,335.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	11,037.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	50,000.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	24,502.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	9,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	10,565.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	6,903.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	8,310.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	60,600.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	7,500.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	5,878.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	15,443.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	23,276.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	18,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	16,000.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	26,000.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	10,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	1,050,822.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	124,964.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	39,700.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	369,180.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	140,915.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	10,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	14,100.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	48,737.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	41,541.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	53,885.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	18,500.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	15,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	20,100.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	25,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	13,143.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	56,477.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	16,500.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	8,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	9,682.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	19,884.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	16,966.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	82,228.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	9,000.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	29,031.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	7,586.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	21,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	9,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	80,974.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	214,500.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	84,741.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	54,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	21,870.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	16,400.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	23,254.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	118,118.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	37,471.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	53,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	7,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	28,519.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	91,800.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	10,000.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	5,371.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	31,973.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	56,400.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	39,433.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	67,582.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	5,030.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	7,554.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	74,662.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	8,500.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	1,075,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	9,305.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	16,820.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	13,172.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	5,331.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	34,925.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	36,870.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	10,938.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	13,880.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	22,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	36,975.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	17,566.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	11,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	100,200.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	149,978.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	5,147.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	140,000.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	6,395.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	26,102.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	47,400.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	14,040.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	11,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	9,000.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	19,834.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	6,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	43,650.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	11,400.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	9,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	54,650.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	6,397.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	21,394.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	27,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	5,112.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	5,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	74,500.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	160,539.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	17,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	6,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	330,015.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	8,600.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	20,398.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	100,487.	CHECK/WIRE	0.		

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 (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)
		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.

(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)
CLEFT TREATMENT TRAINING	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	8	13,422.	CHECK/WIRE	0.		
CLEFT TREATMENT TRAINING	EUROPE	3	4,250.	CHECK/WIRE	0.		
CLEFT TREATMENT TRAINING	MIDDLE EAST AND NORTH AFRICA	1	3,000.	CHECK/WIRE	0.		
CLEFT TREATMENT TRAINING	RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	1	3,750.	CHECK/WIRE	0.		
CLEFT TREATMENT TRAINING	SOUTH AMERICA	3	8,230.	CHECK/WIRE	0.		
CLEFT TREATMENT TRAINING	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	38	183,072.	CHECK/WIRE	0.		

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* ☒ 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? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* ☐ Yes ☒ 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 ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," 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)* ☒ Yes ☐ No

Schedule F (Form 990) 2023

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.

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.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☒ Phone solicitations
- d ☒ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☒ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ **No**

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SD&A TELESERVICES INC. - 5757 WEST CENTURY BLVD., SUITE	CONSULTING		X	128,515.	172,514.	-43,999.
Total				128,515.	172,514.	-43,999.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

LHA 332081 09-13-23

96

09270507 153424 0183055-00003

2023.05070 SMILE TRAIN, INC.

01830551

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))	
		GALA	CHICAGO EVENT			
		(event type)	(event type)	(total number)		
		1	Gross receipts	1,052,517.	73,012.	
2	Less: Contributions	993,847.	23,012.		1,016,859.	
3	Gross income (line 1 minus line 2)	58,670.	50,000.		108,670.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	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.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				897,052.
11	Net income summary. Subtract line 10 from line 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.

		(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			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 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 records:

Name _____

Address _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: SD&A TELESERVICES INC.

(I) ADDRESS OF FUNDRAISER:

5757 WEST CENTURY BLVD., SUITE 300, LOS ANGELES, CA 44333

PART I, LINE 2B, COLUMN (V):

THE COMPENSATION REPORTED IN SCHEDULE G FOR SD&A TELESERVICES REPRESENTS AMOUNTS PAID ON A FISCAL YEAR BASIS.

Part IV Supplemental Information (continued)

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 I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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) and government organizations listed in the line 1 table 19.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2023

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
GHAYOUR CHARITABLE FOUNDATION (FBM LAZER ESTETIK PLASTIK CERRAHI KLINIGI SAN.TIC - 3705 S. GEORGE MASON DR. APT. 1214S - FALLS	99-0483444	501(C)(3)	134,250.	0.			COMPREHENSIVE CLEFT CARE 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 NE - SEATTLE, WA 98105	91-1156519	501(C)(3)	24,620.	0.			COMPREHENSIVE CLEFT CARE 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	501(C)(3)	6,500.	0.			COMPREHENSIVE CLEFT CARE

Schedule I (Form 990)

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.

Blank lined area for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

Part I Questions Regarding Compensation

1a Check the appropriate 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.

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- 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 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2023

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

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

Part 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 determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	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 organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 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.

Yes No

30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2023

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 O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

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

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.

Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
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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

Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
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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.

Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
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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

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, 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.
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RESCINDED/REFUNDED GRANTS	140,364.
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TOTAL TO FORM 990, PART XI, LINE 9	295,568.
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SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
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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	0.	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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE SMILE TRAIN UK 10 QUEEN STREET PLACE , LONDON, UNITED KINGDOM EC4R 1BE	SEE PART VI	UNITED KINGDOM		N/A	SMILE TRAIN	X	
THE SMILE TRAIN CANADA FOUNDATION 174 SPADINA AVENUE, SUITE 404 TORONTO, ON, CANADA M5T 2C2	SEE PART VI	CANADA		N/A	SMILE TRAIN	X	
THE SMILE TRAIN STIFTUNG GANGHOFERSTRABE 31 , MUNCHEN, GERMANY 80339	SEE PART VI	GERMANY		N/A	SMILE TRAIN	X	
THE SMILE TRAIN FRANCE 41 MADISON AVENUE NEW YORK, NY 10010	SEE PART VI	FRANCE		N/A	SMILE TRAIN	X	

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

Schedule R (Form 990) 2023

Part II Continuation of Identification of Related Tax-Exempt Organizations

[illegible]

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

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

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.

[illegible]

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.

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.

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceFor calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024**2023****Do not send to the IRS. Keep for your records.**
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

SMILE TRAIN, INC.

EIN or SSN

13-3661416

Name and title of officer or person subject to tax **SUSANNAH SCHAEFER**
PRESIDENT & CEO**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here ...	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ...	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b 0.
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize GRANT THORNTON ADVISORS LLC to enter my PIN 26633
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

13976699185**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2023)

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2023

For calendar year 2023 or other tax year beginning JUL 1, 2023, and ending JUN 30, 2024

Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed.	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		SMILE TRAIN, INC.	13-3661416
		Number, street, and room or suite no. If a P.O. box, see instructions. 633 THIRD AVENUE 9TH FL.	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10017	F <input type="checkbox"/> Check box if an amended return.
		C Book value of all assets at end of year 384,154,596.	
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			
H Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T)			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation			
L The books are in care of PREMALI SHAH Telephone number 212-689-9199			

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ...	1	0.
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	Total credits. Add lines 1a through 1d	1e			
2	Subtract line 1e from Part II, line 7	2	0.		
3a	Amount due from Form 4255	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e	3f	0.		
4	Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0.		
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.		

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 <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
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)	6j		
7	Total payments. Add lines 6a through 6j	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	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 overpaid	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 Information (see instructions)

1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <u>SEE STATEMENT 1</u>	Yes	No
		X	
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
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 carryover 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-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for 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.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	PRESIDENT & CEO Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	SCOTT THOMPSETT			P00741490
	Firm's name GRANT THORNTON ADVISORS LLC	Firm's EIN	99-1856619	
	757 THIRD AVENUE, 3RD FLOOR			
	Firm's address NEW YORK, NY 10017-2013	Phone no. (212) 599-0100		

Form **990-T** (2023)

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

2023

Attach to your tax return.

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

Name SMILE TRAIN, INC.	Employer identification number 13-3661416
-------------------------------	--------------------------------------------------

- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? ☐ Yes ☒ No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? ☐ Yes ☒ No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.)

If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
1 Net income or loss per applicable financial statement(s) (AFS) (see inst):			
a 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		
c 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		
e 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:			
a Financial statements covering different tax years	2a		
b Corporations that are not included on the taxpayer's consolidated return (see instructions)	2b		
c 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		
e 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	2i		
j Tax-exempt entities (organizations subject to tax under section 511) ...	2j		
k Depreciation	2k		
l Qualified wireless spectrum	2l		
m Covered transactions	2m		
n Adjustments related to bankruptcy and insolvency	2n		
o Certain insurance company adjustments	2o		
p 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), and (c) of line 5		6	
7 3-year average annual AFSI (see instructions)		7	

Part I **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) (continued)**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 59(k)(2)(B)?☐**Yes.** Continue to line 10.☐**No.** Continue to Part II.**10** AFSI for purposes of the \$100 million test before adjustments:**a** AFSI from line 5**b** Aggregation differences (see instructions)**c** Total AFSI for purposes of the \$100 million test before adjustments.

Combine lines 10a and 10b

11 Adjustments:**a** Income not effectively connected to a U.S. trade or business**b** Pro-rata share of CFC net income described in section 56A(c)(3)
(attach worksheet) (see instructions)**c** Reserved for future use - Other adjustments 1**d** Reserved for future use - Other adjustments 2**12** Total adjustments. Combine lines 11a and 11b**13** Total AFSI for purposes of the \$100 million test. Combine lines

10c and 12

14 AFSI of first, second, and third preceding tax years. Combine columns (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.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
10a			
10b			
10c			
11a			
11b			
11c			
11d			
12			
13			
14			
15			

Part II Corporate Alternative Minimum Tax

1 Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
a 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)	1b	
c 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	
e Specified additional net income or loss item D. Reserved for future use	1e	
f AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	-1,000.
2 Adjustments:		
a Financial statements covering different tax years	2a	
b Reserved for future use - Adjustment 2b	2b	
c Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
d The corporation's distributive share of adjusted financial statement income of partnerships	2d	
e 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)	2e	
f Amounts that are not effectively connected to a U.S. trade or business	2f	
g Certain taxes. Enter the amount from Part III, line 7	2g	
h Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
i Alaska native corporations	2i	
j Certain credits (see instructions)	2j	
k Mortgage servicing income	2k	
l Covered benefit plans described in section 56A(c)(11)(B)	2l	
m Tax-exempt entities (organizations subject to tax under section 511)	2m	
n Depreciation	2n	
o Qualified wireless spectrum	2o	
p Covered transactions	2p	
q Adjustments related to bankruptcy and insolvency	2q	
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-	6	
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)	8	
9 Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-	9	
10 Regular tax liability (see instructions)	10	
11 Base erosion minimum tax (see instructions)	11	
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 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	

Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

1 Current income tax provision - Foreign	1	
2 Current income tax provision - Federal	2	
3 Deferred income tax provision - Foreign	3	
4 Deferred income tax provision - Federal	4	
5 Income taxes included in equity method investment income	5	
6a Adjustment A - Reserved for future use	6a	
b Adjustment B - Reserved for future use	6b	
c Adjustment C - Reserved for future use	6c	
d Adjustment D - Reserved for future use	6d	
e Adjustment E - Reserved for future use	6e	
f Adjustment F - Reserved for future use	6f	
g Adjustment G - Reserved for future use	6g	
h Adjustment H - Reserved for future use	6h	
z Income taxes in other places	6z	
7 Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7	

Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit**Section I - AMT Foreign Tax Credit**

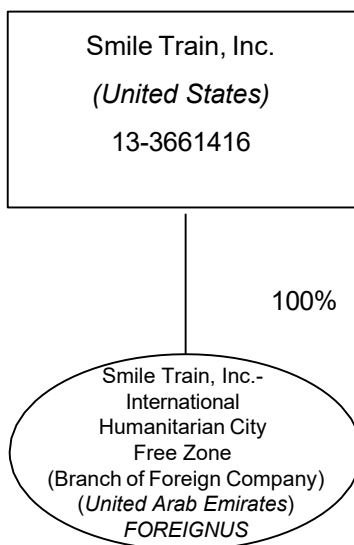
1	Domestic corporation AMT foreign income taxes:			
a	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j)	1a		
b	Adjustment	1b		
c	Adjustment	1c		
d	Adjustment	1d		
e	Adjustment	1e		
f	Adjustment	1f		
g	Adjustment	1g		
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g		2	
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:			
a	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		
c	Total CFC AMT foreign income taxes. Add lines 3a and 3b		3c	
d	Percentage specified in section 55(b)(2)(A)(i)	3d	15%	
e	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 II, line 8		6	

Form **4626** (2023)

Electronic Filing PDF Attachment

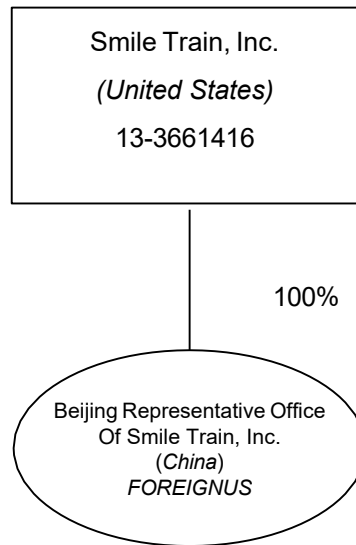
**SMILE TRAIN, INC.- INTERNATIONAL HUMANITARIAN CITY FREE
ZONE (BRANCH OF FOREIGN COMPANY)
FOREIGNUS**

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

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2023

**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: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: SMILE TRAIN, INC.	Employer Identification Number (EIN): 13-3661416
	Mailing Address: 633 THIRD AVENUE 9TH FL.	NY Registration Number: 06-55-67
	City / State / ZIP: NEW YORK, NY 10017	Telephone: 212 689-9199
	Website: WWW.SMILETRAIN.ORG	Email:
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com .		

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:	SUSANNAH SCHAEFER	PRESIDENT & CEO
	Signature	Print Name and Title
		Date
Chief Financial Officer or Treasurer:		
	Signature	Print Name and Title
		Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- ☐ 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- ☐ 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>1,500.</u>	Total fee: \$ <u>1,525.</u>	Make a single check or money order payable to: "Department of Law"
-------------------------------------------------------------------------------------------------------	---------------------------------	--------------------------------------	--------------------------------	------------------------------------------------------------------------------

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

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:

- ☒ 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
- ☒ 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
- ☒ \$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
- ☒ \$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 **Schedule E - Registration Exemption for Charitable Organizations**. 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 www.CharitiesNYS.com.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)).

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SMILE TRAIN, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 633 THIRD AVENUE 9TH FL. City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10017 F Name and address of principal officer: SUSANNAH SCHAEFER 633 THIRD AVENUE, NEW YORK, NY 10017	D Employer identification number 13-3661416 E Telephone number (212) 689-9199 G Gross receipts \$ 216,255,193. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.SMILETRAIN.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1992
		M State of legal domicile: NY

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SMILE TRAIN AIMS TO ENSURE THAT EVERY PERSON HAS ACCESS TO SAFE, QUALITY CLEFT CARE.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	111
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	89,140,505.
9	Program service revenue (Part VIII, line 2g)	9	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	10,190,133.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	72,213.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	99,402,851.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	66,481,947.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	14,812,944.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	90,171.
16b	Total fundraising expenses (Part IX, column (D), line 25)	16b	19,984,077.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	34,625,441.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	116,010,503.
19	Revenue less expenses. Subtract line 18 from line 12	19	-16,607,652.
20	Total assets (Part X, line 16)	20	374,570,132.
21	Total liabilities (Part X, line 26)	21	10,775,194.
22	Net assets or fund balances. Subtract line 21 from line 20	22	363,794,938.

Part II Signature Block

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

Sign Here	Signature of officer SUSANNAH SCHAEFER, PRESIDENT & CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00741490
	Firm's name GRANT THORNTON ADVISORS LLC	Firm's EIN 99-1856619
	Firm's address 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013	Phone no. (212) 599-0100

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck 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 prior Form 990 or 990-EZ? ☐ Yes ☒ 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 ☒ 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

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 \$ 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).

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 86,661,389.Form **990** (2023)

Part 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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</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 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

X

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	74
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		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	2a 111		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a 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:			
a 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?	12a		
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.			
a Is 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.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
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? If "Yes," complete Form 6069.	17		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	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		6												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2							X				
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 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 was filed?					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?							6							X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								7a						X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									7b					X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										8a	X			
b Each committee with authority to act on behalf of the governing body?											8b	X		
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O												9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a														X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b													
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			11a	X											
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.															
12a Did the organization have a written conflict of interest policy? If "No," go to line 13					12a	X									
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						12b	X								
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done							12c	X							
13 Did the organization have a written whistleblower policy?								13	X						
14 Did the organization have a written document retention and destruction policy?									14	X					
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?															
a The organization's CEO, Executive Director, or top management official										15a	X				
b Other officers or key employees of the organization											15b	X			
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.															
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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 participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?													16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records
 PREMALI SHAH - 212-689-9199
 633 THIRD AVENUE, NEW YORK, NY 10017

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 with or within the organization's tax year.

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

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PAULA SHUGART BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(19) CRYSTLE STEWART BOARD MEMBER	1.00 0.00	X						0.	0.	0.
1b Subtotal								2,697,810.	0.	320,970.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,697,810.	0.	320,970.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

30

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MARKETEAM LLC, 600 NORTHPARK TOWN CENTER STE 1600, ATLANTA, GA 30328	DIR. MAIL PROCESSING	984,000.
FREEMPORT METRICS, INC., 245 COMMERCIAL ST. STE 245, PORTLAND, ME 04101	SOFTWARE CONSULTING	965,911.
DIRECT MAIL PROCESSORS 1150 CONRAD COURT, HAGERSTOWN, MD 21740	MAIL PROCESSING	538,142.
1ST DEGREE, 4200 PARLIAMENT PLACE, STE 300, LANHAM, MD 20706	MARKETING CONSULTING	515,419.
CORETELLIGENT LLC 750 3RD AVE 9TH FLOOR, NEW YORK, NY 10017	IT CONSULTING	512,431.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		17

Form **990** (2023)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,016,859.				
	d Related organizations	1d	7,538,510.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	75,736,721.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,628,858.				
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			8,754,430.			8,754,430.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			36,023.			36,023.
	6 a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)			7,277,964.			7,277,964.
	8 a Gross income from fundraising events (not including \$ 1,016,859. of contributions reported on line 1c). See Part IV, line 18	8a		108,670.			
	b Less: direct expenses	8b		897,052.			
	c Net income or (loss) from fundraising events			-788,382.			
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a MISCELLANEOUS REVENUE		900099	47,262.			47,262.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			47,262.			
12 Total revenue. See instructions				99,619,387.	0.	0.	15,327,297.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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				
5 Compensation of current officers, directors, trustees, and key employees	1,371,502.	1,019,484.	120,667.	231,351.
6 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.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	506,333.	405,066.	15,190.	86,077.
9 Other employee benefits	2,462,457.	1,959,721.	76,264.	426,472.
10 Payroll taxes	822,648.	658,119.	24,679.	139,850.
11 Fees for services (nonemployees):				
a Management				
b Legal	329,290.	263,320.	9,804.	56,166.
c Accounting	275,777.		275,777.	
d Lobbying	6,417.	6,417.		
e Professional fundraising services. See Part IV, line 17	172,514.			172,514.
f Investment management fees	1,170,093.		1,170,093.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,463,824.	2,328,162.	25,795.	109,867.
12 Advertising and promotion	6,118,652.	625,736.		5,492,916.
13 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 O.)				
a MARKETING & FUNDRAISING	16,595,001.	6,478,211.		10,116,790.
b REPAIRS & MAINTENANCE	1,329,304.	1,229,226.	14,671.	85,407.
c PRINTED PROG. MATERIALS	538,313.	538,313.		
d MEDICAL ADVISORY BOARD	77,422.	77,422.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	108,766,380.	86,661,389.	2,120,914.	19,984,077.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	12,366,602.	6,478,212.	0.	5,888,390.

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	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, director, 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 defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	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.		
	11 Investments - publicly traded securities	19,747,767.	10c	18,785,835.
	12 Investments - other securities. See Part IV, line 11	335,331,174.	11	346,612,880.
	13 Investments - program-related. See Part IV, line 11	8,750,384.	12	9,527,803.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	56,281.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	374,570,132.	15		
Liabilities	17 Accounts payable and accrued expenses	374,570,132.	16	384,154,596.
	18 Grants payable	5,453,240.	17	3,658,996.
	19 Deferred revenue	5,321,140.	18	5,372,099.
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other 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		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	814.	24	
	26 Total liabilities. Add lines 17 through 25	10,775,194.	25	185,476.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26	9,216,571.
	27 Net assets without donor restrictions			
	28 Net assets with donor restrictions	357,617,332.	27	369,031,663.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.	6,177,606.	28	5,906,362.
	29 Capital stock or trust principal, or current funds			
	30 Paid-in or capital surplus, or land, building, or equipment fund		29	
	31 Retained earnings, endowment, accumulated income, or other funds		30	
	32 Total net assets or fund balances		31	
	33 Total liabilities and net assets/fund balances	363,794,938.	32	374,938,025.
	374,570,132.	33	384,154,596.	

Form **990** (2023)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

☒

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.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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**

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **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 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	92,042,568.	91,593,384.	93,083,921.	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						
4 Total. Add lines 1 through 3	92,042,568.	91,593,384.	93,083,921.	89,140,505.	83,849,356.	449,709,734.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						449,709,734.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	92,042,568.	91,593,384.	93,083,921.	89,140,505.	83,849,356.	449,709,734.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,808,633.	6,024,372.	6,672,409.	7,899,282.	8,790,453.	36,195,149.
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.
11 Total support. Add lines 7 through 10						486,328,790.

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		<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	92.47	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	92.58	%
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		<input checked="" type="checkbox"/>	
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		<input type="checkbox"/>	
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		<input type="checkbox"/>	
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		<input type="checkbox"/>	
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		<input type="checkbox"/>	

Schedule A (Form 990) 2023

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) 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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities 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)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a 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						
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 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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

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

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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.		
2a		
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.		
2b		
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 .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D - Distributions**

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). 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: \$			
a 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

Part VI

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

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

OTHER INCOME

2019 AMOUNT: \$ 64,332.

2020 AMOUNT: \$ 63,826.

2021 AMOUNT: \$ 94,301.

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.

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**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

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization	Employer identification number
SMILE TRAIN, INC.	13-3661416

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 7,049,773.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 488,737.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

13-3661416

Part II

[illegible]

Name of organization	Employer identification number
SMILE TRAIN, INC.	13-3661416

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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.

Name of organization SMILE TRAIN, INC.	Employer identification number 13-3661416
--------------------------------------------------	-----------------------------------------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(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

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
not over \$500,000,	20% of the amount on line 1e.		
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
over \$17,000,000,	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			

☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
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					

Schedule C (Form 990) 2023

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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ...		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		6,417.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			6,417.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 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?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-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 political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide 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 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

SMILE TRAIN DOES NOT TYPICALLY ENGAGE IN ANY LOBBYING ACTIVITIES; IN

FISCAL YEAR 2024, SMILE TRAIN INCURRED \$6,417 IN LOBBYING EXPENSES TO

ADVOCATE FOR THE PASSAGE OF THE ENSURING LASTING SMILES ACT. THE

ENSURING LASTING SMILES ACT (ELSA) WOULD REQUIRE ALL PRIVATE INSURANCE

GROUP AND INDIVIDUAL HEALTH CARE PLANS TO COVER MEDICALLY NECESSARY

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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II

Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

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

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

☐ Yes ☐ No

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2023

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	254,475,926.	245,454,744.	298,614,664.	221,998,225.	212,184,623.
b Contributions			10,000.	197,701.	4,000,213.
c Net investment earnings, gains, and losses	30,361,051.	26,691,713.	-37,956,743.	66,168,738.	6,063,389.
d Grants or scholarships					
e 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 current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 98.1500 %

b Permanent endowment 1.8500 %

c Term endowment .0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations?

(ii) Related organizations?

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		20,114,120.	3,135,650.	16,978,470.
c Leasehold improvements				
d Equipment		728,520.	710,776.	17,744.
e Other		6,357,891.	4,568,270.	1,789,621.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				18,785,835.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(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. (B))	

Part X Other Liabilities

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 the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) 2023

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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	167,920,603.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	19,994,512.
b	Donated services and use of facilities	2b	48,284,177.
c	Recoveries of prior year grants	2c	140,364.
d	Other (Describe in Part XIII.)	2d	155,204.
e	Add lines 2a through 2d	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,170,093.
b	Other (Describe in Part XIII.)	4b	-897,052.
c	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.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	156,777,516.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	48,284,177.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	897,052.
e	Add lines 2a through 2d	2e	49,181,229.
3	Subtract line 2e from line 1	3	107,596,287.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,170,093.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	1,170,093.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	108,766,380.

Part 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

Part XIII Supplemental Information (continued)

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

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FOREIGN EXCHANGE CURRENCY GAIN 155,204.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES RECLASSIFIED FROM PART IX -897,052.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

FUNDRAISING EXPENSES RECLASSIFIED 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 F
(Form 990)**Department of the Treasury
Internal Revenue Service**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.

OMB No. 1545-0047

2023Open to Public
Inspection

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	CLEFT SURGERIES AND COMPREHENSIVE CLEFT CARE	268,880.
EAST ASIA AND THE PACIFIC	2	5	PROGRAM SERVICES	CLEFT SURGERIES AND COMPREHENSIVE CLEFT CARE	4,437,296.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	PROGRAM SERVICES	CLEFT SURGERIES AND COMPREHENSIVE CLEFT CARE	5,305,083.
MIDDLE EAST AND NORTH AFRICA	1	3	PROGRAM SERVICES	CLEFT SURGERIES AND COMPREHENSIVE CLEFT CARE	2,630,140.
NORTH AMERICA	0	6	PROGRAM SERVICES	CLEFT SURGERIES AND COMPREHENSIVE CLEFT CARE	1,947,951.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	CLEFT SURGERIES AND COMPREHENSIVE CLEFT CARE	195,850.
SOUTH AMERICA	0	4	PROGRAM SERVICES	CLEFT SURGERIES AND COMPREHENSIVE CLEFT CARE	1,515,044.
SOUTH ASIA	0	3	PROGRAM SERVICES	CLEFT SURGERIES AND COMPREHENSIVE CLEFT CARE	5,249,281.
3 a Subtotal	3	22			21,549,525.
b Total from continuation sheets to Part I	1	24			45,608,872.
c Totals (add lines 3a and 3b)	4	46			67,158,397.

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

Schedule F (Form 990) 2023

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(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 expenditures for region
SUB-SAHARAN AFRICA	1	24	PROGRAM SERVICES	CLEFT SURGERIES AND 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.

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

1 (a) Name of organization	(b) 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 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 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 481

3 Enter total number of other organizations or entities 0

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 (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.		

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 (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.		

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 (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.		

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 (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.		

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 (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	CLEFT TX	125,200.	CHECK/WIRE	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.		

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 (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.		

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 (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	6,250.	CHECK/WIRE	0.		
		EAST ASIA AND THE 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 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.		

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 (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	46,962.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	176,580.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	749,760.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC	CLEFT TX	31,325.	CHECK/WIRE	0.		

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 (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	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.		

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 (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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEFT TX	45,299.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEFT TX	162,053.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEFT TX	750,000.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEFT TX	3,819,323.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEFT TX	21,000.	CHECK/WIRE	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)	CLEFT TX	16,804.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEFT TX	14,291.	CHECK/WIRE	0.		

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 (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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEFT TX	190,550.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEFT TX	45,000.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEFT TX	13,500.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEFT TX	100,000.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLEFT TX	5,200.	CHECK/WIRE	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	CLEFT TX	49,596.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	52,000.	CHECK/WIRE	0.		

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 (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)
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	35,000.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	78,000.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	65,167.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	10,800.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	43,342.	CHECK/WIRE	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	CLEFT TX	105,020.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	23,500.	CHECK/WIRE	0.		

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 (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)
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	41,980.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	37,995.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	17,000.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	6,000.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	203,564.	CHECK/WIRE	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	CLEFT TX	7,500.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	5,500.	CHECK/WIRE	0.		

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 (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)
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	47,358.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	43,500.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	9,899.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	41,200.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	48,225.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	34,500.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	53,291.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	32,000.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	388,138.	CHECK/WIRE	0.		

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 (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)
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	21,600.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	544,175.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	5,300.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	54,600.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	13,500.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	CLEFT TX	12,976.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	13,738.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	8,449.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	41,738.	CHECK/WIRE	0.		

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 (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.		

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 (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.		
		NORTH AMERICA	CLEFT TX	27,702.	CHECK/WIRE	0.		
		NORTH AMERICA	CLEFT TX	6,095.	CHECK/WIRE	0.		

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 (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	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.		

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 (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.		

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 (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)
		RUSSIA AND NEIGHBORING STATES ARMENIA	CLEFT TX	42,500.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES ARMENIA	CLEFT TX	18,200.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES ARMENIA	CLEFT TX	112,750.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	13,000.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	291,977.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	26,250.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	15,202.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	41,178.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	26,330.	CHECK/WIRE	0.		

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 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	CLEFT TX	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.		

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 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	CLEFT TX	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.		
		SOUTH AMERICA	CLEFT TX	29,254.	CHECK/WIRE	0.		

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 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	CLEFT TX	30,900.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	18,500.	CHECK/WIRE	0.		
		SOUTH AMERICA	CLEFT TX	25,761.	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.		

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 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH 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.		

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 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH 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.		

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 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH 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.		

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 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH 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.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	46,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	13,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	51,600.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	29,295.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	54,778.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	13,800.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	9,916.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	63,198.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	6,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	5,400.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	16,363.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	28,556.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	28,800.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	25,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	7,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	40,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	22,500.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	41,388.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	21,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	88,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	6,989.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	274,559.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	115,500.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	151,773.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	10,996.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	31,757.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	36,082.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	32,170.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	96,535.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	9,100.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	53,418.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	30,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	10,400.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	11,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	29,218.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	12,506.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	18,096.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	15,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	34,297.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	281,862.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	138,883.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	37,995.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	247,700.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	28,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	62,390.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	80,321.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	44,079.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	25,715.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	10,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	31,950.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	9,335.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	11,037.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	50,000.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	24,502.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	9,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	10,565.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	6,903.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	8,310.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	60,600.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	7,500.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	5,878.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	15,443.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	23,276.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	18,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	16,000.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	26,000.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	10,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	1,050,822.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	124,964.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	39,700.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	369,180.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	140,915.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	10,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	14,100.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	48,737.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	41,541.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	53,885.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	18,500.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	15,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	20,100.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	25,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	13,143.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	56,477.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	16,500.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	8,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	9,682.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	19,884.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	16,966.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	82,228.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	9,000.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	29,031.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	7,586.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	21,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	9,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	80,974.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	214,500.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	84,741.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	54,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	21,870.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	16,400.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	23,254.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	118,118.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	37,471.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	53,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	7,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	28,519.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	91,800.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	10,000.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	5,371.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	31,973.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	56,400.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	39,433.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	67,582.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	5,030.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	7,554.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	74,662.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	8,500.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	1,075,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	9,305.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	16,820.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	13,172.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	5,331.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	34,925.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	36,870.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	10,938.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	13,880.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	22,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	36,975.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	17,566.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	11,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	100,200.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	149,978.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	5,147.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	140,000.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	6,395.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	26,102.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	47,400.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	14,040.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	11,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	9,000.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	19,834.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	6,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	43,650.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	11,400.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	9,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	54,650.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	6,397.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	21,394.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	27,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	5,112.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	5,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	74,500.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	160,539.	CHECK/WIRE	0.		

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 (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)
		SUB-SAHARAN AFRICA	CLEFT TX	17,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	6,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	330,015.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	8,600.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	20,398.	CHECK/WIRE	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	0.		
		SUB-SAHARAN AFRICA	CLEFT TX	100,487.	CHECK/WIRE	0.		

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 (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)
		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.

(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)
CLEFT TREATMENT TRAINING	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	8	13,422.	CHECK/WIRE	0.		
CLEFT TREATMENT TRAINING	EUROPE	3	4,250.	CHECK/WIRE	0.		
CLEFT TREATMENT TRAINING	MIDDLE EAST AND NORTH AFRICA	1	3,000.	CHECK/WIRE	0.		
CLEFT TREATMENT TRAINING	RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	1	3,750.	CHECK/WIRE	0.		
CLEFT TREATMENT TRAINING	SOUTH AMERICA	3	8,230.	CHECK/WIRE	0.		
CLEFT TREATMENT TRAINING	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	38	183,072.	CHECK/WIRE	0.		

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* ☒ 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? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* ☐ Yes ☒ 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 ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," 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)* ☒ Yes ☐ No

Schedule F (Form 990) 2023

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.

Part V	Supplemental Information
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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.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

Part I

Fundraising Activities.

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☒ Phone solicitations
- d ☒ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☒ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ **No**

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SD&A TELESERVICES INC. - 5757 WEST CENTURY BLVD., SUITE	CONSULTING		X	128,515.	172,514.	-43,999.
Total				128,515.	172,514.	-43,999.

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.

Schedule G (Form 990) 2023

SEE PART IV FOR CONTINUATIONS

LHA 332081 09-13-23

09270507 153424 0183055-00003

2023.05070 SMILE TRAIN, INC.

01830551

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA	CHICAGO EVENT	NONE	
		(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.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	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.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				897,052.
	11 Net income summary. Subtract line 10 from line 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.

		(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				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 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 records:

Name _____

Address _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: SD&A TELESERVICES INC.

(I) ADDRESS OF FUNDRAISER:

5757 WEST CENTURY BLVD., SUITE 300, LOS ANGELES, CA 44333

PART I, LINE 2B, COLUMN (V):

THE COMPENSATION REPORTED IN SCHEDULE G FOR SD&A TELESERVICES REPRESENTS AMOUNTS PAID ON A FISCAL YEAR BASIS.

Part IV Supplemental Information (continued)

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 I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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) and government organizations listed in the line 1 table 19.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2023

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
GHAYOUR CHARITABLE FOUNDATION (FBM LAZER ESTETIK PLASTIK CERRAHI KLINIGI SAN.TIC - 3705 S. GEORGE MASON DR. APT. 1214S - FALLS	99-0483444	501(C)(3)	134,250.	0.			COMPREHENSIVE CLEFT CARE 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 NE - SEATTLE, WA 98105	91-1156519	501(C)(3)	24,620.	0.			COMPREHENSIVE CLEFT CARE 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	501(C)(3)	6,500.	0.			COMPREHENSIVE CLEFT CARE

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.

Blank lined area for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

Part I Questions Regarding Compensation

1a Check the appropriate 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.

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

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 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2023

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

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

Part 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 determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	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 organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 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.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2023

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 O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

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

09270507 153424 0183055-00003

2023.05070 SMILE TRAIN, INC.

01830551

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.

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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

Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
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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.

Name of the organization SMILE TRAIN, INC.	Employer identification number 13-3661416
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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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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.
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RESCINDED/REFUNDED GRANTS	140,364.
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TOTAL TO FORM 990, PART XI, LINE 9	295,568.
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SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

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	0.	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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE SMILE TRAIN UK 10 QUEEN STREET PLACE , LONDON, UNITED KINGDOM EC4R 1BE	SEE PART VI	UNITED KINGDOM		N/A	SMILE TRAIN	X	
THE SMILE TRAIN CANADA FOUNDATION 174 SPADINA AVENUE, SUITE 404 TORONTO, ON, CANADA M5T 2C2	SEE PART VI	CANADA		N/A	SMILE TRAIN	X	
THE SMILE TRAIN STIFTUNG GANGHOFERSTRABE 31 , MUNCHEN, GERMANY 80339	SEE PART VI	GERMANY		N/A	SMILE TRAIN	X	
THE SMILE TRAIN FRANCE 41 MADISON AVENUE NEW YORK, NY 10010	SEE PART VI	FRANCE		N/A	SMILE TRAIN	X	

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

Schedule R (Form 990) 2023

Part II Continuation of Identification of Related Tax-Exempt Organizations

[illegible]

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SMILE TRAIN UK TRADING COMPANY									
10 QUEEN STREET PLACE									
LONDON, UNITED KINGDOM EC4R 1BE	SEE PART VI	UNITED 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.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

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

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.

[illegible]

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.

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.