

PUBLIC DISCLOSURE COPY

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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](http://www.irs.gov/Form990) for instructions and the latest information.

# 2024

Open to Public Inspection

**A** For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

<b>B</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	<b>C</b> Name of organization <b>SMILE TRAIN, INC.</b>		<b>D</b> Employer identification number 13-3661416
	Doing business as		<b>E</b> Telephone number (212) 689-9199
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	633 THIRD AVENUE 9TH FL.		<b>G</b> Gross receipts \$ 241,183,795.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10017		
<b>F</b> Name and address of principal officer: SUSANNAH SCHAEFER 633 THIRD AVENUE, NEW YORK, NY 10017		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> 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		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>J</b> Website: WWW.SMILETRAIN.ORG		If "No," attach a list. See instructions	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 1992	
		<b>M</b> State of legal domicile: NY	
<b>H(c)</b> Group exemption number			

## Part I Summary

Activities & Governance	<b>1</b> 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.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	10
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	9
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	111
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	84,292,090.	103,529,834.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,032,394.	18,071,766.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-705,097.	85,637.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	99,619,387.	121,687,237.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	59,722,040.	52,628,163.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	14,537,455.	14,391,335.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	172,514.	110,676.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	18,275,452.	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	34,334,371.	30,388,529.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	108,766,380.	97,518,703.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	-9,146,993.	24,168,534.
	<b>21</b> Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	384,154,596.	423,870,929.
		9,216,571.	5,842,831.
	374,938,025.	418,028,098.	

## 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.

<b>Sign Here</b>	Signature of officer		Date
	SUSANNAH SCHAEFER, PRESIDENT & CEO		
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date
	SCOTT THOMPSETT		
<b>Preparer Use Only</b>	Firm's name	Firm's EIN	Check if self-employed <input type="checkbox"/> PTIN
	GRANT THORNTON ADVISORS LLC	99-1856619	P00741490
<b>Preparer Use Only</b>	Firm's address	Phone no. (212) 599-0100	
	757 THIRD AVENUE, 9TH FLOOR NEW YORK, NY 10017-2013		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SMILE TRAIN, INC.'S PRIMARY PURPOSE IS TO PROVIDE PEOPLE BORN WITH CLEFTS 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 [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ 55,459,910. including grants of \$ 47,828,264. ) (Revenue \$ 0. ) TREATMENT PROGRAM: FREE CLEFT SURGERIES - WHILE OUR COST PER SURGERY VARIES ACROSS THE 90+ DIFFERENT COUNTRIES WHERE WE HAVE WORKED, OUR AVERAGE CONTRIBUTION PER SURGERY IS APPROXIMATELY \$400. THIS AMOUNT REFLECTS THE CONTRIBUTION PER SURGERY THAT WE PROVIDE OUR PARTNER HOSPITALS. (CONT'D ON SCH. O).

4b (Code: ) (Expenses \$ 13,825,328. including grants of \$ 1,092,217. ) (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 \$ 7,750,314. including grants of \$ 3,707,682. ) (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. SMILE TRAIN IS COMMITTED TO BUILDING LOCAL CAPACITY BY INVESTING IN CLINICAL TRAINING OPPORTUNITIES AND EDUCATIONAL RESOURCES FOR CLEFT SURGEONS, ANESTHETISTS, NURSES, SPEECH THERAPISTS, NUTRITIONISTS, AND OTHER CLEFT CARE PROFESSIONALS AROUND THE WORLD. SINCE 1999, WE HAVE PROVIDED MORE THAN 100,000 TRAINING OPPORTUNITIES TO IMPROVE CLEFT TREATMENT IN LOW- AND MIDDLE-INCOME 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 77,035,552.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (10); 1b Enter the number of voting members included on line 1a, above, who are independent (9); 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? (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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (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 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (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 (X); b Other officers or key employees of the organization (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? (X); 16b 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?

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. [X] Own website [ ] Another's website [X] 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 Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending 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				538,177.	0.	30,861.
(2) ASHLEY OCHS COO, SECRETARY & GENERAL COUNSEL	40.00 0.00			X				315,083.	0.	33,592.
(3) PREMALI SHAH CFO	40.00 0.00			X				292,859.	0.	32,911.
(4) ELYSE TAUB CHIEF DEVELOPMENT OFFICER	40.00 0.00			X				276,669.	0.	23,389.
(5) ERIN STIEBER CHIEF PROGRAMS STRATEGY OFF.	40.00 0.00			X				259,841.	0.	38,805.
(6) TROY REINHART SVP, COMTY. & AMBASSADOR DEV.	40.00 0.00					X		244,445.	0.	31,835.
(7) PHILIP CARROLL SENIOR VP, COMMUNICATIONS	40.00 0.00					X		238,512.	0.	21,544.
(8) VIVIAN LEWIS VP, HUMAN RESOURCES	40.00 0.00					X		217,213.	0.	26,677.
(9) R. JAMES MADIGAN IN-HOUSE COUNSEL	40.00 0.00					X		203,184.	0.	25,960.
(10) WENDELL THOMAS VP, INFORMATION SYSTEMS & TECH.	40.00 0.00					X		202,123.	0.	20,857.
(11) ROY E. REICHBACH CHAIRPERSON	3.00 0.00	X		X				0.	0.	0.
(12) ARTHUR J. MCCARTHY TREASURER	1.00 0.00	X		X				0.	0.	0.
(13) RICHARD RUDERMAN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(14) MATHIAS KIWANUKA BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(15) PAULA SHUGART BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(16) CRYSTLE STEWART BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(17) JENNIFER JACOBS BOARD MEMBER (AS OF 10/2024)	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) MICHAEL H. GOLDBERG BOARD MEMBER (AS OF 10/2024)	1.00 0.00	X						0.	0.	0.
(19) TIM ALAVATHIL BOARD MEMBER (AS OF 02/2025)	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,788,106.	0.	286,431.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,788,106.	0.	286,431.

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 28

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
FREEMPORT METRICS, INC., 245 COMMERCIAL ST. STE 245, PORTLAND, ME 04101	SOFTWARE CONSULTING	1,222,886.
MARKETEAM LLC, 600 NORTHPARK TOWN CENTER STE 1600, ATLANTA, GA 30328	DIR. MAIL PROCESSING	1,111,319.
DIRECT MAIL PROCESSORS 1150 CONRAD COURT, HAGERSTOWN, MD 21740	MAIL PROCESSING	551,473.
SALESFORCE.COM, INC, 415 MISSION STREET, 3RD FLOOR, SAN FRANCISCO, CA 94105	SOFTWARE CONSULTING	504,608.
CORETELLIGENT LLC 750 3RD AVE 9TH FLOOR, NEW YORK, NY 10017	IT CONSULTING	503,898.

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 16

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	10,138,990.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	93,390,844.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,690,798.				
	<b>h Total.</b> Add lines 1a-1f .....			103,529,834.			
Program Service Revenue	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		9,452,541.			9,452,541.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		50,485.			50,485.	
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	28,115,783.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	119,496,558.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	8,619,225.				
	<b>d</b> Net gain or (loss) .....			8,619,225.		8,619,225.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> MISCELLANEOUS REVENUE	<b>Business Code</b>	900099	35,152.		35,152.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			35,152.			
<b>12 Total revenue.</b> See instructions .....			121,687,237.	0.	0.	18,157,403.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,818,932.	1,818,932.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	50,809,231.	50,809,231.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,682,629.	1,315,071.	121,842.	245,716.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	8,725,821.	6,279,957.	275,415.	2,170,449.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	437,794.	350,235.	13,134.	74,425.
<b>9</b> Other employee benefits .....	2,719,930.	2,173,782.	82,102.	464,046.
<b>10</b> Payroll taxes .....	825,161.	660,129.	24,755.	140,277.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	197,631.	156,111.	5,854.	35,666.
<b>c</b> Accounting .....	260,243.		260,243.	
<b>d</b> Lobbying .....	7,000.	7,000.		
<b>e</b> Professional fundraising services. See Part IV, line 17	110,676.			110,676.
<b>f</b> Investment management fees .....	1,233,458.		1,233,458.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,546,289.	2,393,189.	58,513.	94,587.
<b>12</b> Advertising and promotion .....	6,402,620.	527,509.		5,875,111.
<b>13</b> Office expenses .....	1,372,224.	1,068,733.	35,429.	268,062.
<b>14</b> Information technology .....	2,779,258.	1,780,840.	34,282.	964,136.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	467,566.	378,063.	11,552.	77,951.
<b>17</b> Travel .....	469,161.	374,176.	1,785.	93,200.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	429,091.	302,447.	1,458.	125,186.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,344,561.	1,075,649.	40,337.	228,575.
<b>23</b> Insurance .....	197,629.	158,103.	5,929.	33,597.
<b>24</b> 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.)				
<b>a</b> <b>MARKETING &amp; FUNDRAISING</b>	12,223,294.	4,958,631.		7,264,663.
<b>b</b> <b>PRINTED PROG. MATERIALS</b>	276,690.	276,690.		
<b>c</b> <b>MEDICAL ADVISORY BOARD</b>	128,112.	128,112.		
<b>d</b> <b>REPAIRS &amp; MAINTENANCE</b>	53,702.	42,962.	1,611.	9,129.
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	97,518,703.	77,035,552.	2,207,699.	18,275,452.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	8,668,482.	4,959,034.	0.	3,709,448.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	50,491.	<b>1</b>	51,023.
	<b>2</b> Savings and temporary cash investments .....	5,861,713.	<b>2</b>	13,071,662.
	<b>3</b> Pledges and grants receivable, net .....	1,282,209.	<b>3</b>	6,457,775.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	2,033,665.	<b>9</b>	3,192,265.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 28,381,080.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 9,759,257.	18,785,835.	<b>10c</b> 18,621,823.
	<b>11</b> Investments - publicly traded securities .....	346,612,880.	<b>11</b>	366,584,541.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	9,527,803.	<b>12</b>	15,886,489.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	5,351.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	384,154,596.	<b>16</b>	423,870,929.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,658,996.	<b>17</b>	2,983,047.
	<b>18</b> Grants payable .....	5,372,099.	<b>18</b>	2,855,804.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	185,476.	<b>25</b>	3,980.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	9,216,571.	<b>26</b>	5,842,831.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	369,031,663.	<b>27</b>	401,850,952.
	<b>28</b> Net assets with donor restrictions .....	5,906,362.	<b>28</b>	16,177,146.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	374,938,025.	<b>32</b>	418,028,098.
<b>33</b> Total liabilities and net assets/fund balances .....	384,154,596.	<b>33</b>	423,870,929.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	121,687,237.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	97,518,703.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	24,168,534.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	374,938,025.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	18,707,992.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	213,547.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	418,028,098.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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.
- 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? \_\_\_\_\_
- 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 \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2024)



**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	91,593,384.	93,083,921.	89,140,505.	83,849,356.	103,529,834.	461,197,000.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	91,593,384.	93,083,921.	89,140,505.	83,849,356.	103,529,834.	461,197,000.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						461,197,000.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	91,593,384.	93,083,921.	89,140,505.	83,849,356.	103,529,834.	461,197,000.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	6,024,372.	6,672,409.	7,899,282.	8,790,453.	9,503,026.	38,889,542.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	63,826.	94,301.	35,326.	155,932.	35,151.	384,536.
<b>11 Total support.</b> Add lines 7 through 10						500,471,078.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	92.15 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	92.47 %

**16a 33 1/3% support test - 2024.** 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

**b 33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. 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 - 2023. 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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) 2024

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024

**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

2020 AMOUNT: \$	63,826.
2021 AMOUNT: \$	94,301.
2022 AMOUNT: \$	35,326.
2023 AMOUNT: \$	47,262.
2024 AMOUNT: \$	35,151.

FUNDRAISING EVENTS

2020 AMOUNT: \$	0.
2021 AMOUNT: \$	0.
2022 AMOUNT: \$	0.
2023 AMOUNT: \$	108,670.
2024 AMOUNT: \$	0.

**Schedule B  
(Form 990)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

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 foundation

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

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

**General Rule**

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

**Special Rules**

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

Name of organization  SMILE TRAIN, INC.	Employer identification number  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	<hr/> <hr/> <hr/>	\$ 9,828,641.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 310,349.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

Name of organization  SMILE TRAIN, INC.	Employer identification number  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	
(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	
(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	
(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	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2024**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

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

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 <b>SMILE TRAIN, INC.</b>	Employer identification number (EIN) <b>13-3661416</b>
--	---

**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 EINs 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-.

**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN 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:	THEN 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:	THEN 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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

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)).

Table with 3 columns: (a) Yes/No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and taxable amount.

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 2025, SMILE TRAIN INCURRED \$7,000 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 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)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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 .....

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

**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
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 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:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 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	264,667,107.	254,475,926.	245,454,744.	298,614,664.	221,998,225.
b Contributions				10,000.	197,701.
c Net investment earnings, gains, and losses	30,217,350.	30,361,051.	26,691,713.	-37,956,743.	66,168,738.
d Grants or scholarships					
e Other expenditures for facilities and programs	13,115,740.	20,169,870.	17,670,531.	15,213,177.	-10,250,000.
f Administrative expenses					
g End of year balance	281,768,717.	264,667,107.	254,475,926.	245,454,744.	298,614,664.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 98.1600 %
  - b Permanent endowment 1.8400 %
  - 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:
- |  | Yes                                 | No                       |
|--|-------------------------------------|--------------------------|
| (i) Unrelated organizations?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/>            | <input type="checkbox"/> |
- 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.	3,671,925.	16,442,195.
c Leasehold improvements				
d Equipment		756,284.	733,514.	22,770.
e Other		7,510,676.	5,353,818.	2,156,858.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				18,621,823.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	3,980.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	3,980.

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 ...

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	188,017,057.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	18,707,992.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	48,641,739.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	261,089.	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-47,542.	
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	67,563,278.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	120,453,779.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	1,233,458.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	1,233,458.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	121,687,237.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	144,926,984.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	48,641,739.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	48,641,739.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	96,285,245.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	1,233,458.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	1,233,458.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	97,518,703.

**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 DONOR-DESIGNATED ENDOWMENTS CONSISTS OF TWO FUNDS, ONE ESTABLISHED FOR THE PURPOSE OF SUPPORTING GROWTH OF CLEFT SURGERIES WORLDWIDE, AND THE OTHER ESTABLISHED FOR THE PURPOSE OF SUPPORTING EDUCATION AND TRAINING IN THE AREAS OF CLEFT LIP AND PALATE.

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 \$5,196,882 IN DONOR-RESTRICTED ENDOWMENT ASSETS.

PART X, LINE 2:

**LIABILITY FOR UNCERTAIN TAX POSITIONS**

SMILE TRAIN, INC. FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE 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

**Part XIII** Supplemental Information (continued)

MAY BE CHALLENGED.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FOREIGN EXCHANGE CURRENCY LOSS -47,542.

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)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open 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	207,160.
EAST ASIA AND THE PACIFIC	2	5	PROGRAM SERVICES	CLEFT SURGERIES AND COMPREHENSIVE CLEFT CARE	4,123,219.
EUROPE (INCLUDING ICELAND & GREENLAND)	1	0	PROGRAM SERVICES	CLEFT SURGERIES AND COMPREHENSIVE CLEFT CARE	1,860,889.
MIDDLE EAST AND NORTH AFRICA	1	3	PROGRAM SERVICES	CLEFT SURGERIES AND COMPREHENSIVE CLEFT CARE	2,796,244.
NORTH AMERICA	0	6	PROGRAM SERVICES	CLEFT SURGERIES AND COMPREHENSIVE CLEFT CARE	1,621,353.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	CLEFT SURGERIES AND COMPREHENSIVE CLEFT CARE	217,175.
SOUTH AMERICA	0	4	PROGRAM SERVICES	CLEFT SURGERIES AND COMPREHENSIVE CLEFT CARE	1,490,479.
SOUTH ASIA	0	3	PROGRAM SERVICES	CLEFT SURGERIES AND COMPREHENSIVE CLEFT CARE	5,137,133.
<b>3 a Subtotal</b> .....	4	21			17,453,652.
<b>b Total from continuation sheets to Part I</b> .....	1	24			43,842,069.
<b>c Totals</b> (add lines 3a and 3b) .....	5	45			61,295,721.

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

Schedule F (Form 990) (Rev. 12-2024)

**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	13,245,508.
NORTH AMERICA	0	0	GRANTMAKING		769,564.
SOUTH ASIA	0	0	GRANTMAKING		12,648,013.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		5,189,701.
SOUTH AMERICA	0	0	GRANTMAKING		1,502,794.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		10,486,489.
<b>Totals</b> .....	1	24			43,842,069.

**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 - ANTIGUA & BARBUDA, ARUBA,	CLEFT SURGERIES & COMPREHENSIVE CARE	108,718.	CHECK/WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	CLEFT SURGERIES & COMPREHENSIVE CARE	12,250.	CHECK/WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	CLEFT SURGERIES & COMPREHENSIVE CARE	43,772.	CHECK/WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	CLEFT SURGERIES & COMPREHENSIVE CARE	11,287.	CHECK/WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	CLEFT SURGERIES & COMPREHENSIVE CARE	8,950.	CHECK/WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	CLEFT SURGERIES & COMPREHENSIVE CARE	8,172.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	50,127.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	221,475.	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 ..... 461

3 Enter total number of other organizations or entities ..... 0

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	60,590.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	8,650.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	6,211.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	18,668.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	24,913.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	10,300.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	63,237.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	8,155.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	11,400.	CHECK/WIRE	0.		

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	7,299.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	8,345.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	39,150.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	26,975.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	36,531.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	41,275.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	7,149.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	695,076.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	87,691.	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 - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	61,022.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	5,231.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	48,485.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	70,453.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	28,395.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	55,899.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	127,514.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	74,093.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	11,637.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	6,825.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	70,600.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	7,796.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	201,300.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	12,227.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	38,098.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	5,481.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	20,577.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	13,500.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	92,043.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	11,600.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	27,469.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	80,550.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	6,513.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	52,203.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	43,112.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	7,742.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	10,000.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	24,850.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	23,450.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	55,130.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	5,600.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	129,920.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	43,400.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	10,750.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	44,201.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	6,469.	CHECK/WIRE	0.		

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	7,358.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	5,370.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	10,710.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	20,116.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	5,149.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	6,498.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	5,784.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	84,900.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	70,525.	CHECK/WIRE	0.		

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	60,000.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	128,000.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	67,900.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	7,767.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	43,000.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	5,350.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	30,050.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	50,417.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	8,560.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	19,939.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	76,134.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	36,986.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	18,864.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	84,928.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	8,700.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	29,033.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	6,278.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	77,202.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	10,642.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	56,905.	CHECK/WIRE	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CLEFT SURGERIES & COMPREHENSIVE CARE	8,102.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	CLEFT SURGERIES & COMPREHENSIVE CARE	23,283.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	CLEFT SURGERIES & COMPREHENSIVE CARE	45,000.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	CLEFT SURGERIES & COMPREHENSIVE CARE	49,120.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	CLEFT SURGERIES & COMPREHENSIVE CARE	7,657.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	CLEFT SURGERIES & COMPREHENSIVE CARE	18,009.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	CLEFT SURGERIES & COMPREHENSIVE CARE	13,250.	CHECK/WIRE	0.		

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	CLEFT SURGERIES & COMPREHENSIVE CARE	500,000.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	CLEFT SURGERIES & COMPREHENSIVE CARE	60,133.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	CLEFT SURGERIES & COMPREHENSIVE CARE	51,280.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	CLEFT SURGERIES & COMPREHENSIVE CARE	34,183.	CHECK/WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	CLEFT SURGERIES & COMPREHENSIVE CARE	1052244.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	CLEFT SURGERIES & COMPREHENSIVE CARE	36,500.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	CLEFT SURGERIES & COMPREHENSIVE CARE	13,550.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	CLEFT SURGERIES & COMPREHENSIVE CARE	97,810.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	CLEFT SURGERIES & COMPREHENSIVE CARE	32,000.	CHECK/WIRE	0.		

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	CLEFT SURGERIES & COMPREHENSIVE CARE	143,000.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	CLEFT SURGERIES & COMPREHENSIVE CARE	8,800.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	CLEFT SURGERIES & COMPREHENSIVE CARE	41,500.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	CLEFT SURGERIES & COMPREHENSIVE CARE	325,176.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	CLEFT SURGERIES & COMPREHENSIVE CARE	36,500.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	CLEFT SURGERIES & COMPREHENSIVE CARE	41,400.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	CLEFT SURGERIES & COMPREHENSIVE CARE	58,000.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	CLEFT SURGERIES & COMPREHENSIVE CARE	495,697.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	CLEFT SURGERIES & COMPREHENSIVE CARE	11,400.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	CLEFT SURGERIES & COMPREHENSIVE CARE	120,500.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	CLEFT SURGERIES & COMPREHENSIVE CARE	148,500.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	CLEFT SURGERIES & COMPREHENSIVE CARE	60,000.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	CLEFT SURGERIES & COMPREHENSIVE CARE	8,000.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	CLEFT SURGERIES & COMPREHENSIVE CARE	11,000.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	CLEFT SURGERIES & COMPREHENSIVE CARE	15,000.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	CLEFT SURGERIES & COMPREHENSIVE CARE	9,000.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	CLEFT SURGERIES & COMPREHENSIVE CARE	55,000.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	CLEFT SURGERIES & COMPREHENSIVE CARE	73,500.	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 - ALGERIA, SAUDI ARABIA, BAHRAIN, DJIBOUTI, EGYPT, JORDAN, KUWAIT, LIBYA, OMAN, QATAR, SYRIA, YEMEN	CLEFT SURGERIES & COMPREHENSIVE CARE	117,000.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, BAHRAIN, DJIBOUTI, EGYPT, JORDAN, KUWAIT, LIBYA, OMAN, QATAR, SYRIA, YEMEN	CLEFT SURGERIES & COMPREHENSIVE CARE	45,916.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, BAHRAIN, DJIBOUTI, EGYPT, JORDAN, KUWAIT, LIBYA, OMAN, QATAR, SYRIA, YEMEN	CLEFT SURGERIES & COMPREHENSIVE CARE	9,000.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, BAHRAIN, DJIBOUTI, EGYPT, JORDAN, KUWAIT, LIBYA, OMAN, QATAR, SYRIA, YEMEN	CLEFT SURGERIES & COMPREHENSIVE CARE	30,500.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, BAHRAIN, DJIBOUTI, EGYPT, JORDAN, KUWAIT, LIBYA, OMAN, QATAR, SYRIA, YEMEN	CLEFT SURGERIES & COMPREHENSIVE CARE	30,621.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, BAHRAIN, DJIBOUTI, EGYPT, JORDAN, KUWAIT, LIBYA, OMAN, QATAR, SYRIA, YEMEN	CLEFT SURGERIES & COMPREHENSIVE CARE	158,150.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, BAHRAIN, DJIBOUTI, EGYPT, JORDAN, KUWAIT, LIBYA, OMAN, QATAR, SYRIA, YEMEN	CLEFT SURGERIES & COMPREHENSIVE CARE	9,000.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, BAHRAIN, DJIBOUTI, EGYPT, JORDAN, KUWAIT, LIBYA, OMAN, QATAR, SYRIA, YEMEN	CLEFT SURGERIES & COMPREHENSIVE CARE	22,200.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, BAHRAIN, DJIBOUTI, EGYPT, JORDAN, KUWAIT, LIBYA, OMAN, QATAR, SYRIA, YEMEN	CLEFT SURGERIES & COMPREHENSIVE CARE	9,600.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	CLEFT SURGERIES & COMPREHENSIVE CARE	36,800.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	CLEFT SURGERIES & COMPREHENSIVE CARE	6,993.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	CLEFT SURGERIES & COMPREHENSIVE CARE	31,000.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	CLEFT SURGERIES & COMPREHENSIVE CARE	24,355.	CHECK/WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	CLEFT SURGERIES & COMPREHENSIVE CARE	401,804.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	17,950.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	9,781.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	54,961.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	123,240.	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 - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	19,573.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	28,603.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	48,044.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	21,500.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	6,600.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	15,544.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	39,600.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	91,739.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	8,703.	CHECK/WIRE	0.		

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	15,788.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	12,070.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	9,000.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	12,052.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	7,500.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	39,121.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	15,117.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	8,670.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	67,913.	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 - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	134,249.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	26,000.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	44,439.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	19,750.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	79,816.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	6,232.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	14,210.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	18,672.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	9,920.	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 - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	11,348.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	27,543.	CHECK/WIRE	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	CLEFT SURGERIES & COMPREHENSIVE CARE	31,089.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	CLEFT SURGERIES & COMPREHENSIVE CARE	38,750.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	CLEFT SURGERIES & COMPREHENSIVE CARE	7,250.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	CLEFT SURGERIES & COMPREHENSIVE CARE	13,475.	CHECK/WIRE	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	CLEFT SURGERIES & COMPREHENSIVE CARE	146,250.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	13,852.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	9,660.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	17,800.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	7,616.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	32,987.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	11,250.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	30,430.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	9,023.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	46,795.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	11,631.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	16,500.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	40,423.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	137,368.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	109,089.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	32,654.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	17,645.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	33,940.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	74,762.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	6,750.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	5,250.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	246,529.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	29,589.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	54,100.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	51,058.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	16,500.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	170,739.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	8,925.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	48,855.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	31,000.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	41,507.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	33,970.	CHECK/WIRE	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	14,450.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	110,840.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	31,514.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	293,200.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	26,950.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	6,827.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	13,260.	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 - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	50,000.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	209,100.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	8,195.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	40,120.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	166,063.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	810,394.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	50,660.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	11,175.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	123,080.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	61,540.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	86,360.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	18,425.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	26,230.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	78,000.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	42,840.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	817,860.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	19,475.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	252,547.	CHECK/WIRE	0.		

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	32,200.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	104,662.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	18,760.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	57,250.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	114,240.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	31,242.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	459,620.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	275,945.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	93,351.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	31,280.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	8,385.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	43,974.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	223,480.	CHECK/WIRE	0.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	CLEFT SURGERIES & COMPREHENSIVE CARE	251,260.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	58,805.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	21,400.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	68,618.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	524,420.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	98,400.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	53,600.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	323,400.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	21,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	77,400.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	13,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	67,200.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	13,425.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	8,350.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	73,367.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	48,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	34,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	16,714.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	32,366.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	50,422.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	297,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	28,910.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	210,655.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	97,800.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	9,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	19,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	46,276.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	41,410.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	13,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	22,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	15,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	8,000.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	10,311.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	8,914.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	51,504.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	14,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	139,263.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	5,124.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	24,600.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	6,499.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	24,237.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	17,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	149,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	45,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	48,175.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	17,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	9,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	414,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	68,829.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	15,291.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	46,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	577,055.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	70,570.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	11,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	24,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	129,339.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	9,037.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	9,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	10,000.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	74,917.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	23,005.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	66,438.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	91,585.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	7,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	104,246.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	25,414.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	36,623.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	20,000.	CHECK/WIRE	0.		

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	15,488.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	16,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	47,765.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	75,800.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	48,600.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	13,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	9,600.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	5,400.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	140,104.	CHECK/WIRE	0.		

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	18,529.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	24,905.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	72,142.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	6,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	9,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	9,798.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	43,773.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	24,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	32,082.	CHECK/WIRE	0.		

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	10,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	12,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	28,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	21,265.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	26,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	24,666.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	14,012.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	98,506.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	137,962.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	5,808.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	148,395.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	10,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	25,785.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	103,388.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	42,231.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	99,600.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	11,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	7,500.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	46,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	59,925.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	12,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	27,004.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	107,320.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	73,850.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	44,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	10,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	75,873.	CHECK/WIRE	0.		

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	10,431.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	7,270.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	18,005.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	128,581.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	80,925.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	33,939.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	64,200.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	29,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	15,000.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	6,975.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	168,082.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	14,833.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	6,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	17,257.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	131,120.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	10,600.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	10,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	17,121.	CHECK/WIRE	0.		

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	27,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	264,084.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	42,594.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	17,250.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	18,595.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	16,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	14,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	45,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	27,937.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	52,800.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	55,035.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	38,352.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	24,601.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	17,931.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	85,025.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	14,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	52,600.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	14,190.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	27,086.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	75,228.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	54,026.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	7,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	54,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	61,123.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	75,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	34,758.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	24,771.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	52,180.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	110,625.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	76,216.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	123,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	7,457.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	30,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	24,300.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	5,018.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	14,000.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	166,960.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	38,950.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	64,200.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	38,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	1130873.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	91,145.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	30,640.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	197,900.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	15,094.	CHECK/WIRE	0.		

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	6,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	84,696.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	138,030.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	75,350.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	8,900.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	5,005.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	9,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	30,844.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	59,479.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	6,618.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	17,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	11,617.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	24,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	6,475.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	158,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	128,667.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	236,550.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	26,000.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	74,700.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	70,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	28,693.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	9,100.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	13,800.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	9,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	18,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	56,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	13,215.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	21,000.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	19,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	7,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	9,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	10,554.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	11,500.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	115,137.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	5,190.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	125,477.	CHECK/WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	16,242.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	35,617.	CHECK/WIRE	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CLEFT SURGERIES & COMPREHENSIVE CARE	28,604.	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	4	6,449.	CHECK/WIRE	0.		
CLEFT TREATMENT TRAINING	RUSSIA AND NEIGHBORING STATES	1	600.	CHECK/WIRE	0.		
CLEFT TREATMENT TRAINING	SUB-SAHARAN AFRICA	44	314,588.	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) (Rev. 12-2024)

**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 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	
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts .....				
	2	Less: Contributions .....				
	3	Gross income (line 1 minus line 2) .....				
Direct Expenses	4	Cash prizes .....				
	5	Noncash prizes .....				
	6	Rent/facility costs .....				
	7	Food and beverages .....				
	8	Entertainment .....				
	9	Other direct expenses .....				
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....				
	11	Net income summary. Subtract line 10 from line 3, column (d) .....				

**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))
		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 the 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.

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)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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)	64,852.	0.			EDUCATION/TRAINING
APROQUEN, INC. 7040 SW 79 CT MIAMI, FL 33143	03-0427321	501(C)(3)	65,585.	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)	586,500.	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)	15,600.	0.			COMPREHENSIVE CLEFT CARE AND EDUCATION/TRAINING
GHAYOUR CHARITABLE FOUNDATION (FBM LAZER ESTETIK PLASTIK CERRAHI KLINIGI SA - 3705 S. GEORGE MASON DR. APT. 1214S - FALLS CHURCH, VA	99-0483444	501(C)(3)	375,550.	0.			COMPREHENSIVE CLEFT CARE AND EDUCATION/TRAINING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 20.

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

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

Schedule I (Form 990) (Rev. 12-2024)

**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
INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH - 1619 DUKE STREET - ALEXANDRIA, VA 22314-3406	54-1790186	501(C)(3)	17,000.	0.			COMPREHENSIVE CLEFT CARE
LIFEBOX FOUNDATION, INC. 195 MONTAGUE ST, 14TH FLOOR BROOKLYN, NY 11201	46-2266526	501(C)(3)	542,953.	0.			EDUCATION/TRAINING AND EQUIPMENT
PLASTIC SURGERY FOUNDATION 444 E ALGONQUIN RD. NORWOOD, MA 02062	59-6144450	501(C)(3)	40,360.	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)	46,701.	0.			EDUCATION/TRAINING
THE AMERICAN SOCIETY OF PLASTIC SURGEONS - 444 EAST ALGONQUIN ROAD - ARLINGTON HEIGHTS, IL 60005-4664	94-1535436	501(C)(6)	26,750.	0.			EDUCATION/TRAINING

**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. PATIENT RECORDS ARE REVIEWED DAILY BY SMILE TRAIN STAFF FOR COMPLETENESS AND ACCURACY, AND A MEMBER OF THE SMILE TRAIN MEDICAL ADVISORY BOARD REGULARLY REVIEWS RANDOMLY SELECTED RECORDS FOR MEDICAL QUALITY.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization <b>SMILE TRAIN, INC.</b>	Employer identification number <b>13-3661416</b>
--	---

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	X
<b>3</b> 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 checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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: <b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	X
<b>8</b> 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 .....	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) (Rev. 12-2024)

**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)	428,177.	110,000.	0.	12,900.	17,961.	569,038.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ASHLEY OCHS COO, SECRETARY & GENERAL COUNSEL	(i)	265,083.	50,000.	0.	16,129.	17,463.	348,675.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PREMALI SHAH CFO	(i)	267,859.	25,000.	0.	14,950.	17,961.	325,770.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELYSE TAUB CHIEF DEVELOPMENT OFFICER	(i)	241,669.	35,000.	0.	14,596.	8,793.	300,058.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ERIN STIEBER CHIEF PROGRAMS STRATEGY OFF.	(i)	229,841.	30,000.	0.	15,876.	22,929.	298,646.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TROY REINHART SVP, COMTY. & AMBASSADOR DEV.	(i)	209,445.	35,000.	0.	14,640.	17,195.	276,280.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) PHILIP CARROLL SENIOR VP, COMMUNICATIONS	(i)	218,512.	20,000.	0.	12,751.	8,793.	260,056.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) VIVIAN LEWIS VP, HUMAN RESOURCES	(i)	202,213.	15,000.	0.	9,564.	17,113.	243,890.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) R. JAMES MADIGAN IN-HOUSE COUNSEL	(i)	191,184.	12,000.	0.	8,112.	17,848.	229,144.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) WENDELL THOMAS VP, INFORMATION SYSTEMS & TECH.	(i)	190,123.	12,000.	0.	12,177.	8,680.	222,980.	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 7:

ALL BONUSES PAID TO INDIVIDUALS REPORTED ON FORM 990, SCHEDULE J, PART II WERE PERFORMANCE BASED AND DETERMINED UNDER THE ORGANIZATION'S ESTABLISHED COMPENSATION FRAMEWORK. BONUS RECOMMENDATIONS WERE MADE BY MANAGEMENT AND REVIEWED AND APPROVED SOLELY BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, COMPOSED ENTIRELY OF INDEPENDENT DIRECTORS. THE REVIEW PROCESS INCLUDED CONSIDERATION OF INDIVIDUAL PERFORMANCE AND ORGANIZATIONAL RESULTS. NO INDIVIDUAL WHO RECEIVED A BONUS PARTICIPATED IN OR INFLUENCED THE DECISION MAKING PROCESS RELATED TO THE APPROVAL OF THEIR OWN COMPENSATION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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	163	2,690,798.	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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on 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? .....		X
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? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
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.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

**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, PART I, 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)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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  
THE WORLD, SMILE TRAIN HAS ENABLED MORE THAN 2 MILLION LIFE-CHANGING  
CLEFT LIP AND PALATE SURGERIES, TRANSFORMING LIVES AROUND THE WORLD BY  
PROVIDING 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, SUCH AS 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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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

FOR PATIENTS AND FAMILIES IN NEED TO ENSURE THEY CAN ACCESS CLEFT CARE SAFELY AND WITHOUT ADDITIONAL STRESS OR BEING DRIVEN INTO POVERTY.

TREATMENT PROGRAM EXPENSES EXCLUDE \$25,107,771 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 ENHANCE THE SKILLS OF CLEFT CARE PROFESSIONALS AROUND THE GLOBE. RECENT INITIATIVES HAVE FOCUSED ON SUPPORTING TRAINING PROGRAMS FOR NUTRITIONISTS, ORTHODONTISTS, DENTISTS, SPEECH THERAPY PROVIDERS, PERIOPERATIVE NURSES, ANESTHESIOLOGISTS, AND SURGEONS.

SMILE TRAIN IS INNOVATIVE IN OUR APPROACH TO PROVIDING QUALITY TRAINING TO MEDICAL PROFESSIONALS WORLDWIDE. IN LOW- AND MIDDLE-INCOME COUNTRIES, SURGEONS AND OTHER CLEFT CARE PROFESSIONALS OFTEN DO NOT HAVE ACCESS TO CLEFT-SPECIFIC TRAINING OR MENTORSHIP OPPORTUNITIES TO HONE THEIR SKILLS AND STAY CURRENT ON RESEARCH-BASED TECHNIQUES AND PROTOCOLS. TO ADDRESS THIS GAP, WE LAUNCHED THE FIRST OPEN-ACCESS, WEB-BASED, INTERACTIVE VIRTUAL SURGERY SIMULATOR 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. THESE INNOVATIVE TOOLS PROVIDE SMILE TRAIN PARTNERS AND CLEFT CARE PROFESSIONALS AROUND THE WORLD WITH GREATER ACCESS TO STATE OF THE ART TRAINING OPPORTUNITIES, PARTICULARLY IN REGIONS WITH LIMITED RESOURCES. 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 TRANSFORMING THE LIVES OF PEOPLE BORN WITH CLEFTS GLOBALLY.

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 AN INTERNATIONAL ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. A COPY OF THE FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS AND THE FORM 990 WAS DISTRIBUTED TO ALL ACTIVE BOARD MEMBERS BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:  
EACH OFFICER, DIRECTOR, TRUSTEE, AND KEY EMPLOYEE OF THE ORGANIZATION IS

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

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.

FORM 990, PART VI, LINE 15B  
THE ORGANIZATION HAS ADOPTED A STANDARDIZED APPROACH TO COMPENSATION INCREASES WHEREBY THE COMPENSATION COMMITTEE SETS RATES OF INCREASES BASED ON PERFORMANCE AS INFORMED BY THE ANNUAL PERFORMANCE MANAGEMENT PROCESS. THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS ALSO USES COMPARATIVE COMPENSATION DATA FROM OUTSIDE SOURCES. PERIODICALLY, AN OUTSIDE COMPENSATION CONSULTANT IS RETAINED TO OPINE ON THE REASONABLENESS OF THE COMPENSATION OF THE HIGHEST PAID EXECUTIVES, INCLUDING THE TOP 5 HIGHEST PAID COMPARED TO A SELECTED PEER GROUP OF CHARITABLE ORGANIZATIONS. ALL COMPENSATION DECISIONS MUST BE APPROVED BY SMILE TRAIN'S COMPENSATION COMMITTEE AND ALL DECISIONS ARE MEMORIALIZED IN COMMITTEE MEETING MINUTES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AK,AL,AZ,CA,DE,FL,GA,HI,IA,ID,IL,IN,KS,KY,MA,MD,MI,MN,MO,MS,MT,NC,NE,NH,NJ,NM,NY,OK,OR,PA,RI,SC,SD,TN,TX,UT,VA,VT,WI,WV,WY,AA

FORM 990, PART VI, SECTION C, LINE 19:  
THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS. THE FORM 990 IS ALSO PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.ORG AND ON THE ORGANIZATION'S WEBSITE AT WWW.SMILETRAIN.ORG/FINANCIALS. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE POSTED ON ITS WEBSITE. COPIES OF DOCUMENTS ARE ALSO PROVIDED TO THE PUBLIC AT THE ORGANIZATION'S HEADQUARTERS IN NEW YORK CITY UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FOREIGN EXCHANGE CURRENCY LOSS	-47,542.
RESCINDED/REFUNDED GRANTS	261,089.
TOTAL TO FORM 990, PART XI, LINE 9	213,547.

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

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.

OMB No. 1545-0047

**Open to Public  
Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <p align="center">SMILE TRAIN, INC.</p>	Employer identification number <p align="center">13-3661416</p>
---	--

**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.	16,442,195.	SMILE TRAIN
STI INVESTMENT LLC 633 THIRD AVENUE NEW YORK, NY 10017	INVESTMENT	NEW YORK	0.	5,400,000.	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 OFFICE 605 ALBERT HOUSE, 256-260 OLD STREET , LONDON, UNITED KINGDOM EC1V 9DD	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) (Rev. 1-2025)

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
THE SMILE TRAIN INDIA PLOT NO 3, LSC, SECTOR C VASANT KUNJ, NEW DELHI, INDIA	SEE PART VI	INDIA		N/A	SMILE TRAIN	X	
YAYASAN SMILE TRAIN INDONESIA JI. TB SIMATUPANG KAV 22-26 TALAVERA OFFICE , JAKARTA, INDONESIA 12430	SEE PART VI	INDONESIA		N/A	SMILE TRAIN	X	
SMILE TRAIN PHILIPPINES FOUNDATION 3/F ANNEX BUILDING, 22 EAST AVE , QUEZON CITY, PHILIPPINES	SEE PART VI	PHILIPPINES		N/A	SMILE TRAIN	X	
ASSOCIACAO SMILE TRAIN BRAZIL RUA VINTE E QUATRO, NO. 159, LOT F-19 PAULINIA, SAO PAULO, BRAZIL 13.141-064	SEE PART VI	BRAZIL		N/A	SMILE TRAIN	X	
FUNDACION SMILE TRAIN MEXICO, AC ACORDADA 18, 101, SAN JOSE INSURGENTES , DEL. BENITO JUAREZ, MEXICO	SEE PART VI	MEXICO		N/A	SMILE TRAIN	X	
SIMULARE MEDICAL INC. 174 SPADINA AVENUE, SUITE 404 TORONTO, ON, CANADA M5T 2C2	SEE PART VI	CANADA		N/A	SMILE TRAIN	X	
THE SMILE TRAIN P.O. BOX 2168, MARAGOLI AVENUE , NAKURU, KENYA 18129	SEE PART VI	KENYA		N/A	SMILE TRAIN	X	

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

(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 OFFICE 605 ALBERT HOUSE, 256-260 OLD STREET LONDON, UNITED KINGDOM EC1V 9DD	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.

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		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	9,828,641.	FMV
(2) THE SMILE TRAIN STIFTUNG	C	310,349.	FMV
(3)			
(4)			
(5)			
(6)			



**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,

ASSOCIAAO SMILE TRAIN BRASIL, 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'S MISSION IS TO ENSURE THAT SURGEONS AND TRAINEES AROUND THE

GLOBE HAVE ACCESS TO THE MOST ADVANCED, EFFECTIVE CLEFT SURGERY

TRAINING TOOLS AVAILABLE TODAY.

THESE OBJECTIVES ARE ACHIEVED THROUGH AN ONGOING MARKETING CAMPAIGN

USED TO RAISE AWARENESS AND RECEIVE DONATIONS WITHIN THE UNITED

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

BRAZIL, MEXICO, AND CANADA.

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

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

CARRY OUT THE COLLECTIVE MISSION.

SMILE TRAIN FRANCE AND SMILE TRAIN KENYA DID NOT HAVE ANY OPERATING

ACTIVITIES DURING THE CURRENT YEAR.

## PART IV, LINE 1

THE SMILE TRAIN UK TRADING COMPANY LIMITED WAS INCORPORATED IN JUNE

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

BY SHARES WITH UK AS THE SOLE MEMBER.

