

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047

2007Open to Public
Inspection**A For the 2007 calendar year, or tax year beginning** 07/01, 2007, and ending 06/30/2008**B** Check if applicable

- ☒ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization

SMILE TRAIN, INC.

Number and street (or P O box if mail is not delivered to street address) Room/suite

41 MADISON AVE, 28TH FLOOR

City or town, state or country, and ZIP + 4

NEW YORK, NY 10010

D Employer identification number

13-3661416

E Telephone number

(212) 689-9199

F Accounting method☐ Cash☒ Accrual

Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ N/A**H(c)** Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ N/A**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**G Website:** ▶ WWW.SMILETRAIN.ORG**J Organization type** (check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 130,680,504.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)**

1	Contributions, gifts, grants, and similar amounts received		
a	Contributions to donor advised funds	1a	
b	Direct public support (not included on line 1a)	1b	105,419,602.
c	Indirect public support (not included on line 1a)	1c	
d	Government contributions (grants) (not included on line 1a)	1d	
e	Total (add lines 1a through 1d) (cash \$ 105,419,602. noncash \$)	1e	105,419,602.
2	Program service revenue including government fees and contracts (from Part VII, line 93)		2
3	Membership dues and assessments		3
4	Interest on savings and temporary cash investments		4
5	Dividends and interest from securities		5
6a	Gross rents	6a	
6b	Less rental expenses	6b	
6c	Net rental income or (loss) Subtract line 6b from line 6a		6c
7	Other investment income (describe ▶)		7
8a	Gross amount from sales of assets other than inventory	(A) Securities 8a	23,526,158.
8b	Less cost or other basis and sales expenses	(B) Other 8b	21,405,503.
8c	Gain or (loss) (attach schedule)	8c	2,120,655.
8d	Net gain or (loss) Combine line 8c, columns (A) and (B)		8d
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
9a	Gross revenue (not including \$ of contributions reported on line 1b)	9a	
9b	Less direct expenses other than fundraising expenses	9b	
9c	Net income or (loss) from special events Subtract line 9b from line 9a		9c
10a	Gross sales of inventory, less returns and allowances	10a	
10b	Less cost of goods sold	10b	
10c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c
11	Other revenue (from Part VII, line 103)		11
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12
13	Program services (from line 44, column (B))		13
14	Management and general (from line 44, column (C))		14
15	Fundraising (from line 44, column (D))		15
16	Payments to affiliates (attach schedule)		16
17	Total expenses Add lines 16 and 44, column (A)		17
18	Excess or (deficit) for the year Subtract line 17 from line 12		18
19	Net assets or fund balances at beginning of year (from line 73, column (A))		19
20	Other changes in net assets or fund balances (attach explanation)		20
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20		21

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

Form 990 (2007)

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517-18 2 7

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule)	(cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule)	(cash \$ 14,032,778 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	14,032,778.	14,032,778.		
23 Specific assistance to individuals (attach schedule)					
24 Benefits paid to or for members (attach schedule)					
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A		1,486,566.	1,294,906.	64,329.	127,331.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B					
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)					
26 Salaries and wages of employees not included on lines 25a, b, and c		842,985.	384,700.	76,486.	381,799.
27 Pension plan contributions not included on lines 25a, b, and c					
28 Employee benefits not included on lines 25a-27					
29 Payroll taxes		117,035.	84,382.	8,427.	24,226.
30 Professional fundraising fees					
31 Accounting fees		106,879.	NONE	106,879.	NONE
32 Legal fees		45,126.	NONE	45,126.	NONE
33 Supplies					
34 Telephone					
35 Postage and shipping					
36 Occupancy		234,540.	127,590.	9,147.	97,803.
37 Equipment rental and maintenance					
38 Printing and publications		32,242,254.	18,700,507.	NONE	13,541,747.
39 Travel		431,588.	347,860.	20,716.	63,012.
40 Conferences, conventions, and meetings					
41 Interest					
42 Depreciation, depletion, etc. (attach schedule)		121,694.	66,202.	4,746.	50,746.
43 Other expenses not covered above (itemize):					
a CONTRACTS W/TREATMENT PART		24,565,676.	24,565,676.	NONE	NONE
b SYMPOSIUM		2,272,090.	2,272,090.	NONE	NONE
c REPAIR & MAINTENANCE		22,941.	12,480.	895.	9,566.
d OFFICE EXPENSES		1,522,974.	828,498.	59,396.	635,080.
e OTHER PROFESSIONAL FEES		1,857,258.	1,547,133.	87,097.	223,028.
f ADVERTISING		6,644,350.	3,853,723.	NONE	2,790,627.
g INVESTMENT MGT FEES		196,652.	NONE	196,652.	NONE
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).		86,743,386.	68,118,525.	679,896.	17,944,965.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☒ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 6,117,388. ; (ii) the amount allocated to Program services \$ 4,090,433. ; (iii) the amount allocated to Management and general \$ NONE; and (iv) the amount allocated to Fundraising \$ 2,026,955.

Form 990 (2007)

CONTRACTS WITH TREATMENT PARTNERS*

THIS REPRESENTS ARRANGEMENTS WITH HEALTHCARE PROFESSIONALS AND ORGANIZATIONS FOR RESEARCH, EDUCATION AND TRAINING FOR DOCTORS, AND FREE SURGERIES FOR CHILDREN IN FURTHERANCE OF THE SMILE TRAIN'S CHARITABLE PURPOSE OF HELPING CHILDREN WORLDWIDE WHO ARE BORN WITH CLEFT LIPS AND PALATES

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? SEE STATEMENT 3 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a <u>TREATMENT: THIS PROGRAM INVOLVES PROVIDING FREE RECONSTRUCTIVE FACIAL SURGERY FOR INDIGENT CHILDREN WITH CLEFT DEFECTS WORLDWIDE.</u> (Grants and allocations \$ <u>12,592,190.</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	40,536,777.
b <u>TRAINING: THESE PROGRAMS PROVIDE FREE CLEFT-RELATED TRAINING AND EDUCATION FOR DOCTORS AND MEDICAL PROFESSIONALS. SMILE TRAIN EMPOWERS LOCAL DOCTORS IN DEVELOPING COUNTRIES TO HELP THEMSELVES.</u> (Grants and allocations \$ <u>1,440,588.</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	3,942,866.
c <u>PUBLIC EDUCATION: THIS PROGRAM PROVIDES EDUCATIONAL MATERIALS ON CLEFT LIP AND PALATE FOR FREE TO ANYONE INTERESTED IN THIS BIRTH DEFECT.</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	23,638,882.
d _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	68,118,525.

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Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	1,064,913.	45	279,106.
	46 Savings and temporary cash investments	4,054,348.	46	7,549,802.
	47a Accounts receivable 47a			
	b Less allowance for doubtful accounts 47b		47c	
	48a Pledges receivable 48a	2,000,000.		
	b Less allowance for doubtful accounts 48b		300,000.	48c
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule) 51a			
	b Less allowance for doubtful accounts 51b		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	NONE	53	106,000.
	54a Investments - publicly-traded securities STMT 4 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	90,568,081.	54a	107,122,810.
	b Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments - land, buildings, and equipment basis 55a				
b Less accumulated depreciation (attach schedule) 55b		55c		
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment basis 57a	854,050.			
b Less accumulated depreciation (attach schedule) 57b	580,998.	222,488.	57c	
58 Other assets, including program-related investments (describe STMT 5)	24,154.	58	28,449.	
59 Total assets (must equal line 74) Add lines 45 through 58	96,233,984.	59	117,359,219.	
Liabilities	60 Accounts payable and accrued expenses	1,867,009.	60	1,105,913.
	61 Grants payable	6,022,326.	61	9,527,717.
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe STMT 5)		65	
66 Total liabilities. Add lines 60 through 65	7,889,335.	66	10,633,630.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	45,975,783.	67	86,187,974.
	68 Temporarily restricted	42,368,866.	68	20,537,615.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	88,344,649.	73	106,725,589.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	96,233,984.	74	117,359,219.

Yes	No
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75b	x	

75c	X	

75d	x	
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[illegible]

Yes	No
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76		X
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77		X
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[illegible]

78a		X
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78b	N/A
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79		X
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80a	X	
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81b	X
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Part VI Other Information (continued)

Yes No

82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	22,439,526.	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	N/A	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85 a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A	
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A	
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911		N/A	
	section 4912		N/A	
	section 4955		N/A	
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A	
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a	List the states with which a copy of this return is filed	SEE STATEMENT 13		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b	17	
91 a	The books are in care of	VP FINANCE		
	Located at	41 MADISON AVE., 28TH FLOOR NEW YORK, NY		
	Telephone no	212 689-9199		
	ZIP + 4	10010		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	91b	X	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	SEE STATEMENT 14		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☒ X
If "Yes," enter the name of the foreign country ▶ _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 | N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	78,783.	
96 Dividends and interest from securities			14	1,390,100.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	2,120,655.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b MISC. INCOME					265,861.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				3,589,538.	265,861.
105 Total (add line 104, columns (B), (D), and (E)) ▶					3,855,399.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
103	MISCELLANEOUS INCOME USED TO ACCOMPLISH EXEMPT PURPOSE

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with

(a) Did the organization, during the year, receive any funds, directly or indire

(b) Did the organization, during the year, pay premiums, directly

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Please Sign Here

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

Signature of officer

Date

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed

Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours if self-employed), address, and ZIP + 4

MITCHELL & TITUS, LLP

ONE BATTERY PARK PLAZA

NEW YORK, NY

10004

EIN 13-2781641

Phone no. 212-709-4500

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2007

Name of the organization

SMILE TRAIN, INC.

Employer identification number

13-3661416

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 15				
Total number of other employees paid over \$50,000 . . ►		3		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 16		
Total number of others receiving over \$50,000 for professional services ►		1

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 17		
Total number of other contractors receiving over \$50,000 for other services ►		NONE

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

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? STMT. 18	2d	X	
e Transfer of any part of its income or assets?	2e		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) STMT. 19	3a	X	
b Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b Did the organization make any taxable distributions under section 4966?	4b		X
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X
d Enter the total number of donor advised funds owned at the end of the tax year ►			NONE
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►			
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ►			NONE
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ►			NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- ☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer Identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ►					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4) (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	83,586,328.	41,667,066.	29,626,157.	21,424,504.	176304055.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	2,540,086.	1,630,123.	1,390,295.	746,300.	6,306,804.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	STMT 20 46,664.	2,868,234.	512,882.	1,191.	3,428,971.
23 Total of lines 15 through 22	86,173,078.	46,165,423.	31,529,334.	22,171,995.	186039830.
24 Line 23 minus line 17.	86,173,078.	46,165,423.	31,529,334.	22,171,995.	186039830.
25 Enter 1% of line 23.	861,731.	461,654.	315,293.	221,720.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶ **26a** 3,720,797.b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ **26b** 9,970,609.c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ **26c** 186039830.d Add Amounts from column (e) for lines 18 6,306,804. 19 22 3,428,971. 26b 9,970,609. ▶ **26d** 19,706,384.e Public support (line 26c minus line 26d total) ▶ **26e** 166333446.f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ **26f** 89.4074 %**27 Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year

NOT APPLICABLE

(2006) _____ (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add Amounts from column (e) for lines 15 16 17 20 21 ▶ **27c** _____d Add Line 27a total, and line 27b total, ▶ **27d** _____e Public support (line 27c total minus line 27d total) ▶ **27e** _____f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ **27f** _____g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ **27g** _____ %h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ **27h** _____ %**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See page 9 of the instructions.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	

32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		

33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement		

35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -		
Not over \$500,000 20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000	41	
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	42	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**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 instructions for lines 45 through 50 on page 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
Lobbying ceiling amount					
46 (150% of line 45(e)) . . .					
47 Total lobbying expenditures					
Grassroots nontaxable amount					
48 Grassroots ceiling amount					
49 (150% of line 48(e)) . . .					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h) . . .			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

Yes	No
-----	----

(i) Cash	51a(i)	X
----------------	--------	---

(ii) Other assets	a(ii)		X
-------------------------	-------	--	---

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	X
---	------	---

(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	X
---	-------	---

(iii) Rental of facilities, equipment, or other assets	b(iii)	X
--	--------	---

(iv) Reimbursement arrangements	b(iv)	X
---	-------	---

(v) Loans or loan guarantees	b(v)	X
------------------------------	------	---

(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
---	-------	--	---

c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X
---	--	---	--	---

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

[illegible]

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED GAIN(LOSS) ON INVESTMENTS	-4,148,785.
OTHER	-1,890.

TOTAL	-4,150,675.
	=====

SMILE TRAIN 13-3661416**FORM 990, PART II-OTHER GRANTS AND ALLOCATION PAID DURING THE YEAR****FY 08 GRANTS**

Name	Amount
AMREF USA	\$915,000
Hospital Dr. Agostinho Neto	\$6,000
Medical Mission for Children, Inc.	\$40,000
Asociacion PIEL	\$70,000
Cleft Lip in Concordia	\$5,000
Fundacc Foundation para La Cirugia Plastic	\$15,000
Dept of Oral & Maxillofacial Surgery	\$20,000
Radboud University Medical Center	\$11,380
UMDNJ-NJDS Dept Oral & Maxillofacial Surgery	\$20,000
Bhutan Cleft Care Project	\$79,257
Associacao Beneficiente Professor H. Melega	\$7,500
Associacao F.A.C.E./Hospital da Beneficiencia Portuguesa	\$15,000
Cadefi-Instituto Materno Infantil	\$28,750
CAIF/ AFISSUR	\$299,000
CEFIL	\$24,000
Centro Brasileiro Pro Vida	\$30,000
Face Amiga/Mardre Cor Hospital	\$15,000
Fundacao Galileo	\$13,125
Fundacao Hospital da Agro	\$45,000
Fundacao Uniselva	\$18,000
Fundacao Universitario Jose Bonifacio	\$45,000
Hospital Batista Memorial	\$90,000
Hospital da Baleia-Fundacao Benjamin Guimaraes	\$60,000
Hospital dos Defeitos da Face	\$20,000
Hospital Geral Universitario de Cuiaba	\$30,000
Hospital Martagao Gesteria in Brazil	\$2,500
Instituto do Fissurado Labiopalatal	\$30,000
Martagao Gesteira Child Hospital	\$53,500
Santa Casa de Misericordia de Sobral	\$7,500
SOBRAPAR Hospital for Plastic Surgery	\$78,250
Medical University of Plovdiv/ALA	\$21,200
National Pediatric Hospital	\$38,500
ROSE Charities	\$101,250
Fundacion Gantz	\$107,000
China Agape Foundation Inc.	\$7,500
China Charity Federation (CCF)	\$679,211
China Soong Ling Foundation	\$209,317
Gansu Bureau of Health	\$750,000
Shanghai Soong Ching Ling Foundation	\$125,000
Changing Children's Lives, Inc.	\$140,450
Gracias a Dios un Sino Sonire	\$15,000
Healing the Children Florida	\$121,440
Healing the Children/Michigan-Ohio Chap.	\$24,000
AAA Health Centers	\$40,000

SMILE TRAIN 13-3661416**FORM 990, PART II-OTHER GRANTS AND ALLOCATION PAID DURING THE YEAR**

Virender Singhal	\$3,000
Overseas Specialist Surgical Association of Australia	\$29,000
Faces of Tomorrow	\$30,000
Addis Hiwot Hospital	\$120,000
Attat Hospital	\$25,000
Burn/CLP Project	\$60,000
Sister Aklesia Memorial Hospital	\$60,000
St.Lukes Catholic Hospital & NH	\$25,000
Zenbaba General Hospital	\$225,000
CARAPS MEDLINE Ltd.	\$15,000
Komfo Anokye Teaching Hospital	\$5,000
St. Joseph Mercy Hospital	\$10,000
Friends of Barnabas Foundation	\$20,000
Acharya Shri Chandra College of Medical Science	\$5,000
Acharya Vinoba Bhave Rural Hospital	\$17,300
Amandeep Hospital	\$44,350
Amulya Seva Sadan	\$2,564
Ananthpuri Hospital & Research Institute	\$17,257
Apex Hospitals Pvt. Jaipur	\$6,500
Arno Schleich	\$2,500
Arora Hospitale (P) Ltd.	\$5,000
Asha Hospital	\$5,040
Asha Niketan Hospital & Research Centre	\$2,555
Ashok Hospital	\$2,500
Ashwini Hospital	\$7,500
Astha Medical Foundation	\$41,855
Baby Memorial Hospital	\$2,500
Balaji Plastic Surgery & Burn Centre	\$5,000
Bath Hospital	\$3,250
Bhagwan Mahaveer Jain Hospital	\$20,000
BKLWalawalkar Hospital	\$5,364
Bora Plastic Surgery Centre	\$12,500
Burns and Trauma Prevention Society	\$2,555
Calcutta Medical & Relief Society's	\$2,555
Cancer Hospital & Research Centre	\$5,000
Chandulal Chandrakar Hospital	\$2,500
CHL-Apollo Hospitals	\$32,800
Christan Hospital for Women & Children	\$2,555
Doctors Clinic	\$5,000
Dr. Jeyasekharan Centre for Cleft Care	\$41,800
Dr. Ram Narain Soni Hospital	\$20,800
Dr. Sushila Tiwari Memorial F H	\$950
Dr.Dahiphale Urology, Plastic Surgery	\$2,555
Eshan Hospitals	\$12,500
Faith Charitable Trust	\$2,500
G.G.Medical Institute & Research Centre	\$4,000
G.S. Memorial Plastic Surgery Hospital	\$136,090

SMILE TRAIN 13-3661416**FORM 990, PART II-OTHER GRANTS AND ALLOCATION PAID DURING THE YEAR**

G.S.L.Medical College & General Hospital	\$7,500
Ganga Medical Centre & Hospital	\$2,500
Gangaram Balmukund Superspecialty Hosp.	\$2,500
GBH American Hospital	\$2,500
Gian Sagar Medical College & Hospital	\$2,542
Godrej Memorial Hospital Mumbai	\$2,000
Goodwill Hospital & Research Centre Ltd.	\$2,500
Guru Kripa Jagriti Hospital	\$3,750
Healing, Health and Hope	\$15,000
Health Charitable Trust	\$15,355
Help Charitable Society	\$2,555
Heritage Hospital, Varanasi	\$32,915
Himalayan Institute Hospital	\$13,800
Indira Gandhi Medical College &Hospital	\$2,542
Inst.of Child & Woman Health Care	\$9,694
Institute of Child Health	\$8,370
Jaipur Golden Hospital	\$3,700
Jaju Plastic Surgical Centre	\$3,780
Janki Sewa Sansthan	\$2,555
Jubilee Mission/Charles Pinto	\$59,332
JW Global Hospital & Research Centre	\$23,120
Kailash Charitable Trust	-\$6,450
Kalinga Hospital	\$97,250
KG Petal/Medical Care Centre	\$32,100
KLES Hospital Belgaum	\$7,500
Kurji Holy Family Hospital	\$6,750
Lahane Hospital	\$32,800
LLRM Medical College	\$3,700
Lotus Hospital	\$5,000
M.L.Baheti Hospital & Research Centre	\$3,500
Maharaja Agrasen Hospital, New Delhi	\$6,400
Makunda Christian Leprosy&General Hospital	\$2,500
Marathwada Medical Research	\$2,555
Mata Chanan Devi Hospital	\$2,500
Meenakshi Mission Hospital	\$19,000
Mission of Mercy Hospital&Research Centre	\$1,500
Morris Mathias Hospital	\$5,000
Narayan Sewa Sansthan Hospital	\$2,555
New Leelmani Hospital	\$5,000
NIBA Hospital	\$7,540
Nizam Institute of Medical Sci.	\$20,190
Noble Hospital	\$2,500
Om Baby Care Hospital	\$2,555
Opal Hospital	\$62,100
Owaisi Hospital & Research Cent	\$17,800
Padhar Hospital	\$12,565
Pasricha Hospital	\$1,150

SMILE TRAIN 13-3661416**FORM 990, PART II-OTHER GRANTS AND ALLOCATION PAID DURING THE YEAR**

PG-DPS CSM Medical University	\$2,500
Poona Hospital & Research Centre	\$32,800
Postgraduate Institute Medical Education&Research	\$2,250
Principal & Controller,SMS Medical College	\$2,555
Ramakrishna Mission Sevashram - Lucknow	\$2,500
Ramkrishna Hospital	\$2,500
Ravindera Hospital	\$3,000
Regency Hospital	\$20,255
Repose Clinic & Research Centre Ltd	\$5,000
Sadrudin Memorial Hospital	\$7,555
San Jeevan Hospital & Research Center	\$5,040
Sanskriti Hospital	\$2,540
Sant Parmanand Hospital	\$7,540
Savitri Hospital	\$36,800
SDM College of Dental Sciences	\$7,500
Seba Niketan Nursing Home	\$10,047
Senthil Hospital	\$2,472
Sevayan Medical & Research Centre	\$2,500
Sharma Ravin Hospital	\$52,180
Shifa Medical Trust	\$2,555
Shija Health Care&Research Institute	\$40,815
Shree Mahavir General Hospital	\$2,540
Shri Ram Murti Smarak Trust	\$2,555
Shriram Hospital	\$5,040
Sidhu Hospital Private Limited	\$31,192
Simla Sanitarium & Hospital	\$10,000
Smt. Taramoni Devi Bajaj Charitable Trust	\$2,500
Sneha Shakti Welfare Trust	\$2,500
SNG Hospital	\$2,500
Solapur Medical Found. & Research Centre	\$2,500
Sparsh Foundation	\$5,000
Specialists' Hospital	\$5,000
Sri Mahavir Sthan Nyas Samity	\$2,500
Srishti Hosp & Research Centre (P) Ltd.	\$2,500
SRMC&RI Chennai	\$13,589
Sukh Sadan Hospital	\$2,500
SUM Hospital	\$7,500
Sun Hospital	\$5,000
Sunder Lal Jain Hospital	\$2,542
Sushrut Institute of Plastic Su	\$25,450
Swami Premdas Jalaram Hospital	\$2,500
Tang Foundation Multipurpose Society	\$2,500
Tata Main Hospital Jamshedpur	\$7,500
Tongia Heart & General Hospital	\$5,000
Tripura Medical College	\$2,500
Uma Sanjeevani Health Cen Pvt. Ltd. Co.	\$2,500
Unity Health Complex-Face	\$5,000

SMILE TRAIN 13-3661416**FORM 990, PART II-OTHER GRANTS AND ALLOCATION PAID DURING THE YEAR**

Uphar Medical Research Centre Pvt. Ltd	\$2,500
Vatsalya Maternity & Surg Centre Pvt Ltd	\$7,628
Vatsalya Sewa Samiti	\$2,500
Vijetha Hospital	\$25,300
Vikram Hospital	\$5,000
Vinayaka Mission Hospital	\$30,300
Vivekananda Polyclinic	\$16,205
Woodland Hospital	\$4,560
Yash Hospital	\$2,500
Zion Hospital & Research Centre	\$2,500
Accu Plastic Clinic	\$93,750
Australian Craniofacial Institute	\$75,000
Bandung Cleft Lip & Palate Center	\$50,000
Malahayati Hospital	\$50,000
Medical Faculty Muhammadiyah U	\$62,500
Puma Foundation	\$25,000
RISA Hermina Podomoro	\$25,000
RS AiBee	\$25,000
RS Al-Irsyad	\$25,000
RS Bina Estetika	\$50,000
RS Haji	\$25,000
RS Ibnu Sina	\$50,000
RS Islam Klaten	\$25,000
RS Pantj Waluyo Surakarta	\$25,000
RS RK Charitas	\$25,000
RS Urip Sumoharjo	\$25,000
RS YPR	\$25,000
RSUD Ulin Banjarmasin	\$50,000
St. Carolus Health Services	\$25,000
Yayasan Kasih Bumi Nyiur	\$25,000
Yayasan Kertha Usada	\$12,500
Yayasan Pembina Penderita Celah Bibir Dan Langit-Langit (YPPCBL)	\$150,000
Ahmed Abdul Kareem Mohammed Nawres	\$35,000
Embu PGH/Smile Train	\$18,000
Evans Sunrise Medical Centre	\$12,500
Gertrude's Garden Children's Hospital	\$65,000
Tenwek Hospital	\$6,000
Mahosot Hospital	\$10,800
John F. Kennedy Medical Center	\$10,000
Centre Chirurgical Pour l'Enfant Petit Morabitoum	\$65,000
Asociacion Silverio Perez Gutierrez	\$7,500
Cambiando Sonrisas, A.C.	\$12,500
Cirugia Plastica y Reconstructiva Toczah	\$30,000
Clinica de Labio y Palador	\$10,000
Florida Hospital SHARES	\$19,250
Gilay SA de CV	\$25,000
Hospital General Dr.Manuel Gea Gonzalez	\$16,600

SMILE TRAIN 13-3661416**FORM 990, PART II-OTHER GRANTS AND ALLOCATION PAID DURING THE YEAR**

Hospital General Zacatecas	\$15,000
Hospital Infantil de Morelia Clinica de Labio Y Paladar Hendido	\$50,000
Institucion Renacer	\$75,000
Mil Sonrisas	\$12,500
Proyecto Cara Feliz, A.C.	\$25,000
Sonrisas	\$10,000
Thousand Smiles Foundation	\$10,000
Beira Central Hospital	\$2,500
HAMS Heritage Hospital	\$5,000
Sushma Koirala Memorial Hospital	\$15,000
Universal College of Medical Sciences	\$2,500
Nicaplast	\$10,000
Amino Kano Teaching Hospital	\$25,000
Federal Medical Centre	\$20,000
Lagos State Ministry of Health	\$30,000
Lagos University Teaching Hospital	\$20,860
Nakowa Specialist Hospital	\$75,000
National Hospital	\$8,000
National Orthopaedic Hospital, Igbobi	\$24,000
Obafemi Awolowo University Teaching Hospital	\$44,428
University College Hospital, Ibadan	\$6,750
University of Harcourt Teaching Hospital	\$20,000
University of Maiduguri Teaching Hos.	\$25,000
Al-Mustafa Medical Center Cleft Program	\$40,000
Aman Hospital	\$20,000
Amin Plastic&Reconstructive Surg. Hosp.	\$47,750
Cleft Lip & Palate Assoc. of Pakistan	\$240,000
Hayatabad Medical Complex	\$30,000
Healthcare & Social Welfare Assoc.	\$20,000
House of Charity	\$150,000
Surgical Arts	\$30,000
Asociacion Paz Holandesa	\$12,500
Centro de Cirugia Plastica Y Estertica	\$5,000
Cirplast	\$275,000
Komedyplast	\$20,087
Cagayan de Oro Polymedic General Hospital	\$32,000
Capitol University Medical City	\$20,000
Cebu City Medical Center	\$20,000
DeLaSalle University Medical Centre	\$24,000
Iloilo Doctors Hospital	\$45,000
Impact Foundation Philippines	\$84,000
Mabuhay Deseret Foundation	\$60,000
Maharlika Charity Foundation	\$135,661
Makati Medical Center-Aesthetic Center	\$20,000
Masonic Char. for Crippled Children, Inc.	\$7,500
Medicard Philippines, Inc.	\$20,000
Mijares-Gurango Craniofacial Foundation	\$40,000

SMILE TRAIN 13-3661416**FORM 990, PART II-OTHER GRANTS AND ALLOCATION PAID DURING THE YEAR**

Noordhoff Craniofacial Foundation	\$175,000
North-West Mindanao Society of Otolaryngol	\$45,000
Our Lady of Lourdes Hospital	\$160,000
Our Lady of Peace Noordhoff Craniofacial Foundation	\$180,000
Philippine Band of Mercy	\$298,750
Ruel Foundation	\$10,000
St. Elizabeth's Hospital for Children	\$138,250
St. Frances Cabrini Medical Center	\$30,000
St.Scholastica's Bacolod Alumnae	\$45,000
Alliance for Smiles	\$257,356
CLEFT	\$50,000
CURE International	\$3,562
Interplast	\$1,420,000
Mercy and Sharing	\$25,000
Smile Network	\$207,500
Surgical Volunteers International	\$70,000
Interpast Germany	\$12,000
Cleft Lip & Palate Society Sri Lanka	\$2,000
CCBRT Disability Hospital	\$80,000
Chiangmai Hospital	\$10,000
Cleft Team Phrae Hospital	\$5,000
Duangkaew Foundation	\$20,000
Khon Kaen University	\$5,000
Plastic Surgery,Maharat Nakhon Ratchasima	\$5,000
Samutsakhon Hospital	\$5,000
Saraburi Hospital	\$10,000
Smile Train at Uttaradit Hospital	\$5,000
Smile Train Fund, Buriram	\$5,000
Songklanagarind Hospital	\$8,000
Surgical Dept Fund of Chonburi Hospital	\$5,000
Comprehensive Rehab Services in Uganda	\$160,000
Interface Uganda Total	\$55,150
Uganda Burns & Plastic Surgery Institute	\$20,000
Smiles International Foundation	\$25,000
US Cleft Team Grants	\$13,000
Back Pack Program	\$358,484
Medical Exchange Program	\$104,000
Virtual Surgery Program Grants	\$80,090
Operacion Esperanza	\$40,000
	\$14,032,778

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

SMILE TRAIN, INC'S PRIMARY PURPOSE IS HELPING CHILDREN BORN WITH CLEFT LIP AND PALATE. ITS MISSION IS PROVIDING FREE TREATMENT FOR CHILDREN IN NEED WORLDWIDE, TRAINING AND EDUCATION FOR DOCTORS AND SUPPORTING RESEARCH EFFORTS AIMED AT FINDING A CURE OR WAYS OF PREVENTING CLEFTS.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
MARKETABLE SECURITIES	107,122,810.	FMV

TOTALS	107,122,810.	
	=====	

SMILE TRAIN, INC.

13-3661416

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
SECURITY DEPOSIT	28,449.

TOTALS	28,449.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION

AMOUNT

UK AFFILIATE

22,859,880.

INTERCOMPANY ELIMINATIONS

-21,366,929.

INVESTMENT MANAGEMENT FEE

-196,652.

TOTAL

1,296,299.
=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
UK AFFILIATE	21,634,130.
INTERCOMPANY ELIMINATIONS	-21,366,929.

TOTAL	267,201.
	=====

SMILE TRAIN, INC.

13-3661416

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

DESCRIPTION

AMOUNT

INVESTMENT MANAGEMENT FEES

196,652.

TOTAL

196,652.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES
=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
CHARLES B. WANG 41 MADISON AVE, 28TH FLOOR NEW YORK, NY 10010	CHAIRMAN	NONE	NONE	NONE
MARK E. ATKINSON 41 MADISON AVE, 28TH FLOOR NEW YORK, NY 10010	BOARD MEMBER	NONE	NONE	NONE
ROBERT T. BELL 41 MADISON AVE, 28TH FLOOR NEW YORK, NY 10010	BOARD MEMBER	NONE	NONE	NONE
DONALD B. MURPHY 41 MADISON AVE, 28TH FLOOR NEW YORK, NY 10010	BOARD MEMBER	NONE	NONE	NONE
ROBERT K. SMITS, ESQ. 41 MADISON AVE, 28TH FLOOR NEW YORK, NY 10010	BOARD MEMBER	NONE	NONE	NONE
SUSANNAH SCHAEFER 41 MADISON AVE, 28TH FLOOR NEW YORK, NY 10010	BOARD MEMBER	NONE	NONE	NONE
BRIAN MULLANEY *	PRESIDENT & CO-FOUNDER 40.00	622,253.	34,001.	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
41 MADISON AVE, 28TH FLOOR NEW YORK, NY 10010				
DELOIS GREENWOOD 41 MADISON AVE, 28TH FLOOR NEW YORK, NY 10010	VICE PRESIDENT 40.00	210,000.	34,220.	NONE
HANA FUCHS 41 MADISON AVE, 28TH FLOOR NEW YORK, NY 10010	VP-FINANCE AND ADMINISTRATION 40.00	188,500.	23,872.	NONE
SHELL XUE 41 MADISON AVE, 28TH FLOOR NEW YORK, NY 10010	CHIEF PROGRAM OFFICER-CHINA 40.00	180,198.	12,721.	NONE
PRISCILLA MA 41 MADISON AVE, 28TH FLOOR NEW YORK, NY 10010	VP-MARKETING 40.00	160,052.	20,747.	NONE
	GRAND TOTALS	1,361,003.	125,561.	NONE

*100% OF MR BRIAN MULLANEY'S COMPENSATION, BENEFITS AND ALL TRAVEL EXPENSES ARE PAID FOR FROM THE TEMPORARILY RESTRICTED FUNDS SET UP BY FOUNDING BOARD MEMBERS TO COVER OVERHEAD AND FUNDRAISING (NON PROGRAM) EXPENSES

FORM 990, PART V-A RELATIONSHIP SCHEDULE

=====

RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC:	CHARLES B. WANG
NAME OF RELATED ENTITY:	NEULION
NAME OF OFFICER, DIRECTOR, ETC:	DONALD B. MURPHY
NAME OF RELATED ENTITY:	BROWN BROTHERS

SMILE TRAIN, INC.

13-3661416

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
BRIAN MULLANEY * THE SMILE TRAIN UK SUBSIDIARY	NA	190,000.	NONE	NONE
GRAND TOTALS		190,000.	NONE	NONE

*100% OF MR. BRIAN MULLANEY'S COMPENSATION, BENEFITS AND ALL TRAVEL EXPENSES ARE PAID FOR FROM THE TEMPORARILY RESTRICTED FUNDS SET UP BY FOUNDING BOARD MEMBERS TO COVER OVERHEAD AND FUNDRAISING (NON PROGRAM) EXPENSES

FORM 990, PART VI, LINE 90A - STATES
=====

AL, AK, AZ, AR, CA, CO, CT, FL, GA,
HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM,
NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

FORM 990, PART VI, LINE 91B - FOREIGN COUNTRIES

=====

UNITED KINGDOM

INDIA

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
KAREN LAZARUS 41 MADISON AVE, 28TH FLOOR NEW YORK, NY 10010	MANAGER 40.00	153,959.	30,228.	NONE
MICHELE SINESKY 41 MADISON AVE, 28TH FLOOR NEW YORK, NY 10010	DONORS RELATION MGER 40.00	109,875.	26,646.	NONE
TROY REINHART 41 MADISON AVE, 28TH FLOOR NEW YORK, NY 10010	DATABASE MANAGER 40.00	98,025.	16,677.	NONE
SHARI MASON 41 MADISON AVE, 28TH FLOOR NEW YORK, NY 10010	MRKETING COORDINATOR 40.00	54,875.	13,633.	NONE
SARAH ROTHWELL 41 MADISON AVE, 28TH FLOOR NEW YORK, NY 10010	PROGRAM ASSOCIATE 40.00	56,615.	10,563.	NONE
	TOTAL COMPENSATION	----- 473,349. =====	----- 97,747. =====	----- NONE =====

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.
=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
MITCHELL & TITUS, LLP ONE BATTERY PARK PLAZA, 27TH FLOOR NEW YORK, NY 10004	ACCOUNTING	85,330.
SATISH KALRA NEW DELHI INDIA	INDIA CONSULTANT	195,500.
KEN CLARK INTERNATIONAL 2000 LENOX DRIVE LAWRENCEVILLE, NJ 08648	SEARCH FIRM	263,120.
FRANCISCO FLORES MEXICO	CONSULTANT	133,000.
ROGELIO LA O PHILIPPINES	CONSULTANT	120,108.
JOHN ANDERSON BRAZIL	BRAZIL CONSULTANT	87,500.
TOTAL COMPENSATION		----- 884,558. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.
=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
TARGET MARKETEAM 1050 CROWN POINTE PKWY, 18FL ATLANTA, GA 30338	MARKETING CONSULTANT	272,000.
KOALA DESIGN 50 PARK AVE. NEW YORK, NY 10016	MARKETING CONSULTANT	120,000.
NEULION, INC. 1537 OLD COUNTRY RD. PLAINVIEW, NY 11803	DATABASE CONSULTANT	120,000.
FERRIS CONSULTING CORP. 11 BROADWAY, 4TH FL. NEW YORK, NY 10004	IT CONSULTING	151,810.
TOTAL COMPENSATION		----- 663,810. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
=====

SEE FORM 990, PART V

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A
=====

SEE ATTACHED STATEMENT



The Smile Train
41 Madison Ave, 28th Floor, New York, NY 10010, USA
Tel 212.689.9199 Fax 212.689.9299
info@smiletrain.org www.smiletrain.org

Partnership and Grant Principles & Guidelines

The Smile Train funds hundreds of programs throughout the world dedicated to helping poor children with cleft lip and palate and improving the safety and quality of cleft care. This list of guidelines has been developed to clarify our principles and the grant approval process.

10 Principles of The Smile Train

1. Insure patient safety—our #1 priority.
2. Focus exclusively on the problem of clefts
3. Foster self-sufficiency through free training and education.
4. Provide free surgery for children who can't afford it.
5. Embrace an interdisciplinary team approach.
6. Invest in research to find a way to prevent clefts.
7. Leverage technology to accelerate learning results.
8. Partner with other cleft organizations and share resources
9. Operate the most cost-efficient cleft organization in the world
10. Work ourselves out of a job

General Guidelines

- The Smile Train funds programs and projects that exclusively focus on helping children with cleft lip and palate.
- We fund treatment for poor children in developing countries through partnerships with local medical professionals, hospitals, and organizations.
- The Smile Train does not fund treatment missions unless there is no other source of cleft treatment within the country.
- The Smile Train funds programs that help the maximum number of children for the minimum amount of money.
- We do not fund large capital expenses such as the construction or maintenance of facilities, or major equipment expenditures.
- Smile Train funds should not replace any other existing funding source.

Treatment Partnerships

- Treatment Partnerships involve an on-going relationship with The Smile Train and require a long-term commitment.
- The goal of a Treatment Partnership is to help provide free surgical treatment for children who would not otherwise be helped.
- Treatment Partnerships significantly increase the number of cleft surgeries performed at a qualified hospital/center.
- Treatment Partners must meet and adhere to The Smile Train Safety and Quality Improvement Protocol.
- Treatment Partners are reimbursed based on the number of patients treated
- All Treatment Partners are required to participate in Smile Train Express, an online patient record-keeping database.
- The Smile Train only funds the following cleft surgeries: Primary Lip/Nose Unilateral Repair, Primary Lip/Nose Bilateral Repair, Primary Cleft Palate Repair, Fistula Repair, Secondary Cleft Palate (Velopharyngeal) Repair, Lip/Nose Revision, Alveolar Bone Graft.
- Funding ranges from \$25,000 to \$500,000 a year.

Treatment Grants

- Treatment Grants are one-time grants for medical professionals, hospitals, and organizations that provide treatment for poor children with clefts in developing countries, but who may not meet the requirements to become a Treatment Partner.
- Treatment Grants are designed to supplement care for children who would not otherwise receive help through free treatment (i.e. surgery, orthodontia, speech therapy), improving the quality of treatment, or providing for related expenses such as equipment, outreach programs, patient travel, etc.
- Treatment Grants may also be designated for a specific project or need that helps poor children with cleft lip and palate.
- Grants range from \$500 to \$25,000.
- First-time grant applicants may apply for a maximum of \$10,000.

Education & Training Grants

- Education & Training Grants are designed to improve the safety and quality of cleft care performed by existing cleft care professionals.
- Preference is given to those who are involved in Smile Train Treatment Programs.
- Education & Training Grants are designed to support in-country training and education, not U.S.-based training.
- Education and training sponsored by The Smile Train should lead to improved treatment for poor children.
- The grants are not designed for training fellowships in developed countries.
- The grants are not intended for funding individual travel needs to conferences/symposiums.
- Grants range from \$500 to \$25,000.
- First-time grant applicants may apply for a maximum of \$10,000

Applications are reviewed throughout the year. Only complete applications will be reviewed. Normally applicants may expect to receive notification within six weeks of submitting a complete application.



The Smile Train
41 Madison Avenue, 28th Floor, New York, NY 10010, USA
Tel 212.689.9199 Fax 212.689.9299
info@smiletrain.org www.smiletrain.org

Treatment Partnership Application

WHAT Smile Train Treatment Partnerships are designed to help medical professionals, hospitals, and organizations who provide care for poor children with clefts in developing countries. These partnerships involve long-term commitment and offer the highest level of Smile Train support. The goal is to help provide free surgical treatment for children who would not otherwise be helped, and significantly increase the number of cleft surgeries performed at a qualified hospital/center. Applicants for Treatment Partnerships must be able to meet the standards of The Smile Train Safety and Quality Improvement Protocol

HOW Review The Smile Train Safety and Quality Improvement Protocol. If your organization can adhere to these standards, complete this application and submit it with the following: **1)** Curriculum Vitae (CV) of the medical professional(s) overseeing the project, **2)** sample cleft cases with pre and post-operative photos, **3)** letters of reference, **4)** background information on the hospital/clinic/organization and a history of the cleft treatment programs. Send to: The Smile Train, 41 Madison Avenue, 28th Floor, New York, NY 10010, USA.

About You

Applicant		Title	
Hospital/Organization		Are you a non-profit organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	State/Province	Postal code	Country
Telephone	Fax	Email	Web site

About Your Cleft Care Program

Medical professional(s) overseeing the project *(Please submit CV)*

Number of years your organization has been involved with cleft care _____	Does your center provide interdisciplinary team care? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(Specify)</i>
	<input type="checkbox"/> Plastic surgery <input type="checkbox"/> Oral-maxillofacial surgery <input type="checkbox"/> Dentistry <input type="checkbox"/> Speech pathology <input type="checkbox"/> Orthodontics <input type="checkbox"/> Other. _____

Does your facility have experience providing pediatric anesthesia?

☐ No ☐ Yes *(Specify)*

Number of beds your hospital/organization has _____	Number of children with clefts who receive surgical care at the hospital/center each year _____
---	---

Do you currently provide free or discounted care for poor children? ☐ Yes ☐ No

If yes, please describe

How a Smile Train Grant Will Help You

Amount requested \$ _____	How many additional children will receive cleft treatment in a year as a result of this grant? _____
---------------------------	--

How will this grant improve the quality of cleft care provided?

Please describe how your organization will be able to significantly increase the number of cleft surgeries performed.

Please attach any additional information as needed.

I certify that the information in this application is true and accurate

Signed	Name	Title	Date
--------	------	-------	------

Purpose: This document describes the requirements that must be met by health care organizations performing cleft surgeries funded by The Smile Train. The safety of the patient is always our # 1 priority. This Safety and Quality Improvement Protocol outlines the basic elements needed to insure safe surgeries and to provide for the ongoing review and improvement of the quality of care.

Part 1: The Quality Review Process

Requirement 1.1: Keep complete, organized and accurate records of care received by patients funded by The Smile Train, BY:

- Using the Patient Medical Record for all patients undergoing Smile Train-sponsored cleft surgeries. The health care facility agrees that these patient records will be used as part of The Smile Train Express, a free, global, cleft care database (www.smiletrainexpress.org)

Requirement 1.2: Have an organized process for the review of the results of surgeries by clinical staff, BY:

- Having a regularly scheduled meeting at which members of the medical staff (surgeons and anesthesiologists) review all patient records (see Requirement 1.1) no less than every 4 months, discuss surgical results and sentinel events (see Requirement 1.3), if any, and discuss opportunities for improvement in the quality of surgeries.
- The health care facility will keep minutes of these meetings which local partners will review to assess the quality review process.

Requirement 1.3: Promptly review all sentinel events. A sentinel event is an unexpected event involving death or serious physical or psychological injury. Examples of sentinel events include, but are not limited to, patient death, cardiac arrest, respiratory arrest, stroke, aspiration, or aspiration pneumonia, BY:

- Reporting the occurrence of all sentinel events to local partners within 24 hours of the event's occurrence, by telephone or email. Local partners will report these events to The Smile Train main office in New York, by telephone or email, within 24 hours. Local partners will be responsible for obtaining confirmation from The Smile Train that this notification has been received.
- Completing and submitting The Smile Train's Initial Event Form (Part One of the Sentinel Event Report) to the local partner within five (5) working days of the event. The local partner will immediately forward this form to The Smile Train main office in New York.
- Reviewing the circumstances surrounding the sentinel event in order to understand causes, and developing system changes to educate involved personnel in order to improve patient care and safety and to prevent a repeat occurrence. In conducting this review, the facility will follow the format of The Smile Train's Event Analysis Form (Part Two of the Sentinel Event Report). The facility may, if it wishes, also submit a narrative report of the event. The facility will submit the Event Analysis Form and a copy of the patient's chart (containing all pre- and post-operative records, including the anesthesia record, the recovery room record, all physician and nursing progress notes, lab reports, operative reports, and preoperative history/physical) with optional additional narrative, to its local partner within 30 calendar days of the event. Local Partners will forward the Sentinel Event Report (Parts One and Two) to The Smile Train main office in New York within 24 hours of their receipt of the reports.

Part 2: The Selection of Patients for Cleft Surgery

Requirement 2.1: Have a process in place to ensure patients selected for surgery are healthy enough to undergo the surgery safely, BY:

- Ensuring that every patient undergoing cleft surgery has received a complete history and physical exam and health clearance from a primary care physician (pediatrics or family practice) familiar with the average health status and common health problems of the locality in which the health care facility is located.
- The history and physical exam should include basic lab work to rule out anemia and respiratory or urinary tract infection. Severely underweight children should be examined for gastrointestinal parasites and treated preoperatively if possible. Consideration should be given to preoperative malaria screening and prophylaxis in endemic areas.
- The Smile Train will not sponsor surgery for any patient who, in this history and physical exam, is found to be at high risk of developing anesthesia problems peri- or post-operatively. All patients undergoing Smile Train-funded surgeries must qualify for American Society of Anesthesiology (ASA) physical status class 1 or class 2. [ASA class 1 patients have no organic, physiologic, biochemical, or psychiatric disturbance and the pathologic process for which the operation is to be performed is localized and does not entail a systemic disturbance. ASA class 2 patients are those with mild to moderate systemic disturbance caused either by the condition to be treated surgically or by other pathophysiologic processes, including the otherwise healthy child with cleft lip or palate.]

Part 3: The Surgery

Requirement 3.1: Be capable of providing anesthesia safely to young children, BY:

- Having anesthesia provided by an anesthesiologist with experience caring for small children as documented by the cases done by that anesthesiologist/ anesthetist during the preceding 24 months.
- Using anesthesia machines and (or preferably, with) carbon dioxide monitors or having, at a minimum:

- Vaporizers for Halothane
- A functioning oxygen supply
- A sufficient drug formulary including antibiotics, I V hypnotics (e.g., thiopental), I.V and oral analgesics, muscle relaxants (e.g. succinylcholine) and emergency drugs (e.g., atropine, lidocaine, dexamethasone)
- An up-to-date reference book on pediatric anesthesia.
- Using pulse oximeters, appropriately sized for children, during surgery and having appropriately sized blood pressure cuffs and precordial stethoscopes.
- Having and using other anesthesia equipment (including endotracheal tubing, IV catheters and tubing, oral airways, masks, laryngoscopes and laryngoscopic blades, stylettes, circuits, suction catheters, disposable needles and syringes) sized appropriately for the age of the child.
- **All of this equipment must be in good working order. If any of the specified equipment is not functioning properly, surgeries sponsored by The Smile Train must be suspended.**
- Recording the details (heart rate, blood pressure, ventilatory data, agents and drugs administered, etc.) of each anesthetic on a standard form and filing the form for later review.

Requirement 3.2: Have surgeons qualified to perform cleft surgery, BY:

- Using surgeons to perform the cleft surgery who are trained to perform and have experience in surgery for cleft lip and palate.

Requirement 3.3: Perform cleft surgeries as one regularly-occurring part of an ongoing surgical program, BY:

- Demonstrating to the local partner that cleft surgeries occur regularly through sharing of information on surgical schedules.
- Demonstrating to the local partner that the facility has experience in the delivery of cleft surgery by having performed cleft surgeries in the past year.

Requirement 3.4: Provide a safe surgical environment, BY:

- Having experienced operating room personnel.
- Having staff familiar with sterile technique and working sterilizing machines.
- Having ability to coagulate bleeders intraoperatively.
- Having the anesthesia capability described under Requirement 3.1.

Part 4: Post-Surgical and Emergency Care

Requirement 4.1: Provide safe post-anesthesia care, BY:

- Having a policy and procedure that anesthesiologists extubate patients when they are awake enough to have a return of normal upper airway reflexes.
- Having a surgeon immediately available in the operating room suite until the patient is breathing spontaneously, is extubated, and has a clear airway.
- Having a designated unit for post-anesthesia care which is adjacent to or in the OR suite.
- Having a clearly delineated medical chain of command, communication and responsibility for care of children in the first 24 hours after cleft surgery. This includes the ready availability of a physician capable of treating any complications that might occur.
- Having and using pulse oximeters (again, appropriately sized for children) to monitor post-anesthesia care patients
- Staffing the post-anesthesia care unit with clinical staff with training in recovery care and who have post-anesthesia care as a regular part of their job. The training in recovery care must include how to recognize hypo/hypertension, airway obstruction, respiratory depression and hypoxemia as detected by a pulse oximeter.
- Having sufficient numbers of skilled post-anesthesia staff that individualized observation is possible the first night after surgery. Specifically, all patients in the recovery area must be monitored by a nurse until they are fully awake and crying and all patients must be assessed at regular, frequent intervals for post-operative bleeding

Requirement 4.2: Be able to intervene to provide intensive care if a patient requires it, BY:

- Having written protocols in place and known by the staff for emergency care, triage, CPR, and blood transfusions.
- Having on-site and immediately available a suctioning machine, resuscitative medicines, an oxygen delivery system and oxygen supply, an ECG and blood pressure monitors, and resuscitation equipment.
- Having the ability to intubate children and support their breathing with mechanical ventilators and provide 24-hour monitoring by trained clinical staff; or by
- Having a current, functioning transfer agreement with a health care facility that can provide this type of intensive care.

I have read the Smile Train Safety and Quality Improvement Protocol, and certify that _____ (organization/hospital) meets and will adhere to these requirements.

Signed	Name	Title	Date
--------	------	-------	------



The Smile Train
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Treatment Grant Application

WHAT Smile Train Treatment Grants are designed to help medical professionals, hospitals, and organizations who provide treatment for poor children with clefts in developing countries. The goal is to help children who would not otherwise receive care through free treatment (i.e. surgery, orthodontia, speech therapy), improving the quality of treatment, or providing for related expenses such as equipment, outreach programs, patient travel, etc

HOW Submit this application with the following: **1)** Curriculum Vitae (CV) of the medical professional(s) overseeing the project, **2)** sample cleft cases with pre and post-operative photos, **3)** letters of reference, **4)** background information on the hospital/clinic/ organization and a history of the cleft treatment programs. Send to: The Smile Train, 41 Madison Ave. 28th Floor, New York, NY 10010, USA.

About You

Applicant		Title	
Hospital/Organization		Are you a non-profit organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	State/Province	Postal code	Country
Telephone	Fax	Email	Web site

About Your Cleft Care Program

Medical professional overseeing the project <i>(Please submit CV)</i>	Number of years your organization has been involved with cleft care	Number of beds your hospital/organization has
--	--	--

Average cost for

Primary lip/nose unilateral	\$ _____	Number treated per year _____	Secondary cleft palate	\$ _____	Number treated per year _____
Primary lip/nose bilateral	\$ _____	Number treated per year _____	Lip/nose revision	\$ _____	Number treated per year _____
Primary cleft palate	\$ _____	Number treated per year _____	Alveolar bone graft	\$ _____	Number treated per year _____
Fistula	\$ _____	Number treated per year _____	Auxiliary services <i>(specify)</i>	\$ _____	Number treated per year _____

Do you currently provide free or discounted care for poor children? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe
---	--------------------------------

How a Smile Train Grant Will Help You

Amount requested \$ _____	This grant will enable you to <i>(Please attach description)</i> <input type="checkbox"/> Help treat additional poor children with clefts <input type="checkbox"/> Improve the quality of cleft care you provide
----------------------------------	---

Please attach any additional information as needed.

I certify that the information in this application is true and accurate

Signed	Name	Title	Date
---------------	-------------	--------------	-------------



The Smile Train
41 Madison Ave, 28th Floor, New York, NY 10010, USA
Tel 212.689.9199 Fax 212.689.9299
info@smiletrain.org www.smiletrain.org

Education & Training Grant Application

WHAT Smile Train Education & Training Grants are designed to help medical professionals, hospitals, and organizations improve the proficiency, safety, and quality of cleft care provided for poor children in developing countries. These grants may be used towards symposiums, workshops, team building, one-on-one training, materials development, visiting professors, training missions, etc

HOW Submit this application with the following. **1)** Curriculum Vitae (CV) of the medical professional(s) overseeing the project, **2)** background information on the project and the host institution **3)** a draft symposium or training agenda (if applicable) **4)** a program budget Send to: The Smile Train, 41 Madison Ave, 28th Floor, New York, NY 10010, USA

About You

Applicant		Title	
Hospital/Organization		Are you a non-profit organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	State/Province	Postal code	Country
Telephone	Fax	Email	Web site

About the Program

Medical professional overseeing the project <i>(Please submit CV)</i>	Who will do the training?	Experience as a cleft care trainer
Format and objectives (if a symposium, include dates and location)	Suggested faculty , including faculty titles and affiliations, and proposed topics, if applicable	
How the educational program will be evaluated	Academic/medical school sponsor , and Continuing Medical Credits, if applicable	Any fees/scholarships/discounts that are involved

How a Smile Train Grant Will Help

Amount requested \$_____	Number of medical professionals to be trained	Type of medical professionals trained
Length of training	Type of training	Number of poor children who will receive cleft care during the training

How will this grant improve the quality of cleft care provided? *(Please explain)*

Please attach any additional information as needed.

I certify that the information in this application is true and accurate.

Signed	Name	Title	Date
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The Smile Train
41 Madison Ave, 28th Floor, New York, NY 10010, USA
Tel 212.689.9199 Fax 212.689.9299
info@smiletrain.org www.smiletrain.org

Treatment & Education Grant Application

WHAT Smile Train Treatment & Education Grants are designed to help support Mission Groups who provide treatment for poor children with clefts and education and training for medical professionals in developing countries. The goal is to help children who would not otherwise receive care through free treatment (i.e. surgery, orthodontia, and speech therapy), improving the quality of treatment, or providing for related expenses such as equipment. These grants are also designed to help medical professionals in developing countries improve their proficiency, safety, and quality of cleft care provided.

WHO Mission Groups providing treatment for poor children and/ or education for medical professionals in developing countries

HOW Review the Guidelines below and then submit the completed application with the following attachments: **1)** Curriculum Vitae (CV) of the medical professional(s) overseeing the project, **2)** background information on your mission group, **3)** 5 sample cleft cases with pre and post-operative photos, **4)** organizational budget. Send to: The Smile Train, 41 Madison Ave, 28th Floor, New York, NY 10010, USA

The Smile Train Guidelines For Mission Groups

- Missions must be focused primarily on providing treatment for poor children with clefts in developing countries.
- Do not send missions to sites where there is a local Smile Train partner (visit our website at www.smiletrain.org for a list of locations).
- The leaders of the mission must be board certified surgeons and anesthesiologists actively involved in cleft care.
- Surgical fellows and residents must operate under close supervision.
- You must use appropriate medical equipment for safety and quality (e.g. pulse oximeter)
- Whenever possible, missions should include training and education of local medical professionals.
- Submit all patient records on Smile Train Express (www.smiletrainexpress.org)

About You

Applicant		Title	
Organization		Are you a non-profit organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	State/Province	Postal code	Country
Telephone	Fax	Email	Web site

About Your Organization

Name of medical professional(s) overseeing the project <i>(Please submit CV)</i>		Number of years your organization has been involved with cleft care <i>(Please submit supporting background information)</i>	
Total number of cleft surgeries your organization has done <i>(Please submit 5 sample cases)</i>	Countries your missions have served		
Cost per mission <i>(Please submit Organizational Budget)</i>	Cleft surgeries per mission	Cost per cleft surgery	
Can you do incremental missions with increased funding?	Do you train and educate medical professionals on your missions? If yes, please describe.		

How a Smile Train Grant Will Help You

Amount requested \$ _____	How will this grant will enable you to help treat additional poor children with clefts and/or improve the quality of cleft care you provide? <i>(Please attach description)</i>
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I certify that the information in this application is true and accurate and verify that my organization will agree to The Smile Train Guidelines as set forth above

Signed	Name	Title	Date
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Please send reports via email to jblackwood@smiletrain.org or mail to: Janet Blackwood, Program Associate, at the address above.

SCHEDULE A, PART IV-A - OTHER INCOME

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DESCRIPTION -----	2006 ----	2005 ----	2004 ----	2003 ----	TOTAL -----
OTHER REVENUE	46,664.	2,868,234.	512,882.	1,191.	3,428,971.
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TOTALS	46,664.	2,868,234.	512,882.	1,191.	3,428,971.
	=====	=====	=====	=====	=====

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization SMILE TRAIN, INC.	Employer identification number 13-3661416
	Number, street, and room or suite no. If a P O box, see instructions 41 MADISON AVE, 28TH FLOOR	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions NEW YORK, NY 10010	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **VP FINANCE**

Telephone No **212 689-9199**

FAX No

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **N/A**. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **05/15/2009**

5 For calendar year , or other tax year beginning **07/01/2007** and ending **06/30/2008**

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$ NONE
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature

Title

Date

MITCHELL & TITUS, LLP
ONE BATTERY PARK PLAZA
NEW YORK, NY 10004

Form **8868** (Rev 4-2008)