Cumulative	e-File History 2014
	Federal
Locator:	97064P
Taxpayer Name:	Operation Smile, Inc.
Return Type:	990, 990
Submitted Date:	12/21/2015 11:32:17
Acknowledgement Date:	12/21/2015 11:56:06
Status:	Accepted
Submission ID:	54028020153555000000

Parture       Declaration of Officer         6       I authorize the U.S. Treasury and its designated Financial Institution account indicated in the tax preparation software for payment of thin organizations federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment information necessare to answer inquities and resolves user lateket to the U.S. Treasury Financial Agent at 1888-033-057 no later than 2 busines days prior to the payment (settlement information necessare) to answer inquities and resolve subsue related to the payment.         1       a copy of this return is being filed with a state agency(ise).       If a copy of this return is being filed with a state agency(ise).         Under penatize of perityr, I decirare that I am an officer of the above named organization and that I have examined a copy of the selected state agency(ise).         Under penatize of perityr, I decirare that I am an officer of the above named organization and that I have examined a copy of the date of any return allowing disclosure by the IRS fed/State program. I constitute the selection is the payment of the best of my knowledge and belief, they are true correct, and complete. I further does and secondarying achebules and statements, and to the best of my knowledge.         Note:       I a copy of this return organization's return and that the entries on Form 8453-50 are complete and correct to the best of my knowledge.         Sign       I a copy of the second the second this from accurately reflects the date of any refund.         I be the return of officer       I a copy of the return and on the copy and belief. They are the correct, and context to the best of my knowledge.	Form 845	3-EO	Exempt Orga	nization Declara Electronic F	tion and Signa iling	ture for	OMB No. 1545-1879
Internal Backs         Employer Identification number           OPERATION SMTLE, INC.         54-1460147           Form Type of Return and Return Information (Whole Dollars Only)         54-1460147           Check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, the was line 1b, 5a, 5b, 4b, or 5b, which here is a performance on the neturn. If yo there the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, the enter -0, if you entered -0 on the return, the enter -0 on the applicable line bolow. Do not complete more than one line in Paril.           1a Form 980-DC Lenck here ▶         b Total revenue, fany (Form 980-PE, Pari VI, line 51)         2b           2a Form 980-PF Check here ▶         b Total revenue, fany (Form 980-PE, Pari VI, line 50)         2b           4a Form 980-PF Check here ▶         b Total tax (Form 120-POL, line 22)         2b           4a Form 980-PF Check here ▶         b Total tax (Form 1886, Pari I, line 3c or Pari II, line 8c)         6b           CPCII         Declaration of Officer         b Total tax (Form 8883, Pari I, line 3c or Pari II, line 8c)         6b           1a undertain the US. Treeury Financial Agent to Insteate approximation developer parent on adverse to payment of taxas to receive confidentia information networking indeveloper line taxis and taxe approximation developer line taxis taxe approxi		Fo	or calendar year 2014, or tax	year beginning07/01	, 2014, and ending C	<u>6/30,20</u> <u>1</u>	5- 2011
Name at example question Employer identification number   OPERATION SMTLE, INC. 54-1460147   Check the box for the type of faturn being field with Form 8453-EO and enter the applicable amount, if any, from the return, they active the box on the type at the set of the box on the target at the set of the factor was blank, the set of the box on the type at the set of the box on the target at the set of the factor was blank, the set of the type at the target at the set of the type at typ			For use with	th Forms 990, 990-EZ, 990	-PF, 1120-POL, and 8	868	
Type of Return and Return Information (Whole Dollars Only)         Check the box for the type of return being field with Form 8453-EO and enter the applicable amount. If any, from the return, the neutron. If yo check the box on the 14, za, as, 4e, or 5b botter and the amount on that lines of the return being field with its form was blank, the seven lines of the return being field with this form was blank. The seven is applicable line botter -0, or the seven lines on the return. The enter -0 on the seven line to the return, the enter -0 on the return. The enter -0 on the return being field with the seven line in Part I.         1a Form 990-EZ check here ▶       >       >       Total tax (form 1102-POL, line 52)       >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>						Employ	er identification number
Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If yo check the box on line 1, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, the laws line fb, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter 4-0, H you entered 4-0 on the return, then enter 4- on the applicable line below. Do not complete more than one line in Parl 1.         1a Form 990-EZ check here ▶       b Total tax (Form 190-PC), line 22)       1b         2a Form 910-PC) check here ▶       b Total tax (Form 1920-PC), line 22)       5b         3a Form 910-PC check here ▶       b Total tax (Form 1920-PC), line 22)       5b         5a Form 980-FC check here ▶       b Total tax (Form 1920-PC), line 20,, 5b       5b         5a Form 980-FC check here ▶       b Tax based on Investment Income (Form 980-PC, Parl V), line 5), 4b       5b         5a Form 980-FC check here ▶       b Balance due (Form 8868, Parl 1, line 3c or Parl II, line 8c), 5b       5c         FXTIII Declaration of Officer       6       1a suthorize the laws on out on this return, and the financial institution account indicated in the tax preparation software for symmet of tax bases on the setue state state state state state state state states in the state states state states in the state states in the state states in the state statestates in the state states states in the state states states stat	<u>OPERATI</u>	ON SMILE	INC.				
Check the box on line 1, 2a, 3a, 4a, or 3b below and the amount on thai line of the return being field with this form was blank, the applicable line below. Do not complete more than one line in Parl 1.  1 a Form 990 Deck here ▶ b b Total revenue, if any (Form 990 Parl VIII, column (A), line 12) 1b 66272770  3 a Form 1920-PC check here ▶ b b Total revenue, if any (Form 990-PC, line 22) 1b 66272770  4 a Form 990-PC check here ▶ b b Total revenue, if any (Form 990-PC, line 20) 5b b b b b Balance due (Form 880-PC, line 20)	Part I	Type of Ret	urn and Return Infor	mation (Whole Dollars C	inly)		
2a       Form 990-EZ check here ▶       b       Total revenue, if any (Form 980-EZ, Ine 9)	leave line 1b	ox on line 1a, , 2b, 3b, 4b,	, 2a, 3a, 4a, or 5a belo or 5b, whichever is ap	w and the amount on that plicable, blank (do not enter	line of the return beir	na filed with	this form was blank ther
5a       Form 8868 check here ▶	2a Form 99 3a Form 11	90-EZ check h 20-POL chec	here b D Tot	tal revenue, if any (Form 99 Total tax (Form 1120-PC	90-EZ, line 9)	· · · · · · ·	2b 3b
6       i authorize the U.S. Treasury and its designated Financial Agent to Initiate an Automated Clearing House (ACH) electronic fund withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes oved on this return, and the financial institution to debit the entry to this account. To rocket a payment information necessary to answer inquiries and resolve issues related to the payment.         If is coupled to the financial institution involved in the processing of the electronic payment of taxes to receive confidentia information necessary to answer inquiries and resolve issues related to the payment.       If is coupled to the payment (settlement description) is being filed with a state agency(les).         Under penalties of payiny, 1 declare that 1 am an officer of the above named organization and that. I have esamined a coop of this form 980/980-E2/980.         Organization's 2014 electronic return and accound paying solved bias and statements, and to the bast of my knowledge and balling. There desize that the amount in Part 1 above is the amount shown on the copy of the reason for any fedure is the file of the date of any refund.         Sign       If ∆ (∆ ∆ 𝔅)       If ∆ (∆ ∆ 𝔅)       If ∆ (∆ ∆ 𝔅)         Withorize the 11 have reviewed the above organization's return and that the entries on Form 8463-50 are complete and correct to the bast of my knowledge and balling the data is and the resument of a large material of all forms and on responsible for reviewing the return and only declare that this form accountably reflects the data on not responsible for reviewing the return and companying software for preduct of any return in the software accountably reflects the data on theresthan software accounted	5a Form 8	868 check he	re ▶ 📄 b Balan	ce due (Form 8868, Part I,	line 3c or Part II, line 8		5b
windrawai (unleed debit) entry to the financial institution account indicated in the tax preparation software for payment of thin organization's determine taxes oved on this return. In the financial institution is the electronic payment of taxes to receive confidentia information necessary to answer inquines and resolve issues related to the payment.         If also authorize the financial institution is not resolve issues related to the payment.       If the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990.         If decoy of this return is being filled with a state agency(ise).       Under penalties of periory, 1 declare that 1 am an officer of the above named organization and that 1 have examined a copy of the return organization's electronic functions return organization's electronic methods.         Under penalties of periory, 1 declare that 1 am an officer of the above is the amount shown on the copy of the organization's return organization's electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true correct, and complete. If urther declare that the amount in Part 1 above is the amount shown on the copy of the organization's return portalized (RS) as activate provide (transmitter, or electronic return orginator (RS) to send the organization's return devices of the date of any return.         Sign       If all (1	Part II	Declaration	of Officer				
If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fod/State program, 1 certify that program allowing disclosure by the IRS of this Form 99/990-EZ/9800 urganization's 2014 generated the above consent contained within this return allowing disclosure by the IRS of this Form 99/990-EZ/9800 urganization's 2014 generated the above in the selected state agency(ies).         Under panelities of perjury, 1 declare that 1 am an officer of the above named organization and that 1 have examined a copy of the organization's return organized to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any feature of officer         Sign       I an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any feature of officer         Bert III       Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)         Id declare that 1 have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge for any only a collector, 1 am not responsible for reviewing the return and only declare that this form accurately reflects the date and the return I will officer will have examined all other requirements in Pub. 4163, Moderized 4-File (MeF) Information for Authorized See MeF) providers for Busines Returns. It is and as the Paid Preparer, under penalities of perjury 1 declare that the above organization's etcurn organization's etcurn and the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which 1 have any knowledge.         Return The registry of the second and all other requirements in Pub. 4163, Moderized eFile (MeF) Information	orga J mi date	orawal (direct inization's fede ust contact the 1 also autho	debit) entry to the fir eral taxes owed on this r e U.S. Treasury Financial prize the financial institut	nancial institution account i return, and the financial insti Agent at 1-888-353-4537 r tions involved in the proces	ndicated in the tax pr tution to debit the entr to later than 2 business sing of the electronic r	eparation sof y to this acco a days prior to	tware for payment of the punt. To revoke a payment,
Under penalties of perjury. I declare that I am an officer of the above named organization and that I have examined a scorp of the organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true organization's return and new follower is the amount in Part I above is the amount in Part II abo	lf a exec	copy of this r uted the elect	eturn is being filed with tronic disclosure consent	a state agency(ies) regulatin contained within this return	g charities as part of the allowing disclosure by	e IRS Fed/State the IRS of the	te program, I certify that I nis Form 990/990-EZ/990-
PartIII       Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)         Ideclare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and normation to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized Se e-File (MeF) Information for Authorized Se e-File (MeF) Information is based on all information of which I have any knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.         ERO's signature	Under penalti organization's correct, and or return. I cons to the IRS an delay in proces	es of perjury, 2014 electror complete. i fu ent to allow i d to receive f asing the return	I declare that I am a nic return and accompany rther declare that the ar my intermediate service from the IRS (a) an ack or refund, and (c) the date	an officer of the above na ying schedules and statemen mount in Part I above is th provider, transmitter, or elec lowledgement of receipt or	med organization and ts, and to the best of te amount shown on the tronic return originator	my knowledge he copy of the	e and belief, they are true, ne organization's electronic
Image: Interformer interformerieve interecoment interformer interformer interforme				Date	Title		
my knowledge. If 1 am only a collector, 1 am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before 1 submit the return. 1 will give the officer a copy of all forms and nformation to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and scomplete. This Paid Preparer declaration is based on all information of which I have any knowledge.  ERO's Signature  Firm's name (or yours if self-employed),   ERO's signature  Firm's name (or yours if self-employed),   ERO's LLP  Information of Preparer is based on all information of which I have accompanying schedules and statements, and to the best of my knowledge.  ERO's signature  Firm's name (or yours if self-employed),   ERO's signature  Firm's name (or yours if self-employed),   ERO's address, and ZIP code  Firm's name (or yours if self-employed),   ERO's son or PTIN the above return and accompanying schedules and statements, and to the best of my knowledge.  Firm's name (or yours if self-employed),   ERO's SN or PTIN the above return and accompanying schedules and statements, and to the best of my knowledge.  Firm's name (or yours if self-employed),   ERO's son or PTIN the above return and accompanying schedules and statements, and to the best of my knowledge.  Firm's name (or yours if self-employed),   ERO's son or Privacy Act and Paperwork Reduction Act Notice, see back of form.  Form 8453-EO (2014)	Part III D	eclaration o	f Electronic Return C	Driginator (ERO) and Pa	id Preparer (see inst	ructions)	
Firm's name (or yours if self-employed), address, and ZIP code       KPMG LLP       EIN 13-5565207         Inder penalties of perjury, i declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge.       Phone no. 703-286-8000         Print/Type preparer's name       Preparer's signature       Date       Checkif         Print/Type preparer's name       Preparer's signature       Date       Checkif         Print/Type preparer's name       Preparer's signature       Date       Checkif         Jse Only       Firm's address >       Firm's address >       Firm's ddress >       Firm's Address >	my knowledge on_the_return. information to IRS <i>e-file</i> Prov organization's	. If I am only The_organiza be filed with iders for Busir return and ac	a collector, I am not res tion-officer-will-have-sig the IRS, and have follow ness Returns. If I am als companying schedules a	ponsible for reviewing the re aned-this-form before I sub- ved all other requirements in so the Paid Preparer, under and statements, and to the	turn and only declare th mit the return. I will gl Pub. 4163, Modernized penalties of perjury I d best of my knowledge	at this form a ve the officer d e-File (MeF) leclare that i	accurately reflects the data a copy of all forms and Information for Authorized have examined the above
Firm's name (or yours if self-employed), address, and ZIP code       KPMG LLP       EIN 13-5565207         Inder penalties of perjury, i declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge.       Phone no. 703-286-8000         Print/Type preparer's name       Preparer's signature       Date       Checkif         Print/Type preparer's name       Preparer's signature       Date       Checkif         Print/Type preparer's name       Preparer's signature       Date       Checkif         Jse Only       Firm's address >       Firm's address >       Firm's ddress >       Firm's Address >			Joulgue C. Thill	Date 12/21/15	also paid self-		
Yours it self-employed, address, and ZIP code       1676 INTERNATIONAL DRIVE       Phone no. 703-286-8000         Under penalties of perjury, i declare that i have examined the above return and accompanying schedules and statements, and to the best of my knowledge.       Phone no. 703-286-8000         Under penalties of perjury, i declare that i have examined the above return and accompanying schedules and statements, and to the best of my knowledge.       Print/Type preparer's name       Preparer's signature         Paid       Print/Type preparer's name       Preparer's signature       Date       Check if estimation of the preparer's self-employed         Firm's name       Firm's name       Firm's address       Phone no.       Phone no.         For Privacy Act and Paperwork Reduction Act Notice, see back of form.       Form 8453-EO (2014)       Form 8453-EO (2014)	ERO's —				preparer X emp		
Print/Type preparer's name       Preparer's signature       Date       Checkif       PTIN         Jse Only       Firm's address ▶       Firm's eback of form.       Form 8453-EO (2014)	VOL	rs if self-employe	d), 1676 INTERN	ATIONAL DRIVE			3-5565207
Paid       Print/Type preparer's name       Preparer's signature       Date       Checkif       PTIN         Preparer       Firm's name       Firm's name       Firm's EIN ▶       Firm's EIN ▶         Jse Only       Firm's address ▶       Phone no.       Phone no.       Form 8453-EO (2014)			MCLEAN				
Print/Type preparer's name       Preparer's signature       Date       Checkif       PTIN         Preparer       Firm's name ▶       Firm's EIN ▶       Firm's EIN ▶       Phone no.         Jse Only       Firm's address ▶       Phone no.       Phone no.       Form 8453-EO (2014)	Under penalties and beilef, they ar	of perjury, i de e true, correct, ar	eclare that I have examined ad complete. Declaration of pro	the above return and accom eparer is based on all information o	panying schedules and sta f which the preparer has any	tements, and to knowledge.	the best of my knowledge
Firm's name       Firm's EIN         Jse Only       Firm's address       Phone no.         Form 8453-EO (2014)       Form 8453-EO (2014)	Paid					Check	] "
Jse Only       Firm's address       Phone no.         For Privacy Act and Paperwork Reduction Act Notice, see back of form.       Form 8453-EO (2014)	Preparer	Firm's name	•				
	Use Only				· · · · · · · · · · · · · · · · · · ·		
							7E
		t and Paperwo	ork Reduction Act Notice, s	see back of form.			Form 8453-EO (2014)

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# Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service 07/01, 2014, and ending 06/30,2015 A For the 2014 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable: OPERATION SMILE, INC. Address 54-1460147 Doing Business As change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change 3641 FACULTY BLVD (757) 321-7645 Initial return City or town, state or province, country, and ZIP or foreign postal code Terminated Amended VIRGINIA BEACH, VA 23453 G Gross receipts \$ 67,469,329. return Application pending **F** Name and address of principal officer: KATHLEEN S. MAGEE H(a) Is this a group return for Yes Х No subordinates 3641 FACULTY BOULEVARD VIRGINIA BEACH, VA 23453 Yes No H(b) Are all subordinates included? X | 501(c)(3) Tax-exempt status: 501(c) ( 4947(a)(1) or 527 If "No," attach a list. (see instructions) ) 🗲 (insert no.) Website: ► HTTP://WWW.OPERATIONSMILE.ORG J H(c) Group exemption number Form of organization: X Corporation Association L Year of formation: 1987 M State of legal domicile: VA κ Trust Other 🕨 Summary Part I 1 Briefly describe the organization's mission or most significant activities: WE PROVIDE FREE LIFE CHANGING SURGERY TO PEOPLE IN NEED ACROSS THE WORLD. WE TRAIN LOCAL MEDICAL PROFESSIONALS, Governance DONATE EQUIPMENT AND SUPPLIES, AND EDUCATE THE PUBLIC. 2 Check this box **>** if the organization discontinued its operations or disposed of more than 25% of its net assets. 9. Number of voting members of the governing body (Part VI, line 1a) 3 3 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 7. 4 4 176. Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 5,400. 6 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year Contributions and grants (Part VIII, line 1h) 58,548,233. 66,062,262. 8 Revenue COPY FOR 542,233. 848,070. Program service revenue (Part VIII, line 2g) 9 PUBLIC INSPECTION 12,532. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,837. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -560,707. -650,094. 11 58,544,596. 66,272,770. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 12,144,406. 8,204,726. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) 14 9,135,324. 10,971,215. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 3,281,555. 2,896,717. 16,463,932. b Total fundraising expenses (Part IX, column (D), line 25) ▶\_\_\_\_ 44,973,162. 34,717,049. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 69,534,447. 56,789,707. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 9,483,063. -10,989,851. 19 Revenue less expenses. Subtract line 18 from line 12 s or **Beginning of Current Year** End of Year Assets Balance 38,618,975. 47,630,756. 20 Total assets (Part X, line 16) 15,829,472. 15,368,790. 21 Total liabilities (Part X, line 26) Net / 22,789,503. 32,261,966 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Type or print name and title Print/Type preparer's name PTIN Preparer's signature Date if Check Paid 12/21/15 JOCELYNE C MILLER self-employed P00634378 Preparer Firm's name 
KPMG LLP Firm's EIN 13-5565207 Use Only Firm's address 
1676 INTERNATIONAL DRIVE MCLEAN, 703-286-8000 VA 22102 Phone no No

OMB No. 1545-0047

Open to Public

(Rev. January 2014)

Internal Revenue Service

### Exempt Organization Return Department of the Treasury

File a separate application for each return.
 Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Application for Extension of Time To File an

OMB No. 1545-1709

Х

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

#### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions

to me moom		Enter mer sidentifying humber, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	OPERATION SMILE, INC.	54-1460147
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
due date for filing your	3641 FACULTY BLVD	
return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	VIRGINIA BEACH, VA 23453	
	•	

01 Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ▶CORPORATE\_OFFICE

	Telephone No. ► 75	7 321-7645	FAX No. ►		
•	If the organization does	not have an office or place of	of business in the United States, che	ck this box	▶□
			four digit Group Exemption Number		. If this is
for	the whole group, check	k this box	. If it is for part of the group, check	this box ► 🔄 a	and attach
<u>a li</u>	st with the names and E	EINs of all members the exter	nsion is for.		
1	I request an automat	tic 3-month (6 months for a c	corporation required to file Form 99	0-T) extension of time	

02/15 , 20 16 , to file the exempt organization return for the organization named above. The extension is until for the organization's return for:

calendar year 20 or

X	tax year beginning	07/01	, 20 1 4	, and ending	06/30	, 20 15	
 							_

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

3a	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.	3a	\$

- If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and b estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$
- c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$

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

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

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For	m 990 (2014) Pag	je <b>2</b>
Pa	art III Statement of Program Service Accomplishments	_
_		Х
1	Briefly describe the organization's mission: ATTACHMENT 1	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
•	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	10
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ərs,
	the total expenses, and revenue, if any, for each program service reported.	
4.0	(Code: ) (Evenence f including grants of f ) (Devenue f	
4a	(Code:) (Expenses \$including grants of \$, (Revenue \$) (Revenue \$_	
4b	(Code: ) (Expenses \$ 17,106,375. including grants of \$ 6,716,534. ) (Revenue \$ 404,209. )	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
4d	Other program services (Describe in Schedule O.)	
Ŧu	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 33,357,165.	
JSA 020 1	Form 990 (2	014)

Form 9	90 (2014)		F	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			37
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			37
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		37	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			v
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			37
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"		v	
	complete Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	4.04		Х
40	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	л	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	146	х	
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	-	10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	х	
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		27	
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		27	
19		19		х
20-2	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
		1200		

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Form 99	0 (2014)		F	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a.	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	X	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			37
	Part I.	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		х	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	~	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	~		v
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	251		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
<b>0</b> 7	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		Х
20	Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	Х	
	19? Note. All Form 990 filers are required to complete Schedule O	30	<u> 1</u> 1	

Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in Box 3 of Form 1096. Enter $-0$ if not applicable $1a$ 69		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
24	Statements, filed for the calendar year ending with or within the year covered by this return 2a 176			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)? If "Yes," enter the name of the foreign country: ► <u>ATTACHMENT 5</u>	4a	X	
b	If "Yes," enter the name of the foreign country:  ATTACHMENT 5			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	_		37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
0a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	00		
D D	gifts were not tax deductible?	6b		
7				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7b		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organization have excess business holdings at any time during the year?	0		
-	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	150		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
U U	the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form §	OPERATION SMILE, INC. 54-14	60147		Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	ow, and	for a	a "No'
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule (	). See ir	nstruc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	tion A. Governing Body and Management			
			Yes	No
19	Enter the number of voting members of the governing body at the end of the tax year	9		
Ia	If there are material differences in voting rights among members of the governing body, or if the governing	-		
h	body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent <b>1b</b>	7		
b		_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2	x	
•	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct			х
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoir			x
	one or more members of the governing body?	7a		A
b	Are any governance decisions of the organization reserved to (or subject to approval by) members			v
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	3		
	the year by the following:		x	
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a			x
Cast	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Λ
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Reven		e.) Yes	No
		40	X	
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>	- 21	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters		x	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	<u>11a</u>		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10	X	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	- 21	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		x	
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes		v	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval b	1		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	t		
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	3		
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 6			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1024 requires an organization for make its Forms 1024 requires an organization for make its Forms 1024 requires an organization for make its	on 501(	c)(3)s	s only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	X       Own website       Another's website       X       Upon request       Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of	nterest	polic	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	vrde · 🕨		

Page 7

Part VII	Compensation of Officers, Independent Contractors	,		• •	•	•	•••	
	Check if Schedule O contains	s a response or note to	any lir	ne in this Part	VII			X

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

\_\_\_ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck s pe	more erson	e than c is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) WILLIAM P. MAGEE JR, D.D.S. M.	40.00									
CEO & DIRECTOR	0	Х		Х				387,918.	0	28,961.
(2) KATHLEEN S. MAGEE, M.S.W., ED. PRESIDENT & DIRECTOR	40.00	x		Х				0	0	0
(3)KEVIN MILLER	25.00									
CHAIRMAN & DIRECTOR	0	Х		Х				0	0	0
(4)JIM SITI TREASURER & DIRECTOR	1.00	x		Х				0	0	0
(5)SAMUEL P. FULLER, M.D.	20.00									
DIRECTOR	0	Х						0	0	0
_(6) <sup>ALEX</sup> J. MARSHALL DIRECTOR	1.00	x						0	0	0
(7)ALBERTO MOTTA JR.	1.00									
DIRECTOR	0	х						0	0	0
(8) JERRY MOYES DIRECTOR	1.00	x						0	0	0
(9)WILLIAM K. WYNNE	1.00									
SECRETARY AND DIRECTOR	0	X		Х				0	0	0
(10) <sup>E</sup> . WAYNE ZINN	40.00									
C00	0			Х				214,169.	0	18,779.
(11) <sup>KIMBERLY GETZ</sup> VP OF FINANCE (AS OF 10/8/14)	40.00			х				31,502.	0	952.
(12)KRISTIE PORCARO	40.00									
SVP,US& GLOBAL PHILANTHROPY	0					x		143,214.	0	18,530.
(13)RICHARD VANDERBURG	40.00									
CHIEF PROGRAM STRATEGIST	0					Х		195,963.	0	23,313.
(14) <sup>RUBEN</sup> AYALA	40.00									
SVP OF INT'L PROG & MED AFFRS	0					Х		131,745.	0	18,033.

JSA

	(A) Name and title	(B) Average		-	<b>(C</b> Posi	;)			hest Compensat (D) Reportable	(E) Reportable	(F) Estimated
		hours per week (list any					e than o is both		compensation from	compensation from related	amount of other
		hours for related organizations below dotted line)				irect	or/trust Highest compensated employee		(W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organization
5)	LISA JARDANHAZY	40.00			_		ed				
	VP GLOBAL MEDIA STRATEGY & PR	0					х		129,497.	C	17,7
.6)	YVONNE WRAY ASSOCIATE VP US PHILANTHROPY	40.00	-				x		115,187.	C	) 15,9
			-								
			-								
			-								
			-								
			-								
			-								
			-								
			-								
1b	Sub-total							►	1,104,511.	0	
C	Total from continuation sheets to Part VII, S	ection A							244,684. 1,349,195.	0	/
	Total (add lines 1b and 1c)							o re			112,5
d	Total number of individuals (including but not reportable compensation from the organization		12		u at		,				
_d 2		n ► er, directo	12 or, or	2 tru	stee	ə, k	key e	emp			Yes 3
 2  3	Did the organization list any <b>former</b> offic employee on line 1a? <i>If "Yes," complete Schede</i> For any individual listed on line 1a, is the sorganization and related organizations gree	n ► er, directo ule J for sud sum of rep eater than	or, or ch ind portab \$15	tru <i>ividu</i> le c	stee <i>ial</i> omj	e, l pen <i>If</i>	key e satior <i>"Ye</i> s	emp	nd other compens	sation from the	3
<u>d</u> 2 3 4 5	reportable compensation from the organization Did the organization list any <b>former</b> offic employee on line 1a? <i>If "Yes," complete Schede</i> For any individual listed on line 1a, is the so organization and related organizations gre <i>individual</i> . Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Yes</i>	n ► er, directo ule J for sud sum of rep eater than accrue co	12 or, or ch ind portab \$15 mpen	tru <i>ividu</i> le c 50,00	stee <i>ial</i> omj 00?	e, I pen <i>If</i>	key e satior <i>"Ye</i> s n any	emp n ar s," (	nd other compens complete Schedu related organizatio	sation from the <i>Ie J for such</i> on or individual	3
3 3 5 5	reportable compensation from the organization Did the organization list any <b>former</b> offic employee on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a, is the so organization and related organizations gre <i>individual</i>	n ► eer, directo ule J for sud sum of rep eater than accrue co es,"comple	12 or, or ch ind oortab \$15 mpen <u>te Sch</u>	tru <i>ividu</i> le c 0,00 satio	stee <i>ial</i> omj 00? on f <i>le J</i>	e, I pen <i>If</i> rom	key e satior <i>"Yes</i> any such	emp n ar s," ( un per	nd other compens complete Schedu related organization	sation from the le J for such on or individual	3 4 X 5 1
<u>d</u> 2 3 4	reportable compensation from the organization Did the organization list any <b>former</b> offic employee on line 1a? <i>If "Yes," complete Schede</i> For any individual listed on line 1a, is the so organization and related organizations gre <i>individual</i> . Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Yes</i>	n ► eer, directo ule J for sud sum of rep eater than accrue con es," comple	12 or, or ch ind portab \$15 mpen <u>te Sch</u> ndepe	tru <i>ividu</i> le c 0,00 satic nedu	stee ial omi 00? Don f <i>le J</i>	e, I pen <i>If</i> rom <u>for</u>	key e satior <i>"Yes</i> any <u>such</u> tracto	emp n ar s," uni per	nd other compens complete Schedu related organizations son	sation from the le J for such on or individual	3 4 X 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 10

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under sectior 512-514
1a	Federated campaigns	1a	224,217.				
b	Membership dues						
c	Fundraising events		2,838,851.				
d	Related organizations	1d					
e	Government grants (contribu	utions). 1e	224,380.				
f	All other contributions, gifts,	grants,					
	and similar amounts not included	labove . 1f	62,774,814.				
g	Noncash contributions included i						
h	Total. Add lines 1a-1f			66,062,262.			
			Business Code				
2a	YOUTH CONFERENCES			404,209.	404,209.		
b	MISSION ADMISSION			226,931.	226,931.		
C	MERCHANDISE SALES			47,180.	47,180.		
d	RESEARCH SERVICES			169,750.	169,750.		
e							
g t	All other program service rev Total. Add lines 2a-2f			848,070.			
				848,070.			-
3	Investment income (inc and other similar amounts).	Ũ		16,154.			16,
4	Income from investment of		<b>N</b>	0			
5	Royalties	•	•	0			
		(i) Real	(ii) Personal				
6a	Gross rents	1,000.					
b	Less: rental expenses	122.					
c	Rental income or (loss)	878.					
d	Net rental income or (loss	)		878.			
7a	Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory	228,266.					
b	Less: cost or other basis						
	and sales expenses	231,888.					
c	Gain or (loss)	-3,622.					
d	Net gain or (loss)		· · · · · · ▶	-3,622.			-3,
8a	Gross income from fundra	ising					
	events (not including \$2	,838,851.					
	of contributions reported on	line 1c).					
	See Part IV, line 18						
	Less: direct expenses						
C	Net income or (loss) from fu	-		-634,301.			-634,
9a	· · · · · · · · · · · · · · · · · · ·						
	See Part IV, line 19						
				0			
C	Net income or (loss) from g	-		0			
10a	Gross sales of inventor returns and allowances	a					
b c	Less: cost of goods sold Net income or (loss) from sal	es of inventory		0			
Ť	Miscellaneous Reven		Business Code	0			
110	CURRENCY LOSS		900099	-21,281.			-21,
11a	MISCELLANEOUS		900099	4,610.			4,
c b				1,010.			
d	All other revenue						
e	Total. Add lines 11a-11d			-16,671.			
12	Total revenue. See instructio			66,272,770.	848,070.		-637,

Form 990 (2014)

Form **990** (2014)

54-1460147

Page **9** 

Section 501(c)(3) and 501(c)(4) organizations mu				
Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	118,353.	118,353.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,844.	7,844.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	8,078,529.	8,078,529.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	925,679.	407,895.	335,432.	182,352
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	176,874.	30,685.	25,057.	121,132
7 Other salaries and wages	8,010,137.	3,911,600.	1,928,906.	2,169,631
8 Pension plan accruals and contributions (include	521,514.	265,935.	117,872.	137,707
section 401(k) and 403(b) employer contributions)	744,617.	395,703.	175,631.	173,283
9 Other employee benefits	592,394.	273,424.	157,116.	161,854
1 Fees for services (non-employees):	0			
a Management	370,927.	17,478.	341,557.	11,892
b Legal	90,966.	8,615.	80,489.	1,862
d Lobbying	0	-,		,
e Professional fundraising services. See Part IV, line 17.	2,896,717.			2,896,717
f Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column	2,108,848.	1,203,606.	166,392.	738,850
(A) amount, list line 11g expenses on Schedule O.)	1,574,362.	469,004.	73,258.	1,032,100
3 Office expenses	2,850,663.	1,640,231.	1,051,508.	158,924
4 Information technology	113,751.	41,740.	57,024.	14,987
5 Royalties	0			
6 Occupancy	569,043.	371,806.	119,985.	77,252
7 Travel	4,824,321.	4,233,741.	211,003.	379,577
8 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
9 Conferences, conventions, and meetings	390,883.	293,483.	42,459.	54,941
0 Interest	225,164.	8,450.	214,885.	1,829
1 Payments to affiliates	0			
<b>2</b> Depreciation, depletion, and amortization	842,747.	450,045.	343,498.	49,204
23 Insurance	94,331.	48,497.	39,567.	6,267
4 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)	1/ 021 /00	5 202 100	642,314.	9 06F 072
aPUBLIC_AWARENESS	14,031,409. 803,288.	5,323,122.	803,288.	8,065,973
cMISSION SUPPLIES	5,328,948.	5,328,948.	005,200.	
dOTHER MISSION EXPENSE	376,655.	376,655.		
*	120,743.	51,776.	41,369.	27,598
e All other expenses 25 Total functional expenses. Add lines 1 through 24e	56,789,707.	33,357,165.	6,968,610.	16,463,932
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► X if				

19,884,288.

6,353,181.

12,810,593. Form **990** (2014)

720,514.

fundraising solicitation. Check here F (X) if following SOP 98-2 (ASC 958-720)

54-1460147

Page **11** 

Part				
	Check if Schedule O contains a response or note to any line in this Pa	rt X		
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	5,362,732.	1	5,727,090.
	Savings and temporary cash investments	386,030.	2	731,445.
3		8,951,967.	3	12,690,121.
4		372,930.	4	393,556.
5				
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0	5	C
	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	Q	6	0
ets		0	7	0
Assets		3,255,751.	8	6,207,777.
1 9		206,872.	9	750,942.
10	a Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 26,049,550.			
	<b>b</b> Less: accumulated depreciation <b>10b</b> 4,919,725.	20,082,693.	10c	21,129,825.
11		0	11	0
12	Investments - other securities. See Part IV, line 11	0	12	0
13		0	13	0
14	Intangible assets	0	14	0
15			15	0
16			16	47,630,756.
17	· · · · · · · · · · · · · · · · · · ·	4,359,586.	17	4,945,656.
18	· · · · · · · · · · · · · · · · · · ·		18	0
19		-	19	324,741.
20			20	0
s 21		0	21	0
11 22				
Liabilities	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L		22	0
23			23	8,122,053.
24		900,000.	24	700,000.
25				
	parties, and other liabilities not included on lines 17-24). Complete Part X	1,928,280.	25	1,276,340.
0	of Schedule D Total liabilities. Add lines 17 through 25		25 26	15,368,790.
26	Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and	13,023,472.	20	13,300,790.
Fund Balances	complete lines 27 through 29, and lines 33 and 34.	14,593,420.	07	20,596,486.
27 28 28			27	11,665,480.
מי 29 ס			28	11,005,400.
	, , , , , , , , , , , , , , , , , , , ,	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.			
Assets or			30	
50 S			31	
SA 32			32	
N SI			33	32,261,966.
- 34	Total liabilities and net assets/fund balances		34	47,630,756.
				Form <b>990</b> (2014

Form 990 (2014)

Form 9	90 (2014)				Pa	ge <b>12</b>
Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		66,2	72,7	70.
2	Total expenses (must equal Part IX, column (A), line 25)	2		56,7	89,7	07.
3	Revenue less expenses. Subtract line 2 from line 1	3		9,4	83,0	)63.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		22,7	89,5	503.
5	Net unrealized gains (losses) on investments	5		-	10,6	500.
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
-	33, column (B))	10		32,2	61,9	966.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con					
	reviewed on a separate basis, consolidated basis, or both:	•				
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for a	overs	iaht			
U	of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	mpiuli				
30	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fortk	n in			
Ja	the Single Audit Act and OMB Circular A-133?			3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		

SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

	International Revenue Service	ion about Schedule A	(Form 990 or 990-EZ) a			is at www.irs.gov/form9	990. Inspection
	e of the organization					Employer iden	tification number
_	RATION SMILE, INC.						-1460147
Pa		· · ·	-		•	,	S
	organization is not a private f			-	-		
1	A church, convention of a				section 1	70(b)(1)(A)(i).	
2	A school described in <b>se</b>						
3	A hospital or a cooperati		-				
4	A medical research orga	•	conjunction with a ho	spital de	scribed i	n section 170(b)(1)(A)	(III). Enter the
F	hospital's name, city, and An organization operate					roted by a gavernme	ntol unit described in
5	section 170(b)(1)(A)(iv).		a college of universit	ly Owned		erated by a governme	antai unit described in
6	A federal, state, or local		ernmental unit describe	d in sect	tion 170	(b)(1)(Δ)(y)	
7	X An organization that nor						om the general public
-	described in section 170		-		enn a ge		en ne genera paone
8	A community trust descr			e Part II.)			
9	An organization that nor					contributions, memb	ership fees, and gross
	receipts from activities	elated to its exemp	ot functions - subject	to certa	in excep	otions, and (2) no mo	ore than 331/3% of its
	support from gross inv	estment income ar	nd unrelated business	taxable	e incom	e (less section 511	tax) from businesses
	acquired by the organiza	tion after June 30, 1	975. See section 509	(a)(2). (C	Complete	e Part III.)	
10	An organization organize			-			
11	An organization organize		-	-			
	one or more publicly sup	-			-		
	the box in lines 11a throu	•	•• ••			•	
а	<b>Type I</b> . A supporting o			-		- · ·	
	the supported organization			elect a m	ajority c	of the directors or trus	tees of the supporting
b	organization. <b>You must Type II</b> . A supporting of	-		nnaction	with ite	supported organizati	on(s) by baying
5	control or managemen						
	organization(s). You mu		-	the sam	ic persoi		age the supported
с	Type III functionally in			ated in c	onnectio	on with, and functiona	llv integrated with.
	its supported organizat		·				<b>, , , ,</b>
d	Type III non-functional						ted organization(s)
	that is not functionally i	ntegrated. The orga	nization generally mus	st satisfy	a distrik	oution requirement and	d an attentiveness
	requirement (see instru	ictions). You must c	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е	Check this box if the o	ganization received	a written determination	on from t	he IRS t	hat it is a Type I, Type	II, Type III
	functionally integrated,		tionally integrated sup	porting o	organiza	tion.	
t	Enter the number of support	-				• • • • • • • • • • • • • •	•••••
g	Provide the following information (i) Name of supported organization	(ii) EIN	(iii) Type of organization(S).	(b) to the	organization	(v) Amount of monetary	(vi) Amount of
	(i) Name of supported organization		(described on lines 1-9	listed in yo	ur governing	support (see	other support (see
			above or IRC section (see instructions))	docu	ment?	instructions)	instructions)
			(,,,	Yes	No	-	
/ A `							
(A)							
(B)							
(C)							
ע)							
(D)							
(E)							
Tota	al						

Schedule A (Form 990 or 990-EZ) 2014

OMB No. 1545-0047

4

2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	47,230,994.	55,871,199.	41,953,867.	58,394,158.	66,062,262.	269,512,480.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	47,230,994.	55,871,199.	41,953,867.	58,394,158.	66,062,262.	269,512,480.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						4,757,609.
6	Public support. Subtract line 5 from line 4.						264,754,871.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	(e) 2014	(f) Total
7	Amounts from line 4	47,230,994.	55,871,199.	41,953,867.	58,394,158.	66,062,262.	269,512,480.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,156.	18,341.	16,942.	18,120.	17,155.	75,714.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>	38,800.	-72,196.	18,797.	29,727.	-16,671.	-1,543.
11	Total support. Add lines 7 through 10						269,586,651.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	4,213,780.
13	First five years. If the Form 990 is for organization, check this box and stop here	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax yea		
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2014 (li	ne 6, column (f)	divided by line	11, column (f))		14	98.21%
15	Public support percentage from 2013	Schedule A, Pa	rt II, line 14			15	99.95%
16a	331/3% support test - 2014. If the o	rganization did	not check the b	box on line 13,	and line 14 is	331/3% or mor	
	this box and stop here. The organization	•		-			
b	331/3% support test - 2013. If the c	organization did	not check a bo	ox on line 13 o	or 16a, and line	15 is 331/3%	or more,
	check this box and stop here. The orga	•					
17a	10%-facts-and-circumstances test - 2	•					
	10% or more, and if the organization						
	Part VI how the organization meets t			•			
	organization						
b	10%-facts-and-circumstances test - 2	-	•				
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organizati				•	•	· ·
	supported organization						
18	Private foundation. If the organization						
	instructions						<u> ►                                   </u>

Schedule A (Form 990 or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(0	) 2014	(f) Tot	al
	Gifts, grants, contributions, and membership fees	(a) 2010	(b) 2011	(0) 2012	(u) 2013	(6	12014	(1) 101	ai
1	, <b>,</b> ,								
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise								
-	sold or services performed, or facilities								
	furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that are not an								
Ŭ	unrelated trade or business under section 513								
4	Tax revenues levied for the								
•	organization's benefit and either paid								
	to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and 3								
	received from disgualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified persons that exceed the greater of \$5,000								
	or 1% of the amount on line 13 for the year								
с	Add lines 7a and 7b								
8	Public support (Subtract line 7c from								
	line 6.)								
Sec	tion B. Total Support								
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e	<b>)</b> 2014	(f) Tot	al
	Amounts from line 6								
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar								
	sources								
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly								
12	carried on Other income. Do not include gain or								
12	loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12.)								
14	First five years. If the Form 990 is for		n's first, second,	third, fourth, or	fifth tax year a	sase	ection 501	(c)(3)	
	organization, check this box and stop here							>	
Sec	tion C. Computation of Public Sup	oport Percent	age						
15	Public support percentage for 2014 (line 8	, column (f) divid	ed by line 13, colur	mn (f))		15			%
	Public support percentage from 2013 Sche	edule A, Part III, li	ne 15			16			%
16		nt Income Per	rcentage						
16 Sect	tion D. Computation of Investme					17			%
Sec	tion D. Computation of Investment Investment income percentage for 2014 (li		(f) divided by line 1	(3,  column  (f))		17			
<b>Sec</b> 1 17	•	ne 10c, column (				18			
<b>Sec</b> t 17 18	Investment income percentage for 2014 (li	ne 10c, column Schedule A, Part	III, line 17			18	331/3 %,	and line	
<b>Sec</b> t 17 18	Investment income percentage for 2014 (li Investment income percentage from 2013	ne 10c, column ( Schedule A, Part ganization did n	t III, line 17 ot check the boy	c on line 14, and	d line 15 is more	<b>18</b> e than			
<b>Sec</b> 1 17 18 19 a	Investment income percentage for <b>2014</b> (li Investment income percentage from <b>2013</b> <b>331/3% support tests - 2014.</b> If the or	ne 10c, column ( Schedule A, Part ganization did n is box and <b>sto</b>	t III, line 17 ot check the boy <b>p here.</b> The orga	c on line 14, an anization qualifie	d line 15 is more s as a publicly	<b>18</b> e than suppo	rted organi	ization 🕨	
<b>Sec</b> 1 17 18 19 a	Investment income percentage for <b>2014</b> (li Investment income percentage from <b>2013</b> <b>331/3% support tests - 2014.</b> If the or 17 is not more than 331/3%, check th	ne 10c, column Schedule A, Part ganization did n is box and <b>sto</b> anization did not	t III, line 17 ot check the box <b>p here.</b> The org check a box on	c on line 14, an anization qualifie line 14 or line 19	d line 15 is more s as a publicly 9a, and line 16 is	18 e than suppo more	rted organi than 331/3	ization ► 3 %, and	% ·

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer (b) below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2014

10b

.ISA

4E1229 2.000

i ait	V Supporting Organizations (continued)			<u> </u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	•		
<u>Cooti</u>	on C. Type II Supporting Organizations	2		
Secu	on c. Type ii Supporting Organizations		Yes	No
			res	INC
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
0000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior			
	tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons):	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ctions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	that these activities constituted substantially all of its activities.	2a		
b		2a		
b	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
b	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the</i>	2a 2b		
b 3	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. <b>Answer (a) and (b) below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2b		
3	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the</i> <i>reasons for the organization's position that its supported organization(s) would have engaged in these</i> <i>activities but for the organization's involvement.</i> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
3	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. <b>Answer (a) and (b) below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2b		

Schedule A (Form 990 or 990-EZ) 2014			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970. See in	nstructions. All
other Type III non-functionally integrated supporting organizations must con	nplete S	ections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Not abort form conitol gain	1		(optional)
1 Net short-term capital gain     2 Recovering of prior year distributions	2		
2 Recoveries of prior-year distributions	3		
3 Other gross income (see instructions)	4		
4 Add lines 1 through 3 5 Depreciation and depletion	5		
	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	7		
7 Other expenses (see instructions)	8		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	0		(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
<ol> <li>Aggregate fair market value of all non-exempt-use assets (see</li> </ol>			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

Schedu	UPERATION SMILE, INC le A (Form 990 or 990-EZ) 2014	•		-1460147 Page
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.	5		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
с				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
 h	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
-	D, line 7: \$			
2	Applied to underdistributions of prior years			
 	Applied to 2014 distributable amount			
b	Remainder. Subtract lines 4a and 4b from 4.			
<u>с</u>				
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
-	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II -	OTHER INCOME				ATTACHMENT	1
DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
CURRENCY GAIN/(LOSS)	38,310.	-88,431.	17,107.	19,798.	-21,281.	-34,497.
MISCELLANEOUS	490.	16,235.	1,690.	9,929.	4,610.	32,954.
TOTALS		-72,196.	18,797.	29,727.	-16,671.	

#### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

## Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.
Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2014

Name of the organization

OPERATION SMILE, INC.

54-1460147

Employer identification number

#### Organization type (check one):

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

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

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

#### **General Rule**

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

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization OPERATION SMILE, INC.

Employer identification number 54-1460147

(a) Io.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
- 1		\$ 5,067,210.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		• \$1,455,817.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 3		\$ 3,064,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 4		• \$ <u>4,251,079</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 5		• \$ 4,165,914.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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MEDICAL SUPPLIES		
	\$\$,251,079.	06/10/2015
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	  \$\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	   \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	   \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	  \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	  \$	
	Description of noncash property given         (b)         Description of noncash property given	(b)       (c)         FMV (or estimate)       (see instructions)         (b)       (c)         (b)       (c)         Description of noncash property given       (c)         (b)       (c)         (c)       FMV (or estimate)         (see instructions)       (see instructions)         (b)       (c)         Description of noncash property given       (c)         (b)       FMV (or estimate)         (see instructions)       (see instructions)         (c)       FMV (or estimate)         (see instructions)       (see instructions)         (b)       Description of noncash property given         (b)       FMV (or estimate)         (see instructions)       (see instructions)         (c)       FMV (or estimate)         (see instructions)       (see instructions)         (b)       FMV (or estimate)         (see instructions)       (see instructions)         (b)       FMV (or estimate)         (see instructions)       (see instructions)         (b)       FMV (or estimate)         (see instructions)       (see instructions)         (see instructions)       (see instructions)

Employer identification number Name of organization OPERATION SMILE, INC.

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

(a) No.

(c)

Name of o	rganization OPERATION SMILE, INC.			Employer identification number
Part III	Exclusively religious, charitable, etc.	contributions to o	anizations doscr	54-1460147
	that total more than \$1,000 for the y following line entry. For organizations contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	<b>/ear from any one c</b> s completing Part III, e year. (Enter this inf	ontributor. Completenter the total of exormation once. Se	ete columns (a) through (e) and the <i>clusively</i> religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
		(e) Transfe	r of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relations	ship of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
		(e) Transfe	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relations	ship of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
		(e) Transfe	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relations	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
_				
		(e) Transfe		
	Transferee's name, address, ar	nd ZIP + 4	Relations	ship of transferor to transferee
ISA				Schedule B (Form 990, 990-EZ, or 990-PF) (2014

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Page 4

SCHEE	DULE	D
(Form	990)	

# Supplemental Financial Statements Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

	Department of the Treasury		Attach to Form 990.	, .		Open to Public
	nal Revenue Service	Information about Schedule	D (Form 990) and its instructi	ions is at www.irs		Inspection
	e of the organization	TNO			Employer identifica	
	ERATION SMILE,				54-146014	-7
Pa		tions Maintaining Donor Adv			Accounts.	
	Complete	e if the organization answered				
			(a) Donor advised for	unds	(b) Funds and	other accounts
1		nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		it end of year				
5	-	ion inform all donors and donor	-			
		nization's property, subject to the	-	-		Yes No
6	-	on inform all grantees, donors, a				
		purposes and not for the bene			• • •	
		issible private benefit?				Yes No
Ра		tion Easements. e if the organization answered	"Voc" to Form 000 Port	IV line 7		
1		servation easements held by the				
•		n of land for public use (e.g., rec			of a historically im	oortant land area
		of natural habitat			of a certified histor	
		n of open space		Fleseivation		
2		through 2d if the organization he	ald a qualified conservation	contribution in	the form of a cons	servation
2		ast day of the tax year.				End of the Tax Year
а		onservation easements			2a	
b		tricted by conservation easements			2b	
c	-	vation easements on a certified			2c	
d		rvation easements included in (c				
		isted in the National Register			2d	
3		rvation easements modified, trar			· · · · ·	ization during the
-			J	,		<b>J</b>
4	•	where property subject to conse	rvation easement is located	▶		
5		ation have a written policy re-			tion, handling of	
	-	orcement of the conservation eas			-	Yes No
6	Staff and voluntee	r hours devoted to monitoring, ir	specting, and enforcing co	onservation eas	ements during the	/ear
	▶					
7	Amount of expens	es incurred in monitoring, inspec	ting, and enforcing conserv	vation easeme	nts during the year	
	▶\$					
8		vation easement reported on line				)
		)(4)(B)(ii)?				└── Yes └── No
9		be how the organization reports				
		d include, if applicable, the text of	8	ization's financ	al statements that	describes the
Do		ounting for conservation easeme tions Maintaining Collections		uras or Otha	r Similar Accota	
Γa		if the organization answered			i Sillillai Assels.	
4 -	•	v				and balance about
1a	works of art, hist public service, pro	n elected, as permitted under SF orical treasures, or other simila vide, in Part XIII, the text of the fo	ar assets held for public e potnote to its financial state	exhibition, edu	cation, or researc cribes these items.	h in furtherance of
b		n elected, as permitted under				
	public service, pro	orical treasures, or other simila vide the following amounts relati	ng to these items:			
		ded in Form 990, Part VIII, line 1				
		d in Form 990, Part X				
2		n received or held works of a				I gain, provide the
		required to be reported under S				
а	Revenue included	in Form 990, Part VIII, line 1			<b>&gt;</b> \$	

Assets included in Form 990, Part X.....

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

b

Schedule D (Form 990) 2014

▶ \$

. .

OMB No. 1545-0047

2014

Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         3       Using the organization's accusion, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply):	Sche	dule D (Form 990) 2014							Page <b>2</b>
collection items (check all that apply):       d       Loan or exchange programs         b       Scholarly research       e       Other	Par	t III Organizations Maintaini	ng Collections o	f Art, Hist	orical Treasu	res, or Ot	her Similar Ass	ets (contir	nued)
a       Public exhibition       d       Loan or exchange programs         b       Scholarly research       e       Other         4       Provide a description of the organization's collections and explain how they further the organization's oxempt purpose in Part Xill.         5       During the year, did the organization's collections and explain how they further the organization's output statement to be maintained as part of the organization collection?       Yes       No         7       Provide a description of the organization's collections and explain how they further the organization's collection?       Yes       No         7       Provide an amount on Form 990, Part X, line 21.       Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Id       The organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Id       The organization and using the year       Id       Id       The organization include	3	Using the organization's acquisition	on, accession, and	other recor	ds, check any	of the follow	ving that are a sig	nificant use	e of its
b       Scholarly research       e       Other         Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.       Souring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         PartIV       Escrew and Custodial Arrangements. Complete If the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2, line 21.         Is the organization include an amount on Form 990, Part X, line 21, for serve or custodial acroagement in Part XIII. Check hare if the organization include an include an amount on Form 990, Part X, line 21, for serve or custodial account lability?       Yes       No         Diff between Funds. Complete if the organization answered "Yes" to Com 900, Part IV, line 10.       It       It       It         Baginning of year balance       (a) Current year       (b) Prioryeer       (c) Two years back       (e) Fouryeers back         Contributions       (a) Current year       (b) Prioryeer       (c) Two years back       (e) Fouryeers back         Beginning of year balance       (b) Prioryeer       (c) Two years back       (e) Fouryeers back       (f) Three years back       (e) Fouryeers back		collection items (check all that app	oly):		_				
c       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.         During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	а	Public exhibition		d	Loan or exch	nange progra	ms		
c       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.         During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research		е	Other				
XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part W       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Amount         c       Beginning balance       Intermediation form 990, Part X, line 21.       Amount         c       Beginning of year manuement in Part XIII. Check here if the explanation has been provided in Part XIII.       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XII.       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XII.       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XII.       No         b       If 'Yes 'Yes in the arrangement in Part XII.       Check here in the provided in Part XII.       No         b       Contributons <t< th=""><th>С</th><th>Preservation for future gene</th><th>rations</th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	С	Preservation for future gene	rations						
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar seates to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 90, Part X?,	4	Provide a description of the organ	nization's collection	is and expla	ain how they fu	irther the or	ganization's exem	ot purpose	in Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		XIII.							
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?.       Image: Control of Control o	5	During the year, did the organization	on solicit or receive	donations o	f art, historical t	reasures, or	other similar		
or reported an amount on Form 990, Part X, line 21.         1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         b If 'Yes,'' explain the arrangement in Part XIII and complete the following table:         c Beginning balance       1         d Additions during the year       1         e Distributions during the year       1         d Additions during the year       1         e Distributions during the year       1         a Beginning of year balance       1         e Dottributions       1         e Other expanditures is for facilities       1         and losses       1         e Other expenditures for facilities       1         and programs       1         e Other expenditures for facilities       1         and programs       1         e Other expenditures for facilities       1         and there endowment         %									
included on Form 990, Part X?,	Par				e organizatior	n answered	"Yes" to Form 99	90, Part IV,	line 9,
b       If "Yes," explain the arrangement in Part XIII and complete the following table:         c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         f       Ending balance       If         d       Distributions during the year       Id         f       Ending balance       If         d       Distributions during the year       In         f       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         a       Garants or scholarships       (e) Four years back         d       Grants or scholarships       Im         g       End of year balance       Im         g       Fod of year balance       Im         g       End of year balance       Im         g       End of year balance       Im         g       End of year balance       Im         g       Fod of year balance       Im         g       End of year balance       Im         g       End of year balance       Im         g       Fod of year ba	1a								
c       Beginning balance       Ic       Ic         d       Additions during the year       Id       Id         e       Distributions during the year       Id       Id         f       Ending balance       If       Id       Id         2       Did the organization include an amount on Form 990, Part X, line 21, for secrem or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII, response to the organization answered "Yes" to Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       Grants or scholarships       (a) Current year       (b) Prior years       (c) Two years back       (e) Four years back         c       No       Other expenditures for facilities       (a) Current year       (c) Current year       (c) Two years         d <t< td=""><td></td><td>included on Form 990, Part X?</td><td></td><td></td><td></td><td></td><td></td><td>Yes</td><td>No</td></t<>		included on Form 990, Part X?						Yes	No
c       Beginning balance       Ic       Ic         d       Additions during the year       Id       Id         e       Distributions during the year       Id       Id       Id         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If 'esc, 'explain the atrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.         1a       Beginning of year balance	b	If "Yes," explain the arrangement i	in Part XIII and com	plete the fol	lowing table:				
d Additions during the year       1d         e Distributions during the year       1d         f Ending balance       1d         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         a Beginning of year balance       (a) Current year         b Contributions       (b) Prior year         c Not investment earnings, gains, and losses,							Amount		
e       Distributions during the year	С								
f       Ending balance	d								
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       No       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Contributions       (b) Contributions       (c) Two years back       (d) Three years back       (e) Four years back         1a Grants or scholarships       (c) Two years back       (d) Three years back       (e) Four years back         c Grants or scholarships       (c) Two years back       (d) Three years back       (e) Four years back         a dorinstrative expenses       (c) Two years back       (d) Three years back       (e) Four years back         g End of year balance       (c) Two years back       (e) Four years back       (e) Four years back         g End of year balance       (c) Three years back       (e) Four years back       (e) Four years back         g End of year balance       (c) The current year end balance (line 1g, column (a)) held as: <td>е</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	е								
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.          1a       Beginning of year balance									
Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities and programs       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities and programs       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c) Two years back       (d) Three years back       (e) Four years         d       Grants or scholarships       (c) Two years back       (file organizations       (file organizations)         d       Describe in		•					•	<u> </u>	No
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       (d) Current year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (d) Three years back       (d) Three years back       (e) Four years back       (e) Four years back         b Contributions       (d) Three years back       (e) Four years back       (e) Four years back         c Net investment earnings, gains, and losses       (d) Three years back       (e) Four years back         d Grants or scholarships       (d) Three years back       (e) Four years back         d Grants or scholarships       (d) Three years back       (e) Four years back         d Grants or scholarships       (d) Three years back       (e) Four years back         d Grants or scholarships       (d) Three years back       (d) Three years back         d Grants or scholarships       (f) Cher expenditures for facilities and programs       (f) Cost or other back         g End of year balance       (f) rear year end balance (line 1g, column (a)) held as:       (f) Permanent percentages in lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment (partications       (f) Three years back       (f) Sa(ii)       (f) Sa(ii)         (i) unrelated organizations       (f) Permanent full the intended us									
1a       Beginning of year balance	Par	t V Endowment Funds. Com							
b       Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Description of property       %       The percentages in lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organizations       Image: Contributions       Image: Contributions         (i) Intelated organizations       Image: Contribution answered       Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Complete in the org				(b) Prio	r year (C) T	wo years back	(d) Three years back	(e) Four yea	ars back
c       Net investment earnings, gains, and losses									
and losses									
d Grants or scholarships	С								
e       Other expenditures for facilities and programs		and losses							
and programs									
f       Administrative expenses	е								
g End of year balance									
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Temporarily restricted endowment ▶%         The percentages in lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	T								
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Temporarily restricted endowment ▶%         The percentages in lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	g								
b       Permanent endowment ▶       %         c       Temporarily restricted endowment ▶       %         The percentages in lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) related organizations</li> </ul> <ul> <li>(i) unrelated organizations</li> <li>(iii) related organizations</li> <li>(iii) related organizations is the organization's endowment funds.</li> </ul> <ul> <li>(a) Cost or other basis (b) Cost or other basis (c) Accumulated (depreciation (d) Book value (other)</li> <li>(a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (depreciation (d) Book value (structure)</li> <li>(a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (depreciation (d) Book value (structure)</li> <li>(b) Buildings</li> <li>(c) Accumulated (c) Accumulated (c) Acound (d) Book value (structure)</li> <li>(c) Accumulated (c) Acound (c) Book val</li></ul>	2				(line 1g, colum	n (a)) neid as	5:		
c       Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	a b		·	70					
The percentages in lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) related organizations listed as required on Schedule R?</li> <li>(iiii) addition (iiii) are the related organization's endowment funds.</li> </ul> <ul> <li>Part VI</li> <li>Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(a) Cost or other basis (other) (other) (other)</li> <li>(a) Cost or other basis (other)</li> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(a) Cost or other basis (other)</li> <li>(b) Recurrent (d) Book value</li> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated (d) Book value</li> <li>(d) Book value</li> <li>(investment)</li> <li>(c) Accumulated (d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li></ul>		·							
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> 3a(i)     3a(i)           4 Describe in Part XIII the intended uses of the organization's endowment funds.         3b         3b           Part VI         Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         (d) Book value               1a Land             3,094,293.             3,094,293.               b Buildings             15,714,555.             1,102,053.             14,612,502.               c Leasehold improvements             11,330.             3,189.             8,141.               d Equipment             6,346,659.             3,814,483.             2,532,176.               e Other             0ther             882,713.             882,713.	L								
Ves No         (i) unrelated organizations       3a(i)         (ii) related organizations       3a(ii)         b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       3a(ii)         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (c) Accumulated depreciation       (d) Book value         1a Land       3,094,293.       3,094,293.       3,094,293.         b Buildings       15,714,555.       1,102,053.       14,612,502.         c Leasehold improvements       11,330.       3,189.       8,141.         d Equipment       6,346,659.       3,814,483.       2,532,176.         e Other       882,713.       882,713.       882,713.	3 3				tion that are be	ld and admi	nistorod for the		
(i) unrelated organizations       3a(i)         (ii) related organizations       3a(ii)         b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (c) Accumulated (other)       (d) Book value         1a Land       3,094,293.       3,094,293.       3,094,293.         b Buildings       15,714,555.       1,102,053.       14,612,502.         c Leasehold improvements       11,330.       3,189.       8,141.         d Equipment       6,346,659.       3,814,483.       2,532,176.         e Other       882,713.       882,713.       882,713.	Ja			ine organiza		iu anu aumi		Vo	s No
(ii) related organizations         b       If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       3a(ii)         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (c) Accumulated depreciation       (d) Book value         1a       Land       3,094,293.       3,094,293.         b       Buildings       15,714,555.       1,102,053.       14,612,502.         c       Leasehold improvements       11,330.       3,189.       8,141.         d       Equipment       6,346,659.       3,814,483.       2,532,176.         e       Other       882,713.       882,713.       882,713.		<b>c</b>							
b       If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (c) Accumulated depreciation       (d) Book value         1a       Land       3,094,293.       3,094,293.         b       Buildings       15,714,555.       1,102,053.       14,612,502.         c       Leasehold improvements       11,330.       3,189.       8,141.         d       Equipment       6,346,659.       3,814,483.       2,532,176.         e       Other       882,713.       882,713.       882,713.									
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land       3,094,293.       3,094,293.         b       Buildings       15,714,555.       1,102,053.       14,612,502.         c       Leasehold improvements       11,330.       3,189.       8,141.         d       Equipment       6,346,659.       3,814,483.       2,532,176.         e       Other       882,713.       882,713.       882,713.	h		raanizations listed as	required on	Schedule R?				
Part VILand, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1aLand3,094,293.3,094,293.3,094,293.bBuildings15,714,555.1,102,053.14,612,502.cLeasehold improvements11,330.3,189.8,141.dEquipment6,346,659.3,814,483.2,532,176.eOther882,713.882,713.	4		0	•	•			55	
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         3,094,293.         3,094,293.         3,094,293.           b Buildings         15,714,555.         1,102,053.         14,612,502.           c Leasehold improvements         11,330.         3,189.         8,141.           d Equipment         6,346,659.         3,814,483.         2,532,176.           e Other         882,713.         882,713.         882,713.	Par		0						
Ta         Land         (investment)         (other)         depreciation         (cyclential           1a         Land         3,094,293.         3,094,293.         3,094,293.           b         Buildings         15,714,555.         1,102,053.         14,612,502.           c         Leasehold improvements         11,330.         3,189.         8,141.           d         Equipment         6,346,659.         3,814,483.         2,532,176.           e         Other         882,713.         882,713.         882,713.	rai	Complete if the organiza	ation answered "Y	es" to Forn	n 990, Part IV,	line 11a. S	ee Form 990, Pa	rt X, line 10	Э.
1a Land       3,094,293.       3,094,293.         b Buildings       15,714,555.       1,102,053.       14,612,502.         c Leasehold improvements       11,330.       3,189.       8,141.         d Equipment       6,346,659.       3,814,483.       2,532,176.         e Other       882,713.       882,713.       882,713.		Description of property						(d) Book value	
b Buildings         15,714,555.         1,102,053.         14,612,502.           c Leasehold improvements         11,330.         3,189.         8,141.           d Equipment         6,346,659.         3,814,483.         2,532,176.           e Other         882,713.         882,713.         882,713.	1a	Land		simeni)	. ,	· · · · ·	reclation	3.094	293
c         Leasehold improvements         11,330.         3,189.         8,141.           d         Equipment         6,346,659.         3,814,483.         2,532,176.           e         Other         882,713.         882,713.         882,713.		<b>.</b>					.02,053.		
d Equipment         6,346,659.         3,814,483.         2,532,176.           e Other         882,713.         882,713.	~ C					-			
e Other 882,713. 882,713.	d						-		
		0.1					,		
				m 990. Part					

Schedule D (Form 990) 2014

Schedule D (F	Form 990) 2014		Page
Part VII	Investments - Other Securities.		
	Complete if the organization answered	"Yes" to Form 990	), Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	-held equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
( <u>H</u> )			
	n (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
Part VIII		"Yes" to Form 990	0, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 13.) 🕨		
Part IX	Other Assets. Complete if the organization answered	"Yes" to Form 990	), Part IV, line 11d. See Form 990, Part X, line 15.
	(a) Des	scription	(b) Book value
(1)			
(2)			
(3)			
_(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u>			
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)	▶
Part X	Other Liabilities.	"Voc" to Form 000	), Part IV, line 11e or 11f. See Form 990, Part X,
	line 25.	163 101 0111 990	
1.	(a) Description of liability	(b) Book valu	lue
	ral income taxes		
	GATION TO SPIN OFF ORGANIZ	988,	
	OF CREDIT	216,	
	TAL LEASE OBLIGATIONS		,863.
(5)			
(6)			
(7) (8)			
(0)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1, 276, 340.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(9)

OPERATION	SMILE,	INC.
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Schedu	le D (Form 990) 2014		Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	۱.	
1	Total revenue, gains, and other support per audited financial statements	1	95,224,308.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a -10,600.		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 28,962,016.		
е	Add lines 2a through 2d	2e	28,951,416.
3	Subtract line 2e from line 1	3	66,272,892.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b -122.		
С	Add lines 4a and 4b	4c	-122.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	66,272,770.
Part		rn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	85,751,845.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 28,962,016.		
е	Add lines <b>2a</b> through <b>2d</b>	2e	28,962,016.
3	Subtract line 2e from line 1	3	56,789,829.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b -122.		
С	Add lines 4a and 4b	4c	-122.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	5	56,789,707.
Part			
Provid	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	rt V, li	ne 4; Part X, line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
SEE	2 PAGE 5		
_			

Schedule D (Fe	orm 990) 2014	OPERATION SMILE, INC.	54-1460147
Part XIII	Supplemental	nformation (continued)	
SCHEDULE	D, PART XI,	LINE 2D	
CONTRIBU	TED SERVICES:	\$28,962,016	
SCHEDULE	D, PART XI,	LINE 4B	
RENTAL E	XPENSE: \$-122		
SCHEDULE	D, PART XII,	LINE 2D	

CONTRIBUTED SERVICES: \$28,962,016

SCHEDULE D, PART XII, LINE 4B

RENTAL EXPENSE: \$-122

Page 5

SCHEDULE F	- Stater	nent of <b>A</b>	ctivities	Outside the Uni	ted States	OMB No. 1545-0047	
(Form 990)				"Yes" on Form 990, Part IV,		2014	
D		•	Attach	to Form 990.		Open to Public	
Department of the Tre Internal Revenue Servi	ICE	on about Sched	ule F (Form 990	0) and its instructions is at W	ww.irs.gov/torm990.	Inspection	
Name of the organizat					Employer identified 54-146014		
	-	on Activities	Outside the	United States. Complete			
	n 990, Part IV, line 1			••••••••••••••••••••••••••••••••••••••			
assistance,	•	ity for the gran	ts or assistanc	substantiate the amount o e, and the selection criteri		X Yes No	
-	nakers. Describe in outside the United St		ganization's p	rocedures for monitoring	the use of its grants	and other	
3 Activities pe	er Region. (The follow	wing Part I, line	3 table can b	e duplicated if additional sp	pace is needed.)		
(a)	) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region	
(1) CENTRAL AME	ERICA/CARIBBEAN			GRANTMAKING		812,901.	
(2) CENTRAL AME	ERICA/CARIBBEAN			PROGRAM SERVICES	EDUCATION	22,220.	
(3) CENTRAL AME	ERICA/CARIBBEAN		4.	PROGRAM SERVICES	MISSIONS	147,053.	
(4) EAST ASIA A	AND THE PACIFIC	2.	5.	FUNDRAISING		8,440.	
(5) EAST ASIA A	AND THE PACIFIC			GRANTMAKING		399,367.	
(6) EAST ASIA A	AND THE PACIFIC		1.	PROGRAM SERVICES	EDUCATION	561,692.	
(7) EAST ASIA A	AND THE PACIFIC		14.	PROGRAM SERVICES	MISSIONS	1,894,914.	
(8) EUROPE		1.	3.	FUNDRAISING		730,062.	
(9) EUROPE				GRANTMAKING		340,500.	
(10) EUROPE				PROGRAM SERVICES	EDUCATION	441,873.	
(11) EUROPE				PROGRAM SERVICES	MISSIONS	24,095.	
(12) MIDDLE EAST	T AND NORTH AFRICA			GRANTMAKING		196,744.	
(13) MIDDLE EAST	F AND NORTH AFRICA		1.	PROGRAM SERVICES	MISSIONS	123,965.	
(14) NORTH AMERI	ICA			FUNDRAISING		1,700.	
(15) NORTH AMERI	ICA			GRANTMAKING		3,925,557.	
(16) NORTH AMERI	ICA			PROGRAM SERVICES	MISSIONS	3,768.	
(17) RUSSIA/INDE	יספאוראית פייאייפי			GRANTMAKING	EDUCATION		
	SPENDENT STATES	3.	28.		BROCHTON	9,634,851.	
<b>b</b> Total fr	om continuation						
	Part I dd lines 3a and 3b)	2.	28. 56.			2,498,988.	
		J 5.	. 00.			14,133,039.	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 4E1274 1.000 97064P 2502

SCHEDULE F	Statem	nent of A	ctivities	Outside the Uni	ted States	OMB No. 1545-0047
(Form 990)	► Complete	if the organiza	tion answered	"Yes" on Form 990, Part IV,	line 14b, 15, or 16.	2014
Department of the Treasury Internal Revenue Service	Informatio	n about Sched		to Form 990. ) and its instructions is at <i>w</i> v		Open to Public
Name of the organization	1				Employer identific	
OPERATION SMILE	-				54-146014	
	Information o ), Part IV, line 14		Outside the l	Jnited States. Complete	if the organization answ	ered "Yes" on
-	rantees' eligibilit	y for the grant	s or assistance	ubstantiate the amount of a, and the selection criteri	•	X Yes No
2 For grantmaker assistance outsic			ganization's pi	rocedures for monitoring	the use of its grants	and other
3 Activities per Re	gion. (The follow	ing Part I, line	3 table can be	e duplicated if additional sp	pace is needed.)	
(a) Regio	n	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) SOUTH AMERICA			1.	GRANTMAKING		701,283.
(2) SOUTH AMERICA			1.	PROGRAM SERVICES	EDUCATION	45,703.
(3) SOUTH AMERICA			2.	PROGRAM SERVICES	MISSIONS	147,945.
(4) SOUTH ASIA				FUNDRAISING		130.
(5) SOUTH ASIA				GRANTMAKING		334,470.
(6) SOUTH ASIA			15.	PROGRAM SERVICES	EDUCATION	856.
(7) SOUTH ASIA			2.	PROGRAM SERVICES	MISSIONS	138,117.
(8) SUB-SAHARAN AFRI	CA			FUNDRAISING		4,517.
(9) SUB-SAHARAN AFRI	CA			GRANTMAKING		369,609.
(10) SUB-SAHARAN AFRI	CA		1.	PROGRAM SERVICES	EDUCATION	188,558.
(11) SUB-SAHARAN AFRI	CA	2.	6.	PROGRAM SERVICES	MISSIONS	567,800.
(12)						
(13)						
(14)						
(15)						
(16)						
(17) 3a Sub-total b Total from sheets to Part I c Totals (add lin	continuation					

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				- /		•
Schedu	le F	(Form	990)	201	4	

Part II			tions or Entities Outsid /ed more than \$5,000. I					ed "Yes" on F	Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	MISSION	34,474.	WIRE			
(2)			CENT. AMERICA/CARIBBEAN	MISSION	68,622.	WIRE			
(3)			CENT. AMERICA/CARIBBEAN	PROGRAM	52,582.	WIRE			
(4)			CENT. AMERICA/CARIBBEAN	PROGRAM	500,446.	WIRE			
(5)			CENT. AMERICA/CARIBBEAN	MISSION	18,547.	WIRE			
(6)			EAST ASIA/PACIFIC	CAPACITY BUILDING	13,816.	WIRE			
(7)			EAST ASIA/PACIFIC	CAPACITY BUILDING	41,641.	WIRE			
(8)			EAST ASIA/PACIFIC	MISSION	11,568.	WIRE			
(9)			EAST ASIA/PACIFIC	CAPACITY BUILDING	6,000.	WIRE			
(10)			EAST ASIA/PACIFIC	CAPACITY BUILDING	15,365.	WIRE			
(11)			EAST ASIA/PACIFIC	CAPACITY BUILDING	31,326.	WIRE			
(12)			EAST ASIA/PACIFIC	CAPACITY BUILDING	52,607.	WIRE			
(13)			EAST ASIA/PACIFIC	CAPACITY BUILDING	6,816.	WIRE			
(14)			EAST ASIA/PACIFIC	MISSION	88,231.	WIRE			
(15)			EAST ASIA/PACIFIC	MISSION	49,475.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	CAPACITY BUILDING	243,854.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter \_\_\_\_\_ 3 Enter total number of other organizations or entities..... ►

Schedule F (Form 990) 2014

Page 2

2

#### Schedule F (Form 990) 2014

Part II	Grants and Other Assist Part IV, line 15, for any re							d "Yes" on F	orm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				CAPACITY					
(1)			EUROPE/ICELAND/GREENLAND	BUILDING	51,272.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	PROGRAM	5,026.	WIRE			
				CAPACITY					
(3)			MIDDLE EAST/NORTH AFRICA	BUILDING	18,528.	WIRE			
				CAPACITY					
(4)			MIDDLE EAST/NORTH AFRICA	BUILDING	55,520.	WIRE			
(5)				DROGRAM	106 410	MIDE			
(3)			MIDDLE EAST/NORTH AFRICA	PROGRAM CAPACITY	106,419.	WIRE			
(6)			NORTH AMERICA	BUILDING	41,790.	WIRE			
(7)			NORTH AMERICA	MISSION	28,413.	WIRE			
				CAPACITY					
(8)			NORTH AMERICA	BUILDING	3,704,457.	WIRE			
(9)			NORTH AMERICA	MISSION	132,811.	WIRE			
(10)				CAPACITY					
(10)			SOUTH AMERICA	BUILDING	120,171.	WIRE			
(11)			COUTTLE AMEDICA	MIGGION	20 701	WIRE			
(11)			SOUTH AMERICA	MISSION	29,781.	WIRE			
(12)			SOUTH AMERICA	PROGRAM	256,966.	WIRE			
(13)			SOUTH AMERICA	MISSION			29,823.	MEDICAL SUPP	COST
(14)			SOUTH AMERICA	PROGRAM	79,110.	WIRE			
(15)				CAPACITY					
(15)			SOUTH AMERICA	BUILDING		WIRE	47,800.	MEDICAL SUPP	COST
(16)			SOUTH AMERICA	MISSION	56,242.	WIRE			

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

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

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

Page 2

54-1460147

### OPERATION SMILE, INC.

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OPERATION SMILE, INC.

Schedule F (Form 990) 2014

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Method of (b) IRS code (f) Manner of (g) Amount of (h) Description 1 (d) Purpose of (a) Name of (c) Region (e) Amount of valuation cash disbursement non-cash of non-cash section and EIN grant cash grant (book, FMV. organization (if applicable) assistance assistance appraisal, other) (1) PROGRAM SOUTH ASIA 308,306. WIRE (2) PROGRAM WIRE SUB-SAHARAN AFRICA 25,700 CAPACITY (3) SUB-SAHARAN AFRICA BUILDING WIRE 83,153. CAPACITY (4) BUILDING SUB-SAHARAN AFRICA 146,515 WIRE (5) SUB-SAHARAN AFRICA MISSION 38,077. WIRE (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16)

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 29. 8. Enter total number of other organizations or entities

Schedule F (Form 990) 2014

Page 2

Part III can be duplicated if	additional space is neede	d.		(e) Manner of	(f) Amount of		(h) Method of
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	cash disbursement	assistance	(g) Description of non-cash assistance	valuation (book, FMV, appraisal, other)
(1) FELLOWSHIP	EAST ASIA/PACIFIC	1.	11,500.	WIRE			
_(2)							
(3)							
(4)							
_(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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

Schedule F (Form 990) 2014

OPERATION SMILE, INC.

Schedu	ule F (Form 990) 2014		Page 4
Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund</i> (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

### Page 5

#### Part V Supplemental Information

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

FORM SCH F PART I LINE 2

OPERATION SMILE MONITORS AND REVIEWS GRANT REQUESTS FOR ALIGNMENT WITH OUR PROGAMMATIC GOALS AND ADHERENCE TO ELIGIBILITY REQUIREMENTS. ALL GRANT RECIPIENTS SUBMIT REPORTS DETAILING THE USE OF THE GRANT FUNDS. THESE REPORTS ARE EXAMINED BY OPERATION SMILE AND REVIEWED FOR TIMELINESS, CONTENT, ACCURACY, AND APPROPRIATE SUPPORTING DOCUMENTATION TO SUBSTANTIATE THE USE OF FUNDS. WE HAVE ONGOING COMMUNICATION AND FREQUENT ONSITE VISITS WITH OUR PARTNER FOUNDATIONS TO ENSURE GRANT REQUIREMENTS ARE BEING MET, APPROPRIATE DOCUMENTATION IS MAINTAINED, AND TO PROVIDE ASSISTANCE AS NEEDED.

	Supplemental Information Regarding Fundraising or Gaming Activities						Activities	OMB No. 1545-0047	
SCHEDULE G (Form 990 or 990-EZ)			Complete if the organi organiza	Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.					
Departr	nent	of the Treasury enue Service	Information about Schee	Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.					
Name o	of the	organization	•				Employer identificat	ion number	
OPER	ATI	ON SMILE,	INC.				54-146014	7	
Part	1		ng Activities. Complete if )-EZ filers are not require	-		tion answered "Yes" to Form 9 e this part.	90, Part IV, line	17.	
1	Indi	cate whether	the organization raised fund	ds throug	h any	of the following activities. Check a	all that apply.		
а	Х	Mail solicitat	ions		e X	Solicitation of non-government g	Irants		
b	Х	Internet and	ternet and email solicitations f						
с	Х	X Phone solicitations g X Special fundraising events							

**d**  $\begin{bmatrix} X \end{bmatrix}$  In-person solicitations

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

No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	<b>(ii)</b> Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization	
		Yes	No				
1							
STRATEGIC FUNDRAISING	TELEMARKET		Х	1,050,492.	1,358,959.	-308,467	
2							
RUSS REID COMPANY	DR CONSUL		X	23,532,072.	1,093,888.	22,438,184	
3							
THE PURSUANT GROUP	MAJOR GIFTS		X	237,450.	298,900.	-61,450	
4							
M+R STRATEGIC SERVICES	EMAIL MKTG		X	400,328.	144,971.	255,357	
5							
6							
7							
8							
9							
10							
Total	25,220,342.	2,896,718.	22,323,624				

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

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN,

IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NH, NJ, NM, NY, NC, ND, OH,

OK, OR, PA, RI, SC, SD, TN, UT, VA, WA, WV, WI,

#### Schedule G (Form 990 or 990-EZ) 2014

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

		gross receipts greater than \$5,0						
			(a) Event #1 2015 LA GALA	(b) Event #2 2015 NY SMILE	(c) Other events 14.	(d) Total events (add col. (a) through		
			(event type)	(event type)	(total number)	col. <b>(c)</b>		
ē			(event type)	(eveni type)	(total humber)			
Revenue	1	Gross receipts	951,986.	470,976.	1,746,137.	3,169,099		
Ř	2	Less: Contributions	862,626.	418,366.	1,557,859.	2,838,851		
	3	Gross income (line 1 minus	89,360.	52,610.	188,278.	330,248		
		line 2)		5270101	100/2/01	5507210		
	4	Cash prizes						
	5	Noncash prizes						
nses	6	Rent/facility costs	74,275.	151,344.	99,834.	325,453		
<b>Direct Expenses</b>	7	Food and beverages	114,001.	107,552.	144,026.	365,579		
Direct	8	Entertainment	14,800.	40,950.	24,949.	80,699		
	9	Other direct expenses	47,472.	58,274.	87,072.	192,818		
	10	Direct expense summary. Add lines	through Q in column (d)		•	964,549		
	10 Direct expense summary. Add lines 4 through 9 in column (d)         11 Net income summary. Subtract line 10 from line 3, column (d)							
	rt I		anization answered "Y			-634,301 rted more		
anu		. ,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		

Revenue		<b>(a)</b> Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Reve	1 Gross revenue								
es	2 Cash prizes								
Direct Expenses	3 Noncash prizes								
irect E	4 Rent/facility costs								
	5 Other direct expenses								
	6 Volunteer labor	Yes%	Yes%	Yes%					
	7 Direct expense summary. Add lines 2	through 5 in column (d)							
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)								
9	Enter the state(s) in which the organizati	on conducts gaming ac	tivities:						
a	a Is the organization licensed to conduct gaming activities in each of these states? Yes No								

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2014

**b** If "No," explain:

No

Sched	ule G (Form 990 or 990-EZ) 2014		F	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	🗌 Y	′es 🔄	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			-
	formed to administer charitable gaming?	L א	′es	No
13	Indicate the percentage of gaming activity conducted in:	_		0/
a L	The organization's facility 13a			<u>%</u> %
b 14	An outside facility [13] Enter the name and address of the person who prepares the organization's gaming/special events books ar			
14	records:			
	Name ▶			
	Address ►			·
15 a	Does the organization have a contract with a third party from whom the organization receives gam		′es 🗌	No
b	revenue? If "Yes," enter the amount of gaming revenue received by the organization ► \$ and		es	
~	amount of gaming revenue retained by the third party $\blacktriangleright$ \$			
с	If "Yes," enter name and address of the third party:			
	Name ►			·
	Address ►			
16	Gaming manager information:			
10				
	Name ▶			
	Gaming manager compensation ► \$			
	Description of convision provided			
	Description of services provided ►			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceed			
	retain the state gaming license?	[] Y	′es	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organiz or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$	ations		
Part		and (v), a	nd	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional			
	(see instructions).			
PAR	I 1 - FUNDRAISING			
੦੦ਙਾ	CATTON CATE UNC AN ACCERMENT WITTU DICC DETD COMDANY TO DOUTDE			
OPEI	RATION SMILE HAS AN AGREEMENT WITH RUSS REID COMPANY TO PROVIDE			
SERV	VICES RELATED TO ITS DIRECT RESPONSE FUNDRAISING AND PUBLIC AWARENESS			
CAM	PAIGNS AND RESEARCH. THESE SERVICES INCLUDE PROFESSIONAL FUNDRAISING,			
CRE	ATIVE SERVICES, FUNDRAISING STRATEGY DEVELOPMENT, TV PRODUCTION, MEDIA			
D7777				
вUY.	ING/SYNDICATION, PRINTING/PRODUCTION/MAILING, PHONE CENTER QUALITY			
ASSI	JRANCE, AND CONSULATION REGARDING DIGITAL PRESENCE. PAYMENTS TO RUSS			

Schedule G (Form 990 or 990-EZ) 2014

OPERATION	SMILE,	INC.
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	OPERATION SMILE, INC.	24-140	0147	
Sched	ule G (Form 990 or 990-EZ) 2014			Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti			
12				
	formed to administer charitable gaming?	• • • • •	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events book			
	records:			
	Name 🕨			
	Name ▶			
	Address			
15 a	Does the organization have a contract with a third party from whom the organization receives			
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization	and the		
	amount of gaming revenue retained by the third party $\blacktriangleright$ \$			
с	If "Yes," enter name and address of the third party:			
	Name 🕨			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming pro	acada ta		
а				
	retain the state gaming license?	••••	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga	anizations		
	or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$			
Part				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additic	nal infor	mation	
	(see instructions).			
REII	D COMPANY IN THE TAX YEAR TOTALLED \$15,117,234 OF WHICH APPROXIMATELY			
7% I	REPRESENTED PROFESSIONAL FUNDRAISING FEES.			

SCHEDULE I				Assistance t			<u> </u>	OMB No. 1545-0047
(Form 990) Governments, and Individuals in the United States						d States		201 <b>1</b>
	Com	plete if the o	-	swered "Yes" to F		line 21 or 22.		
Department of the Treasury				tach to Form 990.				Open to Public
Internal Revenue Service	Informa	tion about S	chedule I (Forn	n 990) and its inst	ructions is at www	v.irs.gov/form990.		Inspection
Name of the organization							Employer identificati	
OPERATION SMILE Part I General I	nformation on Grants an	d Accistana	•				54-1460147	
<ol> <li>Does the organize the selection critical describes in Part</li> <li>Describe in Part</li> <li>Part II Grants and Grants an</li></ol>	zation maintain records to s eria used to award the gran IV the organization's proce <b>nd Other Assistance to D</b>	ubstantiate th ts or assistand dures for mor <b>Comestic Or</b>	ne amount of th ce? nitoring the use <b>ganizations a</b>	of grant funds in the	e United States. /ernments. Com	plete if the organiz	ation answered "Y	X Yes No
1 (a) Name and	ne 21, for any recipient t address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	De duplicated if a	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
Or (	government		if applicable	grant	cash assistance	other)	non-cash assistance	or assistance
(1) CHILDREN'S HOSPIT		_						FELLOWSHIP
	MS # 96, LOS ANGELES, CA	95-1690977	501 (C)(3)	30,000.				EDUCATION
_(2)		_						
(3)		-						
(4)		_						
(5)		_						
(6)		_						
(7)		_						
(8)		_						
(9)		_						
(10)								
(11)								
(12)		-						

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

Schedule I (Form 990) (2014)

1.

## Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FELLOWSHIP	1.	7,844.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FORM SCH I PART I LINE 2

OPERATION SMILE, INC. MAKES GRANTS TO DOMESTIC ORGANIZATIONS THAT ARE

RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS 501(C)(3) ORGANIZATIONS.

THE FELLOWSHIP WAS CREATED THROUGH A PARTNERSHIP BETWEEN OPERATION SMILE,

CHILDREN'S HOSPITAL LOS ANGELES. THE FELLOWSHIP IS MONITORED BY REGULAR

STATUS REPORTS ON THE FELLOW'S PROJECTS AND A FINAL REPORT AT THE END OF

THE YEAR.

SCH	EDULE J	Compens	ation Information	0	/IB No. 1	1545-0	047	
(For	m 990)	•	ors, Trustees, Key Employees, and Highest		എത	4 /		
			oensated Employees answered "Yes" on Form 990, Part IV, line 2:	,	<u>ZU 14</u>			
Departr	nent of the Treasury		ach to Form 990.	0	pen to	o Pub	olic	
Internal	Revenue Service	Information about Schedule J (Form	n 990) and its instructions is at www.irs.gov/		Inspe		n	
	of the organization			Employer identification		r		
	RATION SMII	-		54-146014	/			
Part	Question	s Regarding Compensation				Vee	Na	
1a	Check the an	propriate box(es) if the organization provi	ided any of the following to or for a per	son listed in Form		Yes	No	
iu		Section A, line 1a. Complete Part III to pro						
		ss or charter travel	Housing allowance or residence for					
		or companions	Payments for business use of perso	•				
		mnification and gross-up payments	Health or social club dues or initiation					
		nary spending account	Personal services (e.g., maid, chauff	eur, chef)				
		have an line do and alcohood wild the						
b	or reimburse	boxes on line 1a are checked, did the ment or provision of all of the expe	enses described above? If "No." com	plete Part III to				
	explain				1b	X		
2	•	nization require substantiation prior t		•				
		tees, and officers, including the CEO/I		s checked in line				
					2	X		
3		, if any, of the following the filing organiz						
		CEO/Executive Director. Check all that zation to establish compensation of the						
		sation committee	Written employment contract	art m.				
			X Compensation survey or study					
	· · ·	0 of other organizations	Approval by the board or compensat	tion committee				
4		• <u> </u>						
4		ar, did any person listed in Form 990, Pa r a related organization:	at vir, Section A, line Ta, with respect to	the hing				
а	•	verance payment or change-of-control pay	ment?		4a		Х	
b	Participate in	or receive payment from, a supplement	al nonqualified retirement plan?		4b		X	
С	•	or receive payment from, an equity-base			4c		X	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
_	-	501(c)(3), 501(c)(4), and 501(c)(29) orga	-					
5	•	sted in Form 990, Part VII, Section A, lin contingent on the revenues of:	ie Ta, did the organization pay or accrue a	any				
а		on?			5a		х	
b		ganization?			5b		X	
		5a or 5b, describe in Part III.						
6		sted in Form 990, Part VII, Section A, lin	e 1a, did the organization pay or accrue a	any				
	-	contingent on the net earnings of:						
а	The organizat	on?			6a		Х	
b	Any related o	ganization?			6b		X	
		6a or 6b, describe in Part III.						
7		isted in Form 990, Part VII, Section		-				
-		described in lines 5 and 6? If "Yes," desc			7			
8		ounts reported in Form 990, Part VII, pa	•	•				
		contract exception described in Re					х	
0		ne 8, did the organization also follow			8		^	
9		ection 53.4958-6(c)?			9			
	. togulations s				3			

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

Page 2

Schedule J (Form 990) 2014

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

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

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

	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
WILLIAM P. MAGEE JR, D. (i	) 387,918.	0	(	23,400.	5,561.	416,879.	
1 CEO & DIRECTOR (i		0	(	0 0	0	(	
E. WAYNE ZINN (i	j 214,169.	0	(	13,200.	5,579.	232,948.	
2 <sup>COO</sup> (i		0	(	0 0	0	(	
KRISTIE PORCARO (i	i) 143,214.	0	(	12,951.	5,579.	161,744.	
3 SVP,US& GLOBAL PHILANTHROPY		0	(	0 0	0	(	
RICHARD VANDERBURG (i	i) 195,963.	0	(	17,888.	5,425.	219,276.	
4 CHIEF PROGRAM STRATEGIST (i	i) C	0	(	0	0	(	
(i	i)						
5 (i	i)						
(i	i)						
6 (i	i)						
(i	i)						
7 (i	i)						
(i	i)						
8 (i	i)						
(i	i)						
9 (i							
(i	i)						
10 (i	i)						
(i	i)						
11 (i	i)						
(i	i)						
12 (i	i)						
(i	i)						
13 (i	i)						
(i	i)						
14 (i	i)						
(i	i)						
15 (i							
(i	i)						
16 (i							

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

#### Part III Supplemental Information

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

FIRST CLASS TRAVEL

FORM 990, SCHEDULE J, PART I, LINE 1A

OPERATION SMILE, INC. POLICY ALLOWS FOR UPGRADES TO BUSINESS OR FIRST

CLASS AIR TRAVEL IN LIMITED CIRCUMSTANCES FOR CEO, PRESIDENT, COO, AND

CHIEF PROGRAM STRATEGIST.

UPGRADEABLE FARES MAY ONLY BE PURCHASED IF TRAVEL IS MORE THAN 5 HOURS DOMESTICALLY, BUSINESS CLASS FARES FOR MORE THAN 8 HOURS INTERNATIONALLY FOR THESE POSITIONS ONLY. WHEN POSSIBLE, UPGRADES ARE PAID FOR WITH AIRLINE POINTS. THESE UPGRADES WERE NOT TREATED AS TAXABLE COMPENSATION TO THE RECIPIENTS.

SCHEDULE L		Tra	ansactio	ns	With	n Interes	sted	Persons		L	OME	3 No. 1	545-00	)47
(Form 990 or 990-EZ)	► Com	-	rganization a	nswer	ed "Ye	s" on Form 9	90, Par	rt IV, line 25a, 25b	o, 26, 27, 2	28a,	Ĺ	20'	14	
Department of the Treasury Internal Revenue Service	► Inf	formation abou	Atta	ach to	Form	90-EZ, Part V, 990 or Form 9 0-EZ) and its ing	90-EZ		/form990.			pen To spectio		C
Name of the organization	<b>P</b>							no lo ut in the orgen	Employer	identif				
OPERATION SMILE,	INC										0147			
			section 501(	c)(3)	sectio	n 501(c)(4)	and 5	501(c)(29) organ						
								25a or 25b, or For			rt V, li	ne 40	o.	
1 (a) Name of disqu	ualified p	erson	(b) Relatio	nship	between organiz	disqualified pers ation	on and	(c) D	escription	of trans	action			) Correcter
(1)														
(2)														
(3)														
<u>(4)</u> (5)														
(6)														
2 Enter the amoun	t of ta	x incurred by	the organiz	ation	manar	ners or disau	alified	l persons during t	he vear					
under section 49		-	-		-	- ·			-		► \$			
3 Enter the amoun											• \$_			
		x, ii any, on i	110 2, 00000	, 1011	100100	a by the orga	inzatio				Ψ_			
Part II Loans to a	nd/or I	From Interes	sted Persons	5.										
Complete if	f the o		inswered "Ye	es" oi				ine 38a or Form	990, Par	t IV, lir	ne 26;	or if tł	ne	
(a) Name of interested per	reon	(b) Relationship	(c) Purpose of	(d)   0	an to or	(e) Origin		(f) Balance due	( <b>a)</b> In	default?	<b>(h)</b> Ap	nroved	<b>(i)</b> \A	ritten
(a) Name of interested per		with organization	loan	1	m the	principal am			(9)	uelault:		ard or		ment?
				organ	ization?					committee		nittee?	?	
				То	From				Yes	No	Yes	No	Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
Total								\$						
		ance Benefit rganization a					line 2	7.						
(a) Name of interested per	rson	(b) Relationshi person and	p between intere the organization		<b>c)</b> Amou	nt of assistance		(d) Type of assistanc	e	(e)	) Purpo:	se of as	sistanc	e
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
For Paperwork Reduction	n Act N	lotice, see the	Instructions	for Fo	orm 990	or 990-EZ.			Sch	edule L	. (Form	990 or	990-E	Z) 201

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Page 2

Schedule L (Form 990 or 990-EZ) 2014

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	Sharing of nization's enues?	
				Yes	No	
1) KRISTIE PORCARO	DAUGHTER OF CEO & PRES	176,874.	EMPLOYMENT		x	
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
0)						

Provide additional information for responses to questions on Schedule L (see instructions).

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

**Open To Public** 

Department of the Treasury					
Internal Revenue Service					
Name of the organization					

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.
 Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

ployer identification number

OPERATION	SMILE	INC.
OFERATION	, during	TINC .

	Employ

54-1460147

Par	t Types of Property							
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		27.	331,646.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory		70.	6,736,487.	COST			
20	Drugs and medical supplies		70.	0,750,407.	0051			
21	Taxidermy Historical artifacts							
22 23								
23 24	Scientific specimens Archeological artifacts							
24 25								
23 26	Other ►() Other ►()							
20 27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the ora	anization during the tax v	ear for contributions for				
20	which the organization completed I				29			
		01111 0200,	r alt iv, Bonoo rioknomoug				Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least th				-			
	to be used for exempt purposes for	-			-	30a		Х
b	If "Yes," describe the arrangement i		01					
31	Does the organization have a		ance policy that require	s the review of any r	on-standard			
	contributions?			-		31	Х	
32a	Does the organization hire or use							
	contributions?		•			32a		Х
b	If "Yes," describe in Part II.	-			_			
33	If the organization did not report ar	n amount in	column (c) for a type of pro	perty for which column (a	) is checked,			
	describe in Part II.							

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

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.



FORM 990 PART VI LINE 2

WILLIAM P. MAGEE, JR., DIRECTOR AND CEO, IS THE SPOUSE OF KATHLEEN S. MAGEE, DIRECTOR AND PRESIDENT. KRISTIE PORCARO, SVP US & GLOBAL PHILANTHROPY, IS THE DAUGHTER OF WILLIAM P. MAGEE, JR., DIRECTOR AND CEO, AND KATHLEEN S. MAGEE, DIRECTOR AND PRESIDENT.

#### FORM 990 PART VI LINE 11B

AFTER COMPLETION OF THE 990 BY OPERATION SMILE FINANCE DEPARTMENT, WITH ASSISTANCE FROM KPMG, THE COMPLETED 990 IS FORWARDED TO THE FINANCE COMMITTEE AND THE BOARD OF DIRECTORS. THE CHAIRMAN OF THE FINANCE COMMITTEE REVIEWS THE 990 AND SUPPORTING DOCUMENTATION. ALL COMMENTS ARE ADDRESSED BY THE FINANCE DEPARTMENT PRIOR TO SUBMISSION TO THE IRS.

#### FORM 990 PART VI LINE 12C

ANNUALLY, THE CONFLICT OF INTEREST REPORTING IS REVIEWED BY THE BOARD. ADDITIONALLY, AND ROUTINELY, THE BOARD REQUESTS ALL CONFLICTS OF INTEREST TO BE DISCLOSED AND/OR UPDATED. THE ORGANIZATION HAS AN EXTENSIVE CONFLICT OF INTEREST POLICY THAT REQUIRES ANY OFFICER, DIRECTOR, OR EMPLOYEE WITH A CONFLICT OR POTENTIAL CONFLICT OF INTEREST TO DISCLOSE ALL RELEVANT INFORMATION.

## FORM 990 PART VI LINE 15A COMPENSATION FOR TOP MANAGEMENT OFFICIALS AND OTHER KEY EMPLOYEES IS DETERMINED BY COMPARING SIMILAR POSITIONS WITH COMPARABLE DUTIES AT OTHER

ORGANIZATIONS AND REVIEWING THE HISTORY OF COMPENSATION FOR THAT POSITION AT OPERATION SMILE. THERE IS INDEPENDENT BOARD APPROVAL FOR THE COMPENSATION OF THESE EMPLOYEES AS NOTED IN THE MINUTES OF THE DIRECTOR MEETINGS.

FORM 990 PART VI LINE 19

STATEMENTS ARE MADE AVAILABLE AT OPERATION SMILE GLOBAL HEADQUARTERS,

3641 FACULTY BOULEVARD, VIRGINIA BEACH, VA 23453. ADDITIONALLY, FINANCIAL

STATEMENTS AND THE 990 ARE ALSO AVAILABLE ON OUR WEBSITE AND THE

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

GUIDESTAR WEBSITE: WWW.OPERATIONSMILE.ORG AND WWW.GUIDESTAR.ORG.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

OPERATION SMILE IS A CHILDREN'S MEDICAL CHARITY THAT HAS A PRESENCE IN MORE THAN 60 COUNTRIES TO PROVIDE FREE, SAFE TREATMENT AND SURGERY FOR THOSE WHO SUFFER FROM FACIAL DEFORMITIES SUCH AS CLEFT LIP, CLEFT PALATE, AND OTHER SURGICALLY AMENABLE CONDITIONS. THE ORGANIZATION WORKS TO BUILD SELF-SUFFICIENCY AND SUSTAINABLE HEALTHCARE INFRASTRUCTURES IN OUR HOST COUNTRIES. TO DO THIS, OPERATION SMILE TRAINS LOCAL DOCTORS TO TREAT CHILDREN IN THEIR OWN COMMUNITIES, DONATES CRUCIAL MEDICAL EQUIPMENT AND SUPPLIES, BUILDS PUBLIC-PRIVATE PARTNERSHIPS, AND CREATES AND MENTORS IN-COUNTRY FOUNDATIONS TO INCREASE CAPACITY. OPERATION SMILE IS COMMITTED TO RAISING PUBLIC AWARENESS, EDUCATING, AND SERVING AS AN ADVOCATE FOR CHILDREN BORN WITH CLEFT LIP AND CLEFT PALATE, AND THE NEED FOR SAFE, WELL TIMED, EFFECTIVE SURGERY. THROUGH PARTNERSHIPS, OPERATION SMILE IS CONDUCTING RESEARCH TO ULTIMATELY HELP PREVENT THE NUMBER OF NEW

.ISA

PAGE 52

ATTACHMENT 1

Schedule O (Form 990 or 990-EZ) 2014	Page <b>2</b>
Name of the organization	Employer identification number
OPERATION SMILE, INC.	54-1460147
	ATTACHMENT 1 (CONT'D)
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	
CHILDREN BORN WITH CLEFTS BY IDENTIFYING THE ROOT CAUSES. BY	

INSPIRING ACTION AND LEADERSHIP, THE ORGANIZATION HAS MOBILIZED MORE THAN 5,400 MEDICAL VOLUNTEERS IN MORE THAN 80 COUNTRIES AND MORE THAN 900 STUDENT CLUBS AND ASSOCIATIONS AROUND THE WORLD. OPERATION SMILE EDUCATES AND ENCOURAGES COMMUNITIES TO SPREAD AWARENESS AND STRENGTHEN UNDERSTANDING ABOUT CLEFT CONDITIONS, TREATMENT, AND THE EFFECT ONE PERSON CAN MAKE BY TAKING ACTION.

ATTACHMENT 2

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

OPERATION SMILE PROVIDES FREE, SAFE RECONSTRUCTIVE SURGERY FOR CHILDREN AND ADULTS SUFFERING FROM CLEFTS. TREATMENT IS DELIVERED IN SOME OF THE MOST REMOTE REGIONS OF THE WORLD BY LOCAL AND INTERNATIONAL MEDICAL VOLUNTEERS DURING SURGICAL PROGRAMS, AS WELL AS THROUGH 37 OPERATION SMILE CENTERS PROVIDING YEAR-ROUND PATIENT CARE. IN ADDITION TO PROVIDING TREATMENT, OPERATION SMILE WORKS TO UNDERSTAND AND THEN ADDRESS THE BARRIERS PATIENTS FACE IN ACCESSING CARE. THE FIRST MEDICAL MISSION IN 1982 TO THE PHILIPPINES WAS THE GENESIS BY WHICH THE CO-FOUNDERS STARTED THE ORGANIZATION THAT EXISTS TODAY. OVER ITS 33-YEAR HISTORY, THE ORGANIZATION HAS PERFORMED MORE THAN 240,000 SURGERIES. DURING THE FISCAL YEAR, OPERATION SMILE HOSTED 161 MEDICAL MISSIONS IN 112 SITES AROUND THE WORLD - INCLUDING 27 NEW SITES IN SOME OF THE POOREST REGIONS OF THE WORLD - AND PROVIDED FREE SURGICAL CARE FOR 12,709 CHILDREN AND ADULTS. NEARLY 73% OF MEDICAL PROFESSIONALS

ATTACHMENT 2 (CONT'D)

VOLUNTEERING WITH OPERATION SMILE DURING THE FISCAL YEAR WERE FROM LOW AND MIDDLE INCOME COUNTRIES. DURING THE FISCAL YEAR, OPERATION SMILE'S MEDICAL VOLUNTEERS PROVIDED APPROXIMATELY 365,000 HOURS OF FREE CARE FOR OPERATION SMILE'S PATIENTS.

AT OUR CENTERS, OVER 99,900 SPECIALTY CONSULTATIONS WERE CONDUCTED DURING THE FISCAL YEAR, AND 27% OF PATIENTS OPERATED ON DURING THE FISCAL YEAR RECEIVED THEIR SURGERY AT ONE OF THESE CENTERS. EXAMPLES OF ADDITIONAL SERVICES OFFERED AT THESE CENTERS INCLUDE POST-OPERATIVE CARE, COUNSELING, SPEECH THERAPY, DENTISTRY, ORTHODONTICS, NUTRITION AS WELL AS ONGOING TRAINING AND EDUCATION. OPERATION SMILE'S U.S. CARE NETWORK IS A REFERRAL SERVICE AVAILABLE TO FAMILIES SEEKING CARE FOR CHILDREN WITH CLEFT DEFORMITIES IN THE UNITED STATES. DURING THE FISCAL YEAR, THE U.S. CARE NETWORK RESPONDED TO 241 PEOPLE REQUESTING ASSISTANCE. FOUR CHILDREN WHOSE DEFORMITIES WERE TOO SEVERE AND COMPLEX TO BE CARED FOR DURING AN OPERATION SMILE MISSION RECEIVED TREATMENT THROUGH OUR WORLD CARE PROGRAM.

FINALLY, OPERATION SMILE PROVIDES A SIGNIFICANT NUMBER OF DENTAL SERVICES TO PATIENTS, IN ORDER TO ENSURE COMPREHENSIVE ORAL CARE. DURING THE FISCAL YEAR, SIXTEEN DENTAL MISSIONS WERE HELD AND 17,200 DENTAL PROCEDURES PERFORMED DURING THE MISSIONS AND AT CENTERS.

ATTACHMENT 3

Employer identification number 54-1460147

ATTACHMENT 3 (CONT'D)

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4B

PUBLIC EDUCATION AND RESEARCH: OPERATION SMILE IS DEDICATED TO RAISING AWARENESS OF THE LIFE-THREATENING ISSUE OF CLEFTS, AS WELL AS PROVIDING LASTING SOLUTIONS ALLOWING CHILDREN TO BE HEALED REGARDLESS OF FINANCIAL STANDING. OPERATION SMILE ADVOCATES FOR SAFE SURGERY AS A GLOBAL HEALTH PRIORITY THROUGH PARTNERSHIPS WITH LEADING MEDICAL INSTITUTIONS AND OTHER NONPROFIT ORGANIZATIONS AROUND THE WORLD. TO RESEARCH THE CAUSE OF CLEFTING, OPERATION SMILE ENGAGES IN PARTNERSHIPS, SO WE CAN WORK TOWARD REDUCING THE INCIDENCE OF CLEFTS. FOR EXAMPLE, OPERATION SMILE PILOTED THE INTERNATIONAL FAMILY STUDY TO EXAMINE GENETIC CHARACTERISTICS OF CLEFTS. TO EDUCATE THE PUBLIC AND GLOBAL COMMUNITIES ABOUT THE ISSUES SURROUNDING CLEFTS, OPERATION SMILE CONDUCTS ONGOING COMMUNICATIONS TO CREATE A GREATER AWARENESS FOR THE GLOBAL NEED, AS WELL AS DELIVERS MESSAGES PROVIDING INFORMATION AND GUIDANCE FOR FAMILIES ON HOW TO PREVENT CLEFTS AND WHAT STEPS TO TAKE WHEN A CHILD IS BORN WITH A CLEFT. OPERATION SMILE HAS MOBILIZED HUNDREDS OF THOUSANDS OF MEDICAL, COMMUNITY AND STUDENT VOLUNTEERS WORLDWIDE TO HELP US EDUCATE THE PUBLIC ABOUT THE CLEFT CAUSE. MORE THAN 900 STUDENT CLUBS AND ASSOCIATIONS IN APPROXIMATELY 50 COUNTRIES CHANNEL THEIR COMPASSION AND ENERGIES TO HELP EDUCATE OTHERS WHILE BUILDING CORE VALUES OF LEADERSHIP AND VOLUNTEERISM, LEARNING FIRSTHAND HOW THEY CAN CREATE AN IMPACT IN THE WORLD AND HELP HEAL HUMANITY.

ATTACHMENT 5

Employer identification number 54-1460147

ATTACHMENT 4

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4C

Schedule O (Form 990 or 990-EZ) 2014

OPERATION SMILE, INC.

Name of the organization

TRAINING AND BUILDING SUSTAINABILITY: OPERATION SMILE CONTINUALLY ADVANCES ITS MISSION TO BUILD A SELF-SUFFICIENT GLOBAL HEALTH NETWORK FOR THE TREATMENT OF CLEFTS. WE DO THIS BY TRAINING HEALTHCARE PROVIDERS AROUND THE WORLD TO GIVE THEM THE HIGHLY-SPECIALIZED SKILLS NEEDED TO PROVIDE TREATMENT FOR THE BACKLOG OF CHILDREN ALREADY SUFFERING FROM CLEFTS, AND FOR THOSE BABIES WHO ARE BORN EVERY DAY WITH THIS TRAGIC FACIAL DEFORMITY. IN ADDITION, THE ORGANIZATION DONATES CRUCIAL MEDICAL EQUIPMENT AND SUPPLIES; DEVELOPS PUBLIC/PRIVATE PARTNERSHIPS; AND CREATES GLOBAL, IN-COUNTRY FOUNDATIONS THAT STRENGTHEN LOCAL DEVELOPMENT, RAISE FUNDS AND AWARENESS AS WELL AS COORDINATE SURGICAL PROGRAMS OPERATION SMILE HAS ALSO ESTABLISHED 36 CENTERS DESIGNED TO PROVIDE YEAR-ROUND CARE AND TRAIN MEDICAL VOLUNTEERS TO HELP INCREASE IN-COUNTRY CAPACITY. THROUGH PARTNERSHIPS WITH THE AMERICAN HEART ASSOCIATION, AS WELL AS WITH LEADING MEDICAL AND TEACHING INSTITUTIONS AND FOUNDATIONS, HEALTHCARE PROFESSIONALS FROM DEVELOPING COUNTRIES RECEIVE EVIDENCE BASED EDUCATION, HANDS ON TRAINING AND MENTORING. OPERATION SMILE ALSO SPONSORED CONFERENCES, SEMINARS, WORKSHOPS, ROTATION PROGRAMS, VISITING PROFESSORSHIPS, EXCHANGES, AND SHORT AND LONG TERM FELLOWSHIPS.

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

ETHIOPIA

ITALY

PAGE 56

Schedule O (Form 990 or 990-EZ) 2014	Page
Name of the organization	Employer identification number
OPERATION SMILE, INC.	54-1460147
	ATTACHMENT 5 (CONT'D)

VIETNAM

CHINA

ATTACHMENT 6

ATTACHMENT 7

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,

FL,GA,HI,IL,KS,KY,LA,MD,MA,MI,

MN, MS, MT, NH, NJ, NM, NY, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
RUSS REID 2 NORTH LAKE, AVE, SUITE 600 PASADENA, CA 91101	FNDR COUNSEL	1,538,792.
STRATEGIC FUNDRAISING 2625 MOMENTUM PL CHICAGO, IL 60689	TELEFUNDRAISING SERV	1,688,106.
MERKLE RESPONSE SERVICES 100 JAMISON CT HAGERSTOWN, MD 21740	KEYING & CAGING	475,569.
THE PURSUANT GROUP PO BOX 203421 DALLAS, TX 75320	MAJOR GIFTS COUNSEL	589,894.
JOHN S CONNOR INC PO BOX 791384	FREIGHT CARRIER	329,832.

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

2

Schedule O (Form 990 or 990-EZ) 2014					
Name of the organization	Employer identification number				
OPERATION SMILE, INC.	54-1460147				

#### ATTACHMENT 7 (CONT'D)

#### 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

#### NAME AND ADDRESS

DESCRIPTION OF SERVICES COMPENSATION

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BALTIMORE, MD 21279

54-1460147

SCHEE	DULE R
(Form	990)

### Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

OPERATION SMILE, INC.

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

Name, address, and Elf	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	(f) Direct controlling entity	
(1) OS HQ, LLC	54-1460147					
3641 FACULTY BOULEVARD	VIRGINIA BEACH, VA 23453	GLOBAL HQ	VA	33,705.	15,287,594.	OPERATION SM
(2)		_				
(3)		_				
(4)						
(5)		_				
(6)		_				

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled iity?
						Yes	No
(1)	-						
(2)							
(3)	-						
(4)	-						
(5)							
(6)	-						
(7)							

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

Schedule R (Form 990) 2014

OMB No. 1545-0047

2014

Open to Public

Employer identification number 54-1460147

Schedule R (Form 990) 2014

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	<b>(g)</b> Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	<b>j)</b> eral or aging ther?	<b>(k)</b> Percentage ownership
		country)					Yes	No		Yes	No	
(1)												
(2)	_											
(3)	_											
(4)	_											
(5)	_											
(6)	_											
(7)	-											

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i) Section 512(b)( controll entity
(1)							Yes N
(2)							
(3)							
(4)							
<u>(5)</u>							
(6) (7)							
<u></u>							

54-1460147

Schedule R (Form 990) 2014

Part	Transactions With Related Organizations Complete if the organization answered "Ye	s" on Form 990, Par	t IV, line 34, 35b, or 36.			
Note.	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Ye	es No
1 [	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	ted in Parts II-IV?			
a F	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			[1	а	X
b(	Sift, grant, or capital contribution to related organization(s)			1	b	X
с (	Sift, grant, or capital contribution from related organization(s)			[1	C	X
dl	oans or loan guarantees to or for related organization(s)			1	d	X
e l	oans or loan guarantees by related organization(s)			1	е	X
f	Dividends from related organization(s)			[1	lf	X
	Cale of assets to related organization(s)				g	X
hf	Purchase of assets from related organization(s)			1	h	X
i E	xchange of assets with related organization(s)			'	1i	X
jl	ease of facilities, equipment, or other assets to related organization(s)			L	1j	X
k l	ease of facilities, equipment, or other assets from related organization(s)			[1	k	X
I F	Performance of services or membership or fundraising solicitations for related organization(s)				11	X
m F	Performance of services or membership or fundraising solicitations by related organization(s)			1	m	X
n S	haring of facilities, equipment, mailing lists, or other assets with related organization(s)			1	n	X
	Sharing of paid employees with related organization(s)				0	X
рF	Reimbursement paid to related organization(s) for expenses			1	р	X
<b>q</b> F	Reimbursement paid by related organization(s) for expenses			1	q	X
r (	Other transfer of cash or property to related organization(s)			1	lr 🛛	X
s (	Other transfer of cash or property from related organization(s).			[1	s	X
	the answer to any of the above is "Yes," see the instructions for information on who must complete t				olds.	
	(a)	(b)	(c)		d)	
	Name of related organization	Transaction type (a-s)	Amount involved	Method of amount		
		5,4 2 (4 2)				
(1)						
(2)						
(3)						
(4)						
(5)						
<i></i>						
(6)						<u></u>
JSA 4E1309 1	000		Sch	edule R (For	m 990	u) 2014

### Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501( organiz	c)(3) ations?	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen man	( <b>j)</b> eral or aging tner?	(k) Percentag ownershi
			sections 512-514)	Yes	No			Yes	No	(1 0 1000)	Yes	No	
)													
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÷)													
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i)													
i)													
()													
3)													
0)													
1)													
2)													
3)													<u> </u>
4)													
5)													
6)													

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Schedule	R (Form	990) 2014
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Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).