## Form 990

## 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. Information about Form 990 and its instructions is atwww.irs.gov/form990.

Open to Public Inspection

| Tax-exempt status   X 501(c)(3)   S01(c)   Yes   N   A947(a)(1) or   S27   | Dep:          | artment<br>nal Rev  | of the Treasury<br>venue Service   | <ul> <li>Do not enter social security numbers on this form as it may be made public.</li> <li>Information about Form 990 and its instructions is atwww.irs.gov/form990.</li> </ul> |                                  |                 |                                 |                                    |                     |                |   |  | Open to Public<br>Inspection |  |  |
|--|---------------|---|--|--|----------------------------------|-----------------|---------------------------------|------------------------------------|---------------------|----------------|---|--|------------------------------|--|--|
| Accress change   Name change   |               |   |  |  |                                  |                 |                                 |                                    |                     | ng             |   | ,  |                              |  |  |
| Application pending  | В             | Check if applicable:  Address change Name change Initial return Final return/terminated  C GIVE KIDS A SMILE, INC 340 MID RIVERS MALL DR, SUITE A ST PETERS, MO 63376-6962  D Employ 20 E Tele 63   |  |  |                                  |                 |                                 |                                    |                     |                | 20-1<br>E Telephol  | 0-1287939<br>lephone number<br>36-397-6453 |                              |  |  |
| Website: Filt GIVEKIDSASMILE.ORG   |               | Application pending F Name and address of principal officer:  SAME AS C ABOVE   |  |  |                                  |                 |                                 |                                    |                     | H(b) Are all   | H(a) Is this a group return for subordinates?  Yes  You No No |  |                              |  |  |
| Part I   | 1             |   |  |  |                                  |                 |                                 |                                    |                     |                |   |  |                              |  |  |
| Part I Summary    Briefly describe the organization's mission or most significant activities: TO BRING VOLUNTEERS AND ORGANIZATION: TOGETHER FOR THE PURPOSE OF DELIVERING QUALITY DENTAL SERVICES TO CHILDREN    2 Check this box         if the organization discontinued its operations or disposed of more than 25% of its net assets.   3 Number of voting members of the governing body (Part VI, line 1a).     3  |               |   | 02.12  |  |                                  |                 |                                 |                                    |                     | 1.4.           | <u></u>   |  |                              |  |  |
| The second process of the organization's mission or most significant activities: TO BRING VOLUNTEERS AND ORGANIZATION. TOGETHER FOR THE PURPOSE OF DELIVERING QUALITY DENTAL SERVICES TO CHILDREN  2 Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part VI, line 1a).  4 Number of independent voting members of the governing body (Part VI, line 1b).  5 Total number of individuals employed in calendar year 2015 (Part V, line 2a).  6 Total number of volunteers (estimate if necessary).  7a Total unrelated business revenue from Part VIII, column (C), line 12.  7b No Unrelated Dispersion of the provided in Calendar year 2015 (Part V, line 2a).  8 Contributions and grants (Part VIII, line 1h).  10 Investment income (Part VIII, line 2g).  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d).  12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), line 4).  15 Salaries, other compensation, employee benefits (Part IX, column (A), line 4).  16 Professional fundraising espenses (Part IX, column (A), line 4).  17 Other expenses (Part IX, column (A), line 25).  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).  19 Revenue less expenses. Subtract line 18 from line 12.  10 Total assets (Part X, line 16).  11 Otal liabilities (Part X, line 26).  12 Net assets or fund balances. Subtract line 21 from line 20.  11 Otal liabilities (Part X, line 26).  12 Net assets or fund balances. Subtract line 21 from line 20.  13 Signature Block  | _             |   | Manager and Company of the Company o | Corporation  | Trust                            | Association     | Other                           | 1                                  | L Year of forma     | tion:          | IM s  | tate of leg                                | gal domicile:                |  |  |
| A Number of independent voting members of the governing body (Part VI, line 1b).  4 Total number of individuals employed in calendar year 2015 (Part V, line 2a).  5 Total number of volunteers (estimate if necessary).  7a Total unrelated business revenue from Part VIII, column (C), line 12.  7a Total unrelated business taxable income from Port VIII, column (C), line 12.  7b Net unrelated business taxable income from Port VIII, column (A), line 34.  8 Contributions and grants (Part VIII, line 1b).  9 Program service revenue (Part VIII, line 2g).  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).  12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3).  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), lines 1-3).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  16a Professional fundraising expenses (Part IX, column (A), line 11e).  15 Total fundraising expenses (Part IX, column (A), line 11e).  16a Professional fundraising fees (Part IX, column (A), line 11e).  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 16).  22 Total liabilities (Part X, line 26).  23 Nèt assets or fund balances. Subtract line 21 from line 20.  24 Nèt assets or fund balances. Subtract line 21 from line 20.  190, 661.  180, 717  Part II Signature Block   |               | 1 Briefly describe the organization's mission or most significant activities: TO BRING VOLUNTEERS AND ORGANIZATIONS TOGETHER FOR THE PURPOSE OF DELIVERING QUALITY DENTAL SERVICES TO CHILDREN  2 Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets. |  |  |                                  |                 |                                 |                                    |                     |                |   |  |                              |  |  |
| b Net unrelated business taxable income from Form 990-T, line 34  8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12). 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), lines 1-3). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16a Professional fundraising expenses (Part IX, column (A), line 11e).  b Total fundraising expenses (Part IX, column (A), line 11e).  b Total expenses (Part IX, column (A), line 25) * 32,968. 17 Other expenses (Part IX, column (A), line 11a-11d, 11f-24e). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 20 Revenue less expenses. Subtract line 18 from line 12. 21 Total liabilities (Part X, line 26). 22 Nèt assets or fund balances. Subtract line 21 from line 20. 23 Nèt assets or fund balances. Subtract line 21 from line 20. 24 Signature Block  | જ             |   |  |  |                                  |                 |                                 |                                    |                     |                |   |  | 6                            |  |  |
| b Net unrelated business taxable income from Form 990-T, line 34  8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12). 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), lines 1-3). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16a Professional fundraising expenses (Part IX, column (A), line 11e).  b Total fundraising expenses (Part IX, column (A), line 11e).  b Total expenses (Part IX, column (A), line 25) * 32,968. 17 Other expenses (Part IX, column (A), line 11a-11d, 11f-24e). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 20 Revenue less expenses. Subtract line 18 from line 12. 21 Total liabilities (Part X, line 26). 22 Nèt assets or fund balances. Subtract line 21 from line 20. 23 Nèt assets or fund balances. Subtract line 21 from line 20. 24 Signature Block  | es            |   | Total number of  | individuals em   | ployed in                        | calendar ye     | ar 2015 (P.                     | art V, line 2                      | a)                  |                |   | -  | 0                            |  |  |
| b Net unrelated business taxable income from Form 990-T, line 34  8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12). 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), lines 1-3). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16a Professional fundraising expenses (Part IX, column (A), line 11e).  b Total fundraising expenses (Part IX, column (A), line 11e).  b Total expenses (Part IX, column (A), line 25) * 32,968. 17 Other expenses (Part IX, column (A), line 11a-11d, 11f-24e). 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 20 Revenue less expenses. Subtract line 18 from line 12. 21 Total liabilities (Part X, line 26). 22 Nèt assets or fund balances. Subtract line 21 from line 20. 23 Nèt assets or fund balances. Subtract line 21 from line 20. 24 Signature Block  | ţi            | _   | Total number of  | volunteers (es   | timate if r                      | necessary)      |                                 |                                    |                     |                |   | 6  | 0                            |  |  |
| Revenue   Responses   Courrent   Current   C   | Ac            |   |  |  |                                  |                 |                                 |                                    |                     |                |   |  | 0.                           |  |  |
| Solution    |               | b   | Net unrelated but  | siness taxable   | income f                         | rom Form 99     | 90-T, line 3                    | 4                                  |                     |                |   | 7b   | 0.                           |  |  |
| 9 Program service revenue (Part VIII, line 2g). 36,210. 43,155 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 26. 18 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 35,863. 33,253 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 258,382. 245,676  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), lines 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 161,379. 164,840  16a Professional fundraising fees (Part IX, column (A), line 11e).  b Total fundraising expenses (Part IX, column (D), line 25) 32,968.  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 87,987. 90,780 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 249,366. 255,620 19 Revenue less expenses. Subtract line 18 from line 12. 9,016. −9,944 20 Total assets (Part X, line 16). 8eginning of Current Year End of Year 21 Total liabilities (Part X, line 26). 0. 0 22 Nèt assets or fund balances. Subtract line 21 from line 20. 190,661. 180,717  Part II Signature Block   |               |   |  | Ai   |                                  |                 |                                 |                                    |                     |                |   |  |                              |  |  |
| 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12). 258, 382. 245, 676  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 161, 379. 164, 840  16a Professional fundraising fees (Part IX, column (A), line 11e). 16 Total fundraising expenses (Part IX, column (D), line 25)  32, 968. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 87, 987. 90, 780. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 249, 366. 255, 620. 19 Revenue less expenses. Subtract line 18 from line 12. 9, 0169, 944. 19   | Ф             |   |  |  |                                  |                 |                                 |                                    |                     |                |   |  | 169,250.                     |  |  |
| 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12). 258, 382. 245, 676  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 161, 379. 164, 840  16a Professional fundraising fees (Part IX, column (A), line 11e). 16 Total fundraising expenses (Part IX, column (D), line 25)  32, 968. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 87, 987. 90, 780. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 249, 366. 255, 620. 19 Revenue less expenses. Subtract line 18 from line 12. 9, 0169, 944. 19   | enne          | 0.00000   |  |  |                                  |                 |                                 |                                    |                     |                |   |  | 43,155.                      |  |  |
| 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12). 258, 382. 245, 676  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 161, 379. 164, 840  16a Professional fundraising fees (Part IX, column (A), line 11e). 16 Total fundraising expenses (Part IX, column (D), line 25)  32, 968. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 87, 987. 90, 780. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 249, 366. 255, 620. 19 Revenue less expenses. Subtract line 18 from line 12. 9, 0169, 944. 19   | Sev.          |   |  |  |                                  |                 |                                 |                                    |                     |                |   |  | 18.                          |  |  |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), line 4).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  16a Professional fundraising fees (Part IX, column (A), line 11e).  b Total fundraising expenses (Part IX, column (D), line 25)   17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  22 Nèt assets or fund balances. Subtract line 21 from line 20.  23 Signature Block   | ш             | 100 70  |  |  |                                  |                 |                                 |                                    |                     |                |   |  |                              |  |  |
| 14 Benefits paid to or for members (Part IX, column (A), line 4).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  16a Professional fundraising fees (Part IX, column (A), line 11e).  b Total fundraising expenses (Part IX, column (D), line 25)   17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  22 Nèt assets or fund balances. Subtract line 21 from line 20.  Part II Signature Block  | -             |   |  |  |                                  |                 |                                 |                                    |                     |                | 258,382.  |  | 245,676.                     |  |  |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | Se            |   |  |  |                                  |                 |                                 |                                    |                     |                |   |  |                              |  |  |
| b Total fundraising expenses (Part IX, column (A), line 11e).  b Total fundraising expenses (Part IX, column (D), line 25) ▶ 32,968.  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  22 Nèt assets or fund balances. Subtract line 21 from line 20.  Part II Signature Block  |               |   |  |  |                                  |                 |                                 |                                    |                     |                |   |  | 161 010                      |  |  |
| 17 Other expenses (Part IX, Column (A), lines 11a-11d, 111-24e). 87, 987. 90, 780     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 249, 366. 255, 620     19 Revenue less expenses. Subtract line 18 from line 12. 9, 0169, 944     20 Total assets (Part X, line 16). 190, 661. 180, 717     21 Total liabilities (Part X, line 26). 0. 0     22 Nèt assets or fund balances. Subtract line 21 from line 20. 190, 661. 180, 717     Part II   Signature Block  |               |   |  |  |                                  |                 |                                 |                                    |                     |                | 161,379.  |  | 104,040.                     |  |  |
| 17 Other expenses (Part IX, Column (A), lines 11a-11d, 111-24e). 87, 987. 90, 780     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 249, 366. 255, 620     19 Revenue less expenses. Subtract line 18 from line 12. 9, 0169, 944     20 Total assets (Part X, line 16). 190, 661. 180, 717     21 Total liabilities (Part X, line 26). 0. 0     22 Nèt assets or fund balances. Subtract line 21 from line 20. 190, 661. 180, 717     Part II   Signature Block  | sue           |   |  |  |                                  |                 |                                 |                                    |                     | 0.000          | S. 1087, S. 1851  |  |                              |  |  |
| 17 Other expenses (Part IX, Column (A), lines 11a-11d, 111-24e). 87, 987. 90, 780     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 249, 366. 255, 620     19 Revenue less expenses. Subtract line 18 from line 12. 9, 0169, 944     20 Total assets (Part X, line 16). 190, 661. 180, 717     21 Total liabilities (Part X, line 26). 0. 0     22 Nèt assets or fund balances. Subtract line 21 from line 20. 190, 661. 180, 717     Part II   Signature Block  | xb            |   | 100 000 000 000 000 000 000 000 000 000  |  |                                  |                 |                                 |                                    |                     |                |   |  |                              |  |  |
| 19 Revenue less expenses. Subtract line 18 from line 12. 9,0169,944  20 Total assets (Part X, line 16). 190,661. 180,717  21 Total liabilities (Part X, line 26). 0. 0  22 Nèt assets or fund balances. Subtract line 21 from line 20. 190,661. 180,717  Part II Signature Block   | ш             | 17  |  |  |                                  |                 |                                 |                                    |                     |                | - 7   |  | 90,780.                      |  |  |
| Beginning of Current Year   End of Year   20 Total assets (Part X, line 16).   190,661.   180,717   21 Total liabilities (Part X, line 26).   0. 0   0   0   0   0   0   0   0   0   |               |   |  |  |                                  |                 |                                 |                                    |                     |                |   |  | 255,620.                     |  |  |
| Part II Signature Block  |               | 19  |  |  |                                  |                 |                                 |                                    |                     |                |   |  |                              |  |  |
| Part II Signature Block  | ance          |   |  | stal accets (Part V. line 16)  |                                  |                 |                                 |                                    |                     | Beginnii       |   |  |                              |  |  |
| Part II Signature Block  | Asse          |   |  |  |                                  |                 |                                 |                                    |                     |                | 190,6   | -  |                              |  |  |
| Part II Signature Block  | Vet           |   |  |  |                                  |                 |                                 |                                    | -                   |                |   | 0.   |                              |  |  |
|  |               |   | 200  |  | ubtract lin                      | e 21 from III   | ne 20                           |                                    |                     | .              | 190,6   | 61.  | 180,717.                     |  |  |
| 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.  | Mark Commence |   |  |  |                                  |                 |                                 |                                    |                     | *              |   |  |                              |  |  |
|  | Unde          | r penalti<br>lete. De   | ies of perjury, I declare to<br>eclaration of preparer (o  | hat I have examined<br>other than officer) i   | I this return, i<br>s based on a | ncluding accomp | anying schedul<br>which prepare | es and statemer<br>er has anv knov | ts, and to the best | st of my knowl | edge and belie  | f, it is true                              | e, correct, and              |  |  |
| Sign Here    DR. TOM FLAVIN   PRESIDENT  |               |   | Signature of DR. TO  | Signature of officer   |                                  |                 |                                 |                                    |                     |                |   |  |                              |  |  |
| Distriction and the state of th |               |   |  |  |                                  |                 |                                 |                                    |                     |                |   | ], [D                                      | PTIN                         |  |  |
| Oleck III  |               |   |  |  |                                  |                 |                                 |                                    | -                   | 」"             |   |  |                              |  |  |
| Paid RAYMOND BRUNE, CPA RAYMOND BRUNE, CPA self-employed P00837974   |               |   |  |  | 150                              | KAIMONL         | RKUNE                           | , CPA                              |                     |                | self-employe  | a IF                                       | 0003/9/4                     |  |  |
|  | He            | :pare   | ls c   |  |                                  |                 |                                 |                                    |                     |                | ł   |  | 1.600220                     |  |  |
| 121 b WOODS HILL IN, BOILL 540   | USI           | UII   | Firm's address   | TET S WOODS TITLE TO, BOTTE STO  |                                  |                 |                                 |                                    |                     |                | Firm's EIN • 43-1698328                                       |  |                              |  |  |
| May the IRS discuss this return with the preparer shown above? (see instructions)  | May           | the II  | RS discuss this re   | CHESTERFIELD, MO 63017-3480  |                                  |                 |                                 |                                    |                     |                | Phone no. 314-576-1350  |  |                              |  |  |