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Form 990

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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(s)(1) of the Internal Revenue Code (except private foundations) Do not enter Social Security numbers on this form as it may be made public.

2014 Open to Public

Department of the Treasury ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection Internal Respons Service A For the 2014 calendar year, or tax year beginning 07/01, 2014, and ending 06/30, 20 15 D Employer identification numb C Name of organization OPERATION SMILE, INC. 54-1460147 Doing Business As E Telephone number Number and street (or P.O. box if mad is not delivered to street address) Room/suite (757) 321-7645 3641 FACULTY BLVD Indited return City or town, state or province, country, and ZiP or foreign postal code Terminaled Amended return Application per-67,469,329. VIRGINIA BEACH, VA 23453 G Gross receipts \$ Name and address of principal officer KATHLEEN S. MAGEE H(a) is this a group return for subordinates? Yes X No 3641 FACULTY BOULEVARD VIRGINIA BEACH, VA 23453 Yes H(b) Are all subordinales inc X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or If "No," altach a list Website: ▶ ETTP: //WWW.OPERATIONSMILE.ORG H(c) Group exemption number L Year of formation 1987 M State of legal domicile Form of organization X Corporation Trust Association Other > Summary 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, DONATE EQUIPMENT AND SUPPLIES, AND EDUCATE THE PUBLIC. 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) 7. 4 Number of independent voting members of the governing body (Part VI, line 1b) 176. 5 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5,400. Total number of volunteers (estimate if necessary) 6 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 Swa Prior Year Current Year 58,548,233. 66,062,262. 8 Contributions and grants (Part VIII, line 1h) COPY FOR 542,233. 848,070 9 Program service revenue (Part VIII, line 2g) PUBLIC INSPECTION 14,837. 12,532 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -560.707. -650,094 11 Other revenue (Part VIII column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 66,272,770. 58,544,596. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8,204,726 12,144,406. 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) 10,971,215. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 9,135,324. 3,281,555. 2,896,717. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundralsing expenses (Part IX, column (D), line 25) 16,463,932. I 13 MM not assets 44.973,162. 34.717.049 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 69.534,447. 56,789,707. 18 Total expenses Add lines 13-17 (must equal Part IX column (A), line 25) -10,989,851. 9,483,063. 19 Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year** End of Year 38,618,975. 47,630,756. 20 Total assets (Part X, line 16) Beag Bag 15,829,472. 15.368,790. Total liabilities (Part X, line 26) 21 25 22 22,789,503. 32,261,966 Net assets or fund balances Subtract line 21 from line 20. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Type or print name and title Print/Type preparer's name Check If

12/21/15

self-employed

Firm's EIN > 13-5565207

P00634378

X Yes

703-286-8000

JSA 4E1065 1 000 97064P 2502

JOCELYNE C MILLER

Firm's name | KPMG LLP

Firm's address > 1676 INTERNATIONAL DRIVE MCLEAN, VA 22102

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instruction

Peld

Preparer

Use Only

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No Form 990 (2014)

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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and independent Contractors

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ection A a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the

- rganization's tax year · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of ompensation 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) no received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the rganization 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 rganization, more than \$10,000 of reportable compensation from the organization and any related organizations

ist persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest ompensated employees, and former such persons

Check this box if neither the organization nor	any related	l orga	nıza	tion	com	ensa	ate	d any current offic	er, director, or trus	stee	
(A) Name and Title	(B) Average hours per week (ist any hours for related organizations below dotted	box office or direct	unles	s pers	on nore th son is rector	an one both ar Highest compensated	n	(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	Real Mangement teans
(1)WILLIAM P. MAGEE JR, D.D.S. M. CEO & DIRECTOR	40.00	x		\overrightarrow{x}				387,918.	0	28,961.	> Keal 9/2 g
(2) KATHLEEN S. MAGEE, M.S.W., ED. PRESIDENT & DIRECTOR	40.00	4		\sqrt{x}	T						
(3)KEVIN MILLER CHAIRMAN & DIRECTOR	25.00			3	\dagger	\dagger				0	
(4)JIM SITI TREASURER & DIRECTOR	1.00	<u> </u>	-	\vec{x}	1		7	C	0	0)
(5) SAMUEL P. FULLER, M.D. DIRECTOR	20.00	-						C	0	0	ı
(6)ALEX J. MARSHALL DIRECTOR	1.00	×						(0	0	
(7) ALBERTO MOTTA JR. DIRECTOR	1.00	x						(0		
(8) JERRY MOYES DIRECTOR	1.00	х						(0	c)
(9) WILLIAM R. WYNNE SECRETARY AND DIRECTOR	1.00	х		S)						c)
10)E. WAYNE ZINN COO	40.00	1		$\overline{\mathbf{x}}$				214,169.		18,779.	
11) RIMBERLY GETZ VP OF FINANCE (AS OF 10/8/14)	40.00	1	$\perp i$	3				31,502.	0	952.	
12) KRISTIE PORCARO SVP, US& GLOBAL PHILANTHROPY	40.00	<u> </u>				x		143,214.	0	18,530.	
13) RICHARD VANDERBURG CHIEF PROGRAM STRATEGIST	40.00	⊣				х		195,963.	\	23,313.	
14) RUBEN AYALA SVP OF INT'L PROG & MED AFFRS	40.00	-1				х		131,745.	0	18,033.	
3A								-		Form 990 (2014)	

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Form 990 (2014) OPERATION SMILE, INC. 54-146014
Part IX • Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	(A) I	(B) I	(C)	/DA	
ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundrasing expenses	
irants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	118,353.	118,353.		<u>-</u>	
irants and other assistance to domestic	7,844.	7,844.			Compensation D. 8160,000,000
irants and other assistance to toreign					o matra D
rganizations, foreign governments, and foreign					Confession
ndividuals. See Part IV, lines 15 and 16	8,078,529.	8,078,529.			. '
Benefits paid to or for members	0				81/00 000, DU
compensation of current officers, directors, ustees, and key employees	925,679.	407,895.	335,432.	182,352.	dilas) es i
compensation not included above, to disqualified					
ersons (as defined under section 4958(f)(1)) and		30 655	25 25-	101 100	
ersons deacribed in section 4958(c)(3)(B)	176,874.	30,685.	25,057.	121,132.	
Other salaries and wages	8,010,137.	3,911,600.	1,928,906.	2,169,631.	•
Pension plan accruals and contributions (include	E21 E1.	255 035	117 070	127 707	
ection 401(k) and 403(b) employer contributions)	521,514.	265,935.	117,872.	137,707.	•
Other employee benefits	744,617.	395,703.	175,631.	173,283.	•
Payroll taxes	592,394.	273,424.	157,116.	161,854.	•
Fees for services (non-employees)					
Management	270 002	17 470	341 557	11 002	•
.ega.l	370,927	17,478.	341,557.	11,892.	William
ccounting	90,966	8,615.	80,489.	1,862.	41704
polyddoc	3 805 717			2,896,717.	. י נולנו לי
ofessional fundraising services. See Part IV, line 17	2,896,717.			2,090,/1/.	a. t. they'a
vestment management fees	9				Hil high But they're a "P"
ther (# line 11g amount exceeds 10% of line 25 column	2 100 040	1 202 606	165 303	720 054	ι'β"
amount, list line 11g expenses on Schedule O)	2,108,848.	1,203,606.	166,392.	738,850.	. Or M
tvertising and promotion	1,574,362.	469,004.	73,258.	1,032,100.	
Ifice expenses	2,850,663.	1,640,231.	1,051,508.	158,924.	=
ormation technology	113,751.	41,740.	57,024.	14,987.	=
yalties	E 60 043	271 806	110 005	77 757	•
ccupancy	569,043.	371,806.	119,985.	77,252.	-
ravel.,	4,824,321.	4,233,741.	211,003.	379,577.	•
ayments of travel or entertainment expenses	ړ	l			
r any federal, state or local public officials	390,883.	293,483.	42,459.	54,941.	
onferences, conventions, and meetings	225,164.	8,450.	214,885.	1,829.	-
iterest	223,104.	0,430.	214,003.	1,029.	-
ayments to affiliates,	842,747.	450,045.	343,498.	49,204.	•
epreciation, depletion, and amortization	94,331.	48,497.	39,567.	6,267.	-
SUFANCE	74,331.	10,10/1	33,30,1	0,207.	-
ther expenses Itemize expenses not covered covered (List miscellaneous expenses in line 24e if					
ne 24e amount exceeds 10% of line 25, column	ļ		1		
A) amount, list line 24e expenses on Schedule O)					
PUBLIC AWARENESS	14,031,409.	5,323,122.	642,314.	8,065,973.	-
BAD DEBT EXPENSE	803,288.	.,,	803,288.		=
ISSION SUPPLIES	5,328,948.	5,328,948.			•
THER MISSION EXPENSE	376,655.	376,655.		 	•
All other expenses	120,743.	51,776.	41,369.	27,598.	=
Total functional expenses. Add lines 1 through 24e	56,789,707.	33,357,165.	6,968,610.	16,463,932.	-
Joint costs. Complete this line only if the					-
organization reported in column (B) joint costs from a combined educational campaign and					
		1			
undraising solicitation. Check here X H	19,884,288.	6,353,181.	720,514.	12,810,593.	