

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.**

OMB No 1545-0052
2017
Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation MUSCULOSKELETAL-ORTHOPEDIC RESEARCH AND EDUCATION FOUNDATION		A Employer identification number 27-0170045
Number and street (or P O box number if mail is not delivered to street address) 18444 NORTH 25TH AVENUE NO 110	Room/suite	B Telephone number (see instructions) (623) 537-5652
City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85023		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 358,342	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	1,059,521			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	1,059,521	0	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	12,141	0	0	12,141
	b Accounting fees (attach schedule)	99,661	0	0	99,661
	c Other professional fees (attach schedule)	807,115	0	0	807,115
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion	48,602	0	0	
	20 Occupancy	83,746	0	0	0
	21 Travel, conferences, and meetings	21,307	0	0	21,307
	22 Printing and publications				
	23 Other expenses (attach schedule)	326,804	0	0	326,804
	24 Total operating and administrative expenses. Add lines 13 through 23	1,399,376	0	0	1,267,028
	25 Contributions, gifts, grants paid	21,324			21,324
26 Total expenses and disbursements. Add lines 24 and 25	1,420,700	0	0	1,288,352	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-361,179				
b Net investment income (if negative, enter -0-)		0			
c Adjusted net income (if negative, enter -0-)			0		

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	476,297	42,837	42,837
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ <u>277,033</u>			
	Less allowance for doubtful accounts ▶ <u>44,658</u>	143,589	232,375	232,375
	4 Pledges receivable ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	2,064	1,670	1,670
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____			
Less accumulated depreciation (attach schedule) ▶ _____				
12 Investments—mortgage loans				
13 Investments—other (attach schedule)				
14 Land, buildings, and equipment basis ▶ <u>222,137</u>				
Less accumulated depreciation (attach schedule) ▶ <u>128,929</u>	130,063	93,208	81,460	
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	752,013	370,090	358,342	
Liabilities	17 Accounts payable and accrued expenses	92,417	64,628	
	18 Grants payable			
	19 Deferred revenue	49,224	58,067	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)	370,675	342,702	
	23 Total liabilities (add lines 17 through 22)	512,316	465,397	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	-15,451	-407,581	
	25 Temporarily restricted	255,148	312,274	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances (see instructions)	239,697	-95,307		
31 Total liabilities and net assets/fund balances (see instructions) .	752,013	370,090		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	239,697
2 Enter amount from Part I, line 27a	2	-361,179
3 Other increases not included in line 2 (itemize) ▶ _____	3	26,175
4 Add lines 1, 2, and 3	4	-95,307
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	-95,307

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	
{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	3	
{ If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	1,283,253	545,840	2 350969
2015	1,053,361	289,072	3 643940
2014	624,867	73,279	8 527232
2013	261,904	63,293	4 137962
2012	207,024	61,044	3 391390

2 Total of line 1, column (d)	2	22 051493
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	4 410299
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	273,418
5 Multiply line 4 by line 3	5	1,205,855
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7 Add lines 5 and 6	7	1,205,855
8 Enter qualifying distributions from Part XII, line 4	8	1,288,352

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes items like 'Exempt operating foundations', 'Domestic foundations that meet the section 4940(e) requirements', and 'Tax due'. Columns include line numbers and amounts.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions like 'During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?'. Columns include line numbers and Yes/No responses.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, donor advised funds, public inspection requirements, and books in care.

Located at 18444 NORTH 25TH AVENUE NO 110 PHOENIX AZ ZIP+4 85023

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. ▶			5b
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870</i>			6b
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			7b
				No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total number of other employees paid over \$50,000. **0**

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. **0**

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

	Expenses
1 MORE FOUNDATION CONDUCTS PIONEERING RESEARCH THAT AIMS TO IDENTIFY AND DISSEMINATE NEW STANDARDS OF CARE IN THE TREATMENT OF MUSCULOSKELETAL AND NEUROLOGICAL DISORDERS OUR CLINICAL TRIALS ARE OPTIMIZING METHODS TO REPLACE DAMAGED KNEE AND SHOULDER JOINTS AS WELL AS TO FIX FRACTURES RELATED TO TRAUMA AND AGING OUR BIOMECHANICAL STUDIES PIONEER NEW ROBOTIC TECHNOLOGIES FOR SIMULATING THE FUNCTION OF JOINT REPLACEMENTS AND SEEK TO OPTIMIZE THE TREATMENTS OF FRACTURED BONES AND REPAIRED	931,235
2 MORE FOUNDATION CONDUCTED MULTIPLE EDUCATIONAL PROGRAMS THAT EDUCATE SURGEONS, PHYSICIAN'S ASSISTANTS, AND REHABILITATION THERAPISTS FROM THE MEDICAL COMMUNITY IN CUTTING EDGE TREATMENT AND REHABILITATION TECHNIQUES PROGRAMS INCLUDED GUEST PROFESSORS FROM RENOWNED INSTITUTIONS ACCROSS NORTH AMERICA LEADING LECTURES AND HANDS-ON TRAINING LABS	108,698
3 MORE FOUNDATION IS PROUD TO GIVE BACK TO THE COMMUNITY BY CONDUCTING PROGRAMS THAT ENHANCE ACCESS TO HEALTHCARE RESOURCES AND KNOWLEDGE IN THE COMMUNITY OUR VETERANS TRANSPORTATION PROGRAM PROVIDES RELIABLE RIDES TO VETERANS FROM ALL BRANCHES OF MILITARY TO AND FROM MEDICAL APPOINTMENTS THROUGHOUT MARICOPA COUNTY, WHILE OUR VOLUNTEERS IMPROVE THE PATIENT EXPERIENCE AT COMMUNITY MEDICAL PRACTICES	73,846
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	277,582
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	277,582
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	277,582
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	4,164
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	273,418
6	Minimum investment return. Enter 5% of line 5.	6	13,671

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	1,288,352
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	1,288,352
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,288,352

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				0
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.				
b From 2013.				
c From 2014.				
d From 2015.				
e From 2016.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ _____				
a Applied to 2016, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				0
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2013.				
b Excess from 2014.				
c Excess from 2015.				
d Excess from 2016.				
e Excess from 2017.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. 2011-09-26

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	0	0	0	0	0
b 85% of line 2a	0	0	0	0	0
c Qualifying distributions from Part XII, line 4 for each year listed	1,288,352	1,283,253	1,053,361	624,867	4,249,833
d Amounts included in line 2c not used directly for active conduct of exempt activities	18,436	15,748	10,034	8,014	52,232
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	1,269,916	1,267,505	1,043,327	616,853	4,197,601
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets	358,342	752,013	1,020,445	467,130	2,597,930
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	358,342	752,013	1,020,445	453,438	2,584,238
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					0
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income					0

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> 396 TRIPS FOR 172 INDIVIDUALS 18444 N 25TH AVENUE SUITE 110 PHOENIX, AZ 85023	NONE	I	TRAVEL ASSISTANCE FOR MILITARY VETERANS' MEDICAL APPOINTMENTS	16,400
1 INDIVIDUAL 18444 N 25TH AVENUE SUITE 110 PHOENIX, AZ 85023	NONE	I	FREE PROSTHETIC HANDS FOR CHILDREN	4,924
Total				▶ 3a 21,324
b <i>Approved for future payment</i>				
Total				▶ 3b 0

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
PATRICIA LEWIS FINNELL 18444 N 25TH AVENUE STE 110 PHOENIX, AZ 85023	SECRETARY/TREASURER 1 00	0	0	0
JOE LARUE 18444 N 25TH AVENUE STE 110 PHOENIX, AZ 85023	CHAIR 1 00	0	0	0
RODNEY WACKER 18444 N 25TH AVENUE STE 110 PHOENIX, AZ 85023	VICE CHAIR 1 00	0	0	0
RUSS JOHNSON 18444 N 25TH AVENUE STE 110 PHOENIX, AZ 85023	TRUSTEE 1 00	0	0	0
ED KNIGHT 18444 N 25TH AVENUE STE 110 PHOENIX, AZ 85023	TRUSTEE 1 00	0	0	0
JASON SCALISE 18444 N 25TH AVENUE STE 110 PHOENIX, AZ 85023	TRUSTEE 1 00	0	0	0
MARC C JACOFSKY 18444 N 25TH AVENUE STE 110 PHOENIX, AZ 85023	DIRECTOR 1 00	0	0	0

TY 2017 Accounting Fees Schedule

Name: MUSCULOSKELETAL-ORTHOPEDIC RESEARCH
AND EDUCATION FOUNDATION

EIN: 27-0170045

Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	99,661	0	0	99,661

**TY 2017 Land, Etc.
Schedule**

Name: MUSCULOSKELETAL-ORTHOPEDIC RESEARCH
AND EDUCATION FOUNDATION

EIN: 27-0170045

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
COMPUTER HARDWARE	28,559	15,187	13,372	10,173
EQUIPMENT	193,578	113,742	79,836	71,287

TY 2017 Legal Fees Schedule

Name: MUSCULOSKELETAL-ORTHOPEDIC RESEARCH
AND EDUCATION FOUNDATION

EIN: 27-0170045

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	12,141	0	0	12,141

TY 2017 Other Expenses Schedule

Name: MUSCULOSKELETAL-ORTHOPEDIC RESEARCH
AND EDUCATION FOUNDATION

EIN: 27-0170045

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE SUPPLIES AND EXPENSE	82,685	0	0	82,685
DUES AND MEMBERSHIPS	854	0	0	854
INSURANCE EXPENSE	7,256	0	0	7,256
PROFESSIONAL DEVELOPMENT	1,120	0	0	1,120
BANK AND MERCHANT FEES	5,213	0	0	5,213
OPERATING EQUIPMENT	134,380	0	0	134,380
RESEARCH	3,399	0	0	3,399
BAD DEBT EXPENSE	44,658	0	0	44,658
OTHER PROGRAM EXPENSES	14,506	0	0	14,506
FUNDRAISING EXPENSES	5,567	0	0	5,567

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MARKETING & ADVERTISING	1,152	0	0	1,152
COURIER & SHIPPING FEES	227	0	0	227
SPEAKER FEES	12,000	0	0	12,000
PATIENT RESEARCH STIPENDS	13,787	0	0	13,787

TY 2017 Other Increases Schedule

Name: MUSCULOSKELETAL-ORTHOPEDIC RESEARCH
AND EDUCATION FOUNDATION

EIN: 27-0170045

Description	Amount
PRIOR PERIOD ADJUSTMENT	26,175

TY 2017 Other Liabilities Schedule

Name: MUSCULOSKELETAL-ORTHOPEDIC RESEARCH
AND EDUCATION FOUNDATION

EIN: 27-0170045

Description	Beginning of Year - Book Value	End of Year - Book Value
DUE TO RELATED ORGANIZATIONS	370,675	342,702

TY 2017 Other Professional Fees Schedule

Name: MUSCULOSKELETAL-ORTHOPEDIC RESEARCH
AND EDUCATION FOUNDATION

EIN: 27-0170045

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER PROFESSIONAL SERVICES	57,932	0	0	57,932
MANAGEMENT CONTRACTOR FEES	749,183	0	0	749,183

**TY 2017 Substantial Contributors
Schedule**

Name: MUSCULOSKELETAL-ORTHOPEDIC RESEARCH
AND EDUCATION FOUNDATION

EIN: 27-0170045

Name	Address
RIDDELL ALL AMERICAN SPORTS	PO BOX 6386 CLEVELAND, OH 44101
BIOM UP	4050 OLSON MEMORIAL HWY STE 450 MINNEAPOLIS, MN 55422

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

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

OMB No 1545-0047
2017

Name of the organization
MUSCULOSKELETAL-ORTHOPEDIC RESEARCH
AND EDUCATION FOUNDATION

Employer identification number
27-0170045

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other 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 33¹ 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 for 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 Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization MUSCULOSKELETAL-ORTHOPEDIC RESEARCH AND EDUCATION FOUNDATION	Employer identification number 27-0170045
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Part I Contributors (See Instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization MUSCULOSKELETAL-ORTHOPEdic RESEARCH AND EDUCATION FOUNDATION	Employer identification number 27-0170045
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Part II Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
29	MEDICAL SUPPLIES	\$ 5,000	2017-03-10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization MUSCULOSKELETAL-ORTHOPEDIC RESEARCH AND EDUCATION FOUNDATION	Employer identification number 27-0170045
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)* ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee

Additional Data

Software ID:

Software Version:

EIN: 27-0170045

Name: MUSCULOSKELETAL-ORTHOPEdic RESEARCH
AND EDUCATION FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STRYKER ORTHOPEDICS <hr/> 325 CORPORATE DRIVE <hr/> MAHWAH, NJ07430	<hr/> \$ 185,594	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
2	CENTER FOR ORTHOPEDIC AND RESEARCH EXCELLENCE INC <hr/> 18444 N 25TH AVE SUITE 320 <hr/> PHOENIX, AZ85023	<hr/> \$ 200,616	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
3	RIDDELL ALL AMERICAN SPORTS <hr/> PO BOX 6386 <hr/> CLEVELAND, OH44101	<hr/> \$ 107,480	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
4	EL MINDA <hr/> 14 MASKIT STREET <hr/> HERZLIYA, IS	<hr/> \$ 89,567	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
5	MOLNLYCKE HEALTH CARE <hr/> 5550 PEACHTREE PARKWAY STE 500 <hr/> NORCROSS, GA30092	<hr/> \$ 63,743	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
6	BIOM UP <hr/> 4050 OLSON MEMORIAL HWY STE 450 <hr/> MINNEAPOLIS, MN55422	<hr/> \$ 55,850	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	DJO GLOBAL <hr/> 9801 METRIC BLVD <hr/> AUSTIN, TX 78758	\$ 40,938	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>8</u>	ARTHREX ECLIPSE <hr/> 1370 CREEKSIDE BLVD <hr/> NAPLES, FL 34108	\$ 45,327	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>9</u>	NEW YORK UNIVERSITY <hr/> PO BOX 425 <hr/> ELMSFORD, NY 10523	\$ 27,980	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>10</u>	AMNIOX <hr/> 2489 PACES FERRY RD STE 750 <hr/> ATLANTA, GA 30339	\$ 27,609	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>11</u>	ARIZONA RESEARCH CENTER <hr/> 15601 N 28TH AVENUE <hr/> PHOENIX, AZ 85053	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>12</u>	ZYGA SYMMETRY <hr/> 700 10TH AVENUE SOUTH <hr/> MINNEAPOLIS, MN 55415	\$ 15,950	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	JOHNS HOPKINS UNIVERSITY	\$ 21,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	615 NORTH WOLFE STREET		
	BALTIMORE, MD 21205		
14	GUIDED THERAPY SYSTEMS LLC	\$ 9,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	33 SSSYCAMORE STREET		
	MESA, AZ 85202		
15	MCMASTER UNIVERSITY	\$ 8,331	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	293 WELLINGTON STREET N STE 110		
	HAMILTON, ON L8L 8E7 CA		
16	LDR SPINE USA INC	\$ 7,995	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	13785 RESEARCH BLVD STE 200		
	AUSTIN, TX 78750		
17	THE PORETTA CENTER	\$ 7,965	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	22250 PROVIDENCE DR STE 401		
	SOUTHFIELD, MI 48075		
18	BOSTON SCIENTIFIC WHISPER	\$ 7,228	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	25155 RYE CANYON LOOP		
	VALENCIA, CA 91355		

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	SPINAL KINETICS <hr/> 501 MERCURY DRIVE <hr/> SUNNYVALE, CA 90485	<hr/> \$ 7,140	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
20	SCALISE JASON 18444 N 25TH AVENUE - STE 320 <hr/> PHOENIX, AZ 85023	<hr/> \$ 6,716	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
21	EXACTECH <hr/> 2320 NW 66TH COURT <hr/> GAINSVILLE, FL 32653	<hr/> \$ 6,558	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
22	MEDARTIS <hr/> 224 VALLEY CREEK BLVD SUITE 100 <hr/> EXTON, PA 19341	<hr/> \$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
23	AZ GRANTMAKERS FORUM - AZ GIVES DAY AZ <hr/> 360 E CORONADO ROAD STE 120 <hr/> PHOENIX, AZ 85004	<hr/> \$ 5,575	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
24	WALL BRYAN 29008 N CHALFEN BLVD <hr/> PEORIA, AZ 85383	<hr/> \$ 5,417	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	ARAGHI ARASH 7909 CHAMA SCOTTSDALE, AZ85255	\$ 5,417	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
26	JACOFKY DAVID J 24404 N 61ST DRIVE GLENDALE, AZ85310	\$ 5,416	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
27	WEICHBRODT MATTHEW T 13306 W VIA CABALLO BLANCO PEORIA, AZ85383	\$ 5,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
28	OMEGA MEDICAL GRANTS ASSN 9400 W HIGGINS RD STE 205 ROSEMONT, IL60018	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
29	AXOGEN PO BOX 36589 CHARLOTTE, NC28236	\$ 5,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)