

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

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
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 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052
2018
Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

| | | |
|--|--|--|
| 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) ▶ \$ <u>792,609</u> | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i> | 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 <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i> | (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) | 1,557,441 | | | | |
| | 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 | | 1,557,441 | 0 | 0 | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc | 0 | | 0 | 0 | |
| | 14 Other employee salaries and wages | | | | | |
| | 15 Pension plans, employee benefits | | | | | |
| | 16a Legal fees (attach schedule) | 14,128 | | 0 | 0 | 14,128 |
| | b Accounting fees (attach schedule) | 100,085 | | 0 | 0 | 100,085 |
| | c Other professional fees (attach schedule) | 787,091 | | 0 | 0 | 794,591 |
| | 17 Interest | | | | | |
| | 18 Taxes (attach schedule) (see instructions) | | | | | |
| | 19 Depreciation (attach schedule) and depletion | 665 | | 0 | 0 | |
| | 20 Occupancy | 83,746 | | 0 | 0 | 83,746 |
| | 21 Travel, conferences, and meetings | 19,669 | | 0 | 0 | 19,669 |
| | 22 Printing and publications | 1,570 | | 0 | 0 | 1,570 |
| | 23 Other expenses (attach schedule) | 319,534 | | 0 | 0 | 310,352 |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | | 1,326,488 | 0 | 0 | 1,324,141 |
| | 25 Contributions, gifts, grants paid | | 7,500 | | | 7,500 |
| 26 Total expenses and disbursements. Add lines 24 and 25 | | 1,333,988 | 0 | 0 | 1,331,641 | |
| 27 Subtract line 26 from line 12 | | | | | | |
| a Excess of revenue over expenses and disbursements | | 223,453 | | | | |
| 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 | 42,837 | 150,905 | 150,905 |
| | 2 Savings and temporary cash investments | | | |
| | 3 Accounts receivable ▶ <u>418,596</u> | | | |
| | Less allowance for doubtful accounts ▶ _____ | 232,375 | 418,596 | 418,956 |
| | 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 | 1,670 | 108,151 | 108,151 |
| | 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>244,191</u> | | | | |
| Less accumulated depreciation (attach schedule) ▶ <u>129,594</u> | 93,208 | 114,597 | 114,597 | |
| 15 Other assets (describe ▶ _____) | | | | |
| 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) | 370,090 | 792,249 | 792,609 | |
| Liabilities | 17 Accounts payable and accrued expenses | 64,628 | 563,973 | |
| | 18 Grants payable | | | |
| | 19 Deferred revenue | 58,067 | 100,130 | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable (attach schedule) | | | |
| | 22 Other liabilities (describe ▶ _____) | 342,702 | 0 | |
| | 23 Total liabilities (add lines 17 through 22) | 465,397 | 664,103 | |
| 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 | -407,581 | -578,646 | |
| | 25 Temporarily restricted | 312,274 | 706,792 | |
| | 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) | -95,307 | 128,146 | | |
| 31 Total liabilities and net assets/fund balances (see instructions) . | 370,090 | 792,249 | | |

| 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 | -95,307 |
| 2 Enter amount from Part I, line 27a | 2 | 223,453 |
| 3 Other increases not included in line 2 (itemize) ▶ _____ | 3 | 0 |
| 4 Add lines 1, 2, and 3 | 4 | 128,146 |
| 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 | 128,146 |

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)) |
|--|--|--|---|
| 2017 | 1,288,352 | 273,418 | 4 712023 |
| 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 |

| | | |
|---|---|-----------|
| 2 Total of line 1, column (d) | 2 | 23 372126 |
| 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years | 3 | 4 674425 |
| 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 | 4 | 109,442 |
| 5 Multiply line 4 by line 3 | 5 | 511,578 |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 0 |
| 7 Add lines 5 and 6 | 7 | 511,578 |
| 8 Enter qualifying distributions from Part XII, line 4 | 8 | 1,331,641 |

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 fields for exempt foundations, tax under section 511, subtitle A tax, and credits/payments. Total tax due and overpayment are calculated on lines 8 and 9.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, 'Yes', and 'No' responses. Questions cover political activities, unrelated business income, and substantial contributors.

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.

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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))? Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. Yes 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? Yes 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. **5b**

Organizations relying on a current notice regarding disaster assistance check here.

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? Yes No
If "Yes," attach the statement required by Regulations section 53.4945–5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b** Yes No
If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? **7b** Yes No

8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? Yes 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 | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, 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 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

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

| 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. | 818,517 |
| 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. | 194,280 |
| 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 HELPING HANDS PROGRAM PROVIDES FREE PROSTHETIC LIMBS TO CHILDREN WITH UPPER LIMB DIFFERENCES. | 59,558 |
| 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 | 111,109 |
| c | Fair market value of all other assets (see instructions). | 1c | 0 |
| d | Total (add lines 1a, b, and c). | 1d | 111,109 |
| 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 | 111,109 |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). | 4 | 1,667 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. | 5 | 109,442 |
| 6 | Minimum investment return. Enter 5% of line 5. | 6 | 5,472 |

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 2018 from Part VI, line 5. | 2a | |
| b | Income tax for 2018 (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 | 1,331,641 |
| 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 | 1,331,641 |
| 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 | 1,331,641 |

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 2017 | (c) 2017 | (d) 2018 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2018 from Part XI, line 7 | | | | |
| 2 Undistributed income, if any, as of the end of 2018 | | | | |
| a Enter amount for 2017 only. | | | | |
| b Total for prior years 20___, 20___, 20___ | | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | | |
| a From 2013. | | | | |
| b From 2014. | | | | |
| c From 2015. | | | | |
| d From 2016. | | | | |
| e From 2017. | | | | |
| f Total of lines 3a through e. | | | | |
| 4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ _____ | | | | |
| a Applied to 2017, but not more than line 2a | | | | |
| b Applied to undistributed income of prior years (Election required—see instructions). | | | | |
| c Treated as distributions out of corpus (Election required—see instructions). | | | | |
| d Applied to 2018 distributable amount. | | | | |
| e Remaining amount distributed out of corpus | | | | |
| 5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | | | | |
| b Prior years' undistributed income Subtract line 4b from line 2b | | | | |
| 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. | | | | |
| d Subtract line 6c from line 6b Taxable amount—see instructions | | | | |
| e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions | | | | |
| f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 | | | | |
| 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). | | | | |
| 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). | | | | |
| 9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a | | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2014. | | | | |
| b Excess from 2015. | | | | |
| c Excess from 2016. | | | | |
| d Excess from 2017. | | | | |
| e Excess from 2018. | | | | |

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 2018, 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) 2018 | (b) 2017 | (c) 2016 | (d) 2015 | |
| 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 | 1,331,641 | 1,288,352 | 1,283,253 | 1,053,361 | 4,956,607 |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | 29,280 | 18,436 | 15,748 | 10,034 | 73,498 |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | 1,302,361 | 1,269,916 | 1,267,505 | 1,043,327 | 4,883,109 |
| 3 Complete 3a, b, or c for the alternative test relied upon | | | | | |
| a "Assets" alternative test—enter | | | | | |
| (1) Value of all assets | 792,249 | 358,342 | 752,013 | 1,020,445 | 2,923,049 |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | 792,249 | 358,342 | 752,013 | 1,020,445 | 2,923,049 |
| 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 foundation 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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

- 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 | 7,500 |
| Total ► 3a | | | | |
| b <i>Approved for future payment</i> | | | | |
| Total ► 3b | | | | |

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII

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

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

- (1) Cash.
(2) Other assets.

b Other transactions

- (1) Sales of assets to a noncharitable exempt organization.
(2) Purchases of assets from a noncharitable exempt organization.
(3) Rental of facilities, equipment, or other assets.
(4) Reimbursement arrangements.
(5) Loans or loan guarantees.
(6) Performance of services or membership or fundraising solicitations.

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

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

Table with columns: Yes, No. Rows for 1a(1), 1a(2), 1b(1), 1b(2), 1b(3), 1b(4), 1b(5), 1b(6), 1c.

Table with 4 columns: (a) Line No, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? [] Yes [x] No

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer or trustee: ***** Date: 2019-11-12 Title: *****

May the IRS discuss this return with the preparer shown below (see instr)? [x] Yes [] No

Paid Preparer Use Only

Table with 5 columns: Print/Type preparer's name (CHRISTINE M ABELL), Preparer's Signature, Date (2019-11-12), Check if self-employed, PTIN (P00279655), Firm's name (CLIFTONLARSONALLEN LLP), Firm's EIN (41-0746749), Firm's address (20 E THOMAS RD STE 2300 PHOENIX, AZ 85012), Phone no (602) 266-2248.

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 |
| ED KNIGHT 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 20 00 | 0 | 0 | 0 |
| MELISSA ADDINGTON 18444 N 25TH AVENUE STE 110 PHOENIX, AZ 85023 | TRUSTEE 1 00 | 0 | 0 | 0 |
| JASON SCALISE MD 18444 N 25TH AVENUE STE 110 PHOENIX, AZ 85023 | TRUSTEE 1 00 | 0 | 0 | 0 |
| JILL SMITH 18444 N 25TH AVENUE STE 110 PHOENIX, AZ 85023 | TRUSTEE 1 00 | 0 | 0 | 0 |

TY 2018 Accounting Fees Schedule

Name: MUSCULOSKELETAL-ORTHOPEDIC RESEARCH
AND EDUCATION FOUNDATION

EIN: 27-0170045

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-----------------|---------------|----------------------------------|--------------------------------|--|
| ACCOUNTING FEES | 100,085 | 0 | 0 | 100,085 |

**TY 2018 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 | 8,902 | 5,032 | 3,870 | 3,870 |
| RESEARCH EQUIPMENT | 223,315 | 123,897 | 99,418 | 99,418 |
| SOFTWARE | 11,974 | 665 | 11,309 | 11,309 |

TY 2018 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 | 14,128 | 0 | 0 | 14,128 |

TY 2018 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 | 107,387 | 0 | 0 | 105,270 |
| DUES AND MEMBERSHIPS | 2,155 | 0 | 0 | 2,155 |
| INSURANCE EXPENSE | 32,811 | 0 | 0 | 32,811 |
| PROFESSIONAL DEVELOPMENT | 770 | 0 | 0 | 770 |
| BANK AND MERCHANT FEES | 3,571 | 0 | 0 | 3,571 |
| OPERATING EQUIPMENT | 34,727 | 0 | 0 | 34,727 |
| RESEARCH | 1,538 | 0 | 0 | 1,538 |
| OTHER PROGRAM EXPENSES | 35,878 | 0 | 0 | 35,787 |
| FUNDRAISING EXPENSES | 300 | 0 | 0 | 300 |
| MARKETING & ADVERTISING | 4,859 | 0 | 0 | 4,859 |

Other Expenses Schedule

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---------------------------|---------------------------------------|------------------------------|----------------------------|--|
| SPEAKER FEES | 10,500 | 0 | 0 | 10,500 |
| PATIENT RESEARCH STIPENDS | 6,913 | 0 | 0 | 6,913 |
| VENUE & CATERING | 69,605 | 0 | 0 | 69,605 |
| REPAIRS & MAINTENANCE | 1,546 | 0 | 0 | 1,546 |
| OTHER OFFICE & ADMIN | 6,974 | 0 | 0 | 0 |

TY 2018 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 | 342,702 | 0 |

TY 2018 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 | 149,839 | 0 | 0 | 149,839 |
| MANAGEMENT CONTRACTOR FEES | 637,252 | 0 | 0 | 644,752 |

**TY 2018 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
▶ Go to www.irs.gov/Form990 for the latest information

OMB No 1545-0047
2018

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 |
|--|---|

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 |
|--|---|

Part II Noncash Property

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|------------------------|--|--|----------------------|
| 4 | MONTHLY OFFICE SPACE RENT AT FACILITY | \$ 77,840 | |
| 11 | FORGIVENESS OF PAYABLES OWED AT 12/31/18 | \$ 100,000 | 2018-12-31 |
| | _____ | \$ | _____ |
| | _____ | \$ | _____ |
| | _____ | \$ | _____ |
| | _____ | \$ | _____ |
| | _____ | \$ | _____ |
| | _____ | \$ | _____ |

| | |
|--|---|
| Name of organization MUSCULOSKELETAL-ORTHOPEDIC RESEARCH AND EDUCATION FOUNDATION | Employer identification number 27-0170045 |
|--|---|

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 | ARASH ARAGHI MD 7909 E CHAMA SCOTTSDALE, AZ 85255 | \$ 5,625 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 2 | ARTHREX INC 1370 CREEKSIDE BLVD NAPLES, FL 34108 | \$ 42,333 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 3 | BIOCOMPOSITES 700 MILITARY CUTOFF ROAD - SUITE 32 WILMINGTON, NC 28405 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 4 | CENTER FOR ORTHOPEDIC RESEARCH AND EDUCAT 18444 N 25TH AVENUE SUITE 320 PHOENIX, AZ 85023 | \$ 126,590 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions) |
| 5 | DEPUY SYNTHES PRODUCTS LLC 325 PARAMOUNT DRIVE RAYNHAM, MA 02767 | \$ 434,628 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 6 | ELMINDA 14 MASKIT STREET HEZLIYA, IS | \$ 44,783 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

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 |
|------------|-----------------------------------|----------------------------|--|
| 7 | ENCORE MEDICAL LP DBA DJO GLOBAL | \$ 48,506 | Person <input checked="" type="checkbox"/> |
| | 9801 METRIC BLVD | | Payroll <input type="checkbox"/> |
| | AUSTIN, TX 78758 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 8 | FLEXION THERAPEUTICS | \$ 7,500 | Person <input checked="" type="checkbox"/> |
| | 10 MALL ROAD - SUITE 301 | | Payroll <input type="checkbox"/> |
| | BURLINGTON, MA 01803 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 9 | HOPCO | \$ 15,400 | Person <input checked="" type="checkbox"/> |
| | ATTN ACCOUNTS PAYABLE | | Payroll <input type="checkbox"/> |
| | PHOENIX, AZ 85023 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 10 | DAVID JACOFSKY MD | \$ 5,625 | Person <input checked="" type="checkbox"/> |
| | 18444 N 25TH AVENUE SUITE 320 | | Payroll <input type="checkbox"/> |
| | PHOENIX, AZ 85023 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 11 | MOUEXCELLENCE FINANCIAL SUPPORT | \$ 100,000 | Person <input type="checkbox"/> |
| | ATTN ACCOUNTS PAYABLE | | Payroll <input type="checkbox"/> |
| | PHOENIX, AZ 85023 | | Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions) |
| 12 | ORTHOFIX INC | \$ 5,000 | Person <input checked="" type="checkbox"/> |
| | 3451 PLANO PKWY | | Payroll <input type="checkbox"/> |
| | LEWISVILLE, TX 75056 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

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 | ORTHOSENSOR INC | \$ 13,575 | Person <input checked="" type="checkbox"/> |
| | 1855 GRIFFIN RD STE A310 | | Payroll <input type="checkbox"/> |
| | DANIA BEACH, FL 33004 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 14 | ORTHOTIC HOLDINGS INC | \$ 7,500 | Person <input checked="" type="checkbox"/> |
| | 1393 VETERANS MEMORIAL HWY STE 100- | | Payroll <input type="checkbox"/> |
| | HAUPPAUGE, NY 11788 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 15 | RADIOLOGY PARTNERS | \$ 15,000 | Person <input checked="" type="checkbox"/> |
| | 2101 EL SEGUNDO BLVD STE 401 | | Payroll <input type="checkbox"/> |
| | EL SEGUNDO, CA 90245 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 16 | FRANK RAI A MD | \$ 5,208 | Person <input checked="" type="checkbox"/> |
| | 2327 E CAROL AVE | | Payroll <input type="checkbox"/> |
| | PHOENIX, AZ 85028 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 17 | RIDDELL INC | \$ 107,480 | Person <input checked="" type="checkbox"/> |
| | 9801 W HIGGINS RD STE 800 | | Payroll <input type="checkbox"/> |
| | ROSEMONT, IL 60018 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 18 | JASON SCALISE MD | \$ 7,075 | Person <input checked="" type="checkbox"/> |
| | 5824 W ALYSSA LANE | | Payroll <input type="checkbox"/> |
| | PHOENIX, AZ 85083 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

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 | STRYKER ORTHOPAEDICS | \$ 184,890 | Person <input checked="" type="checkbox"/> |
| | 325 CORPORATE DRIVE | | Payroll <input type="checkbox"/> |
| | MAHWAH, NJ 07430 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 20 | TENEX HEALTH | \$ 5,000 | Person <input checked="" type="checkbox"/> |
| | 26902 VISTA TERRACE | | Payroll <input type="checkbox"/> |
| | LAKE FOREST, CA 92630 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 21 | TREACE MEDICAL CONCEPTS | \$ 7,450 | Person <input checked="" type="checkbox"/> |
| | 203 FORT WADE RD STE 150 | | Payroll <input type="checkbox"/> |
| | PONTE VEDRA, FL 32081 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 22 | VALLEY RADIOLOGISTS | \$ 10,000 | Person <input checked="" type="checkbox"/> |
| | 2323 W ROSE GARDEN LANE | | Payroll <input type="checkbox"/> |
| | PHOENIX, AZ 85027 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 23 | BRYAN WALL MD | \$ 5,625 | Person <input checked="" type="checkbox"/> |
| | 29008 N CHALFEN BLVD | | Payroll <input type="checkbox"/> |
| | PEORIA, AZ 85383 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 24 | MATTHEW WEICHBRODT MD | \$ 5,208 | Person <input checked="" type="checkbox"/> |
| | 13306 W VIA CABALLO BLANCO | | Payroll <input type="checkbox"/> |
| | PEORIA, AZ 85383 | | Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

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 |
|--|-----------------------------------|----------------------------|---|
| <p style="text-align: center;"><u>25</u></p> | <p>WRIGHT MEDICAL</p> | <p>\$ 5,000</p> | <p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions)</p> |
| | <p>10801 NESBITT AVE SOUTH</p> | | |
| | <p>BLOOMINGTON, MN 55473</p> | | |
| <p style="text-align: center;"><u>26</u></p> | <p>XTANT MEDICAL INC</p> | <p>\$ 5,000</p> | <p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions)</p> |
| | <p>664 CRUISER LANE</p> | | |
| | <p>BELGRADE, MT 59714</p> | | |