

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning \_\_\_\_\_, 2016, and ending \_\_\_\_\_, 20\_\_\_\_

# 2016

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

Employer identification number

**ORTHOPAEDIC RESEARCH & EDUCATION  
FOUNDATION**

**36-6009467**

Name and title of officer

**P JOANNE RAY  
CHIEF EXECUTIVE OFFICER**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>5,105,233.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Calibre CPA Group PLLC to enter my PIN 36600  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶  Date ▶ 10/31/17

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**78025212151**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ 10/31/17

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

623051 09-26-16

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2016**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A For the 2016 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ORTHOPAEDIC RESEARCH &amp; EDUCATION FOUNDATION</b>		<b>D</b> Employer identification number <b>36-6009467</b>
	Doing business as		<b>E</b> Telephone number <b>847-698-9980</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>9400 W HIGGINS RD SUITE 215</b>	<b>G</b> Gross receipts \$ <b>17,981,727.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>ROSEMONT, IL 60018-4975</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>P. JOANNE RAY</b> <b>same as C above</b>			<b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.OREF.COM</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1955</b> <b>M</b> State of legal domicile: <b>IL</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>IMPROVING LIVES BY SUPPORTING EXCELLENCE IN ORTHOPAEDIC RESEARCH.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> <b>22</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> <b>22</b>	
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b> <b>15</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> <b>200</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> <b>0.</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> <b>0.</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)		<b>Prior Year</b> <b>5,097,325.</b> <b>Current Year</b> <b>4,715,824.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)		<b>0.</b> <b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>719,136.</b> <b>389,409.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>0.</b> <b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>5,816,461.</b> <b>5,105,233.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>2,511,642.</b> <b>1,894,516.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>1,703,341.</b> <b>1,667,205.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b> <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>1,710,204.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>1,408,481.</b> <b>1,603,987.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>5,623,464.</b> <b>5,165,708.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		<b>192,997.</b> <b>-60,475.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)		<b>Beginning of Current Year</b> <b>30,480,383.</b> <b>End of Year</b> <b>25,717,011.</b>
	<b>21</b> Total liabilities (Part X, line 26)		<b>4,530,248.</b> <b>3,944,483.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		<b>25,950,135.</b> <b>21,772,528.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date
	<b>P. JOANNE RAY, CHIEF EXECUTIVE OFFICER</b> Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	<b>Joseph Pierson</b> Firm's name <b>Calibre CPA Group PLLC</b> Firm's address <b>566 West Lake St Suite 300 Chicago, IL 60661</b>	<b>Joseph Pierson</b> Firm's EIN <b>47-0900880</b>	Check if self-employed <input type="checkbox"/> <b>P00189462</b> Phone no. <b>312-655-0037</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

ORTHOPAEDIC RESEARCH & EDUCATION  
FOUNDATION

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**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

THE ORTHOPAEDIC RESEARCH AND EDUCATION FOUNDATION (OREF) MISSION IS IMPROVING LIVES BY SUPPORTING EXCELLENCE IN ORTHOPAEDIC RESEARCH. THE FOUNDATION'S VISION IS THAT IT WILL BE THE LEADER IN SUPPORTING ORTHOPAEDIC RESEARCH TO IMPROVE FUNCTION, ELIMINATE PAIN AND RESTORE

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 2,445,756. including grants of \$ 1,874,516. ) (Revenue \$ )

GRANT PROGRAM: THE PURPOSE OF THE FOUNDATION IS TO SUPPORT RESEARCH INTO THE CAUSES AND TREATMENT OF MUSCULOSKELETAL DISEASES AND INJURIES. OREF'S NICHE IS SUPPORTING SURGEON-RESEARCHERS AND PHD-RESEARCHERS IN BASIC SCIENCE/TRANSLATION, CLINICAL, AND HEALTH SERVICES RESEARCH.

**4b** (Code: ) (Expenses \$ 26,095. including grants of \$ 20,000. ) (Revenue \$ )

FOR THE NEW MEDICAL RESEARCH IN ORTHOPAEDICS, OREF'S EDUCATION PROGRAM OFFERS THE OPPORTUNITY TO DEVELOP THEIR RESEARCH INTERESTS AND SKILLS. THROUGH EDUCATIONAL PROGRAMMING, OREF SUPPORTS EMERGING TALENT TO HELP THEM SUCCESSFULLY PURSUE RESEARCH CAREERS.

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **2,471,851.**

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FOUNDATION**

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**Part IV Checklist of Required Schedules**

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

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**Part IV Checklist of Required Schedules** (continued)

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

**Note.** All Form 990 filers are required to complete Schedule O .....

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	22													
b Enter the number of voting members included in line 1a, above, who are independent		22												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?														X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?														X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?														X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										X				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O														X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?															X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?															
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X												
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.															
12a Did the organization have a written conflict of interest policy? If "No," go to line 13					X										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					X										
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done					X										
13 Did the organization have a written whistleblower policy?					X										
14 Did the organization have a written document retention and destruction policy?					X										
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?															
a The organization's CEO, Executive Director, or top management official										X					
b Other officers or key employees of the organization										X					
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).															
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?															X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?															

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **AK, AL, AR, AZ, CA, CT, DC, DE, FL, GA, IL, IN**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **RHONDA DIRR - 847-698-9980**  
**9400 W HIGGINS RD SUITE 215, ROSEMONT, IL 60018-4975**

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See Schedule O for full list of states

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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) B. Sonny Bal, MD, JD, MBA TRUSTEE	5.00	X					0.	0.	0.
(2) Christopher Adams, MD TRUSTEE	5.00	X					0.	0.	0.
(3) David C. Dvorak, JD TRUSTEE	5.00	X					0.	0.	0.
(4) James R Fricke, MD TRUSTEE	5.00	X					0.	0.	0.
(5) Jeffrey S. Adams TRUSTEE	5.00	X					0.	0.	0.
(6) John A. Bergfeld, MD TRUSTEE	5.00	X					0.	0.	0.
(7) John H. Healey, MD TRUSTEE	5.00	X					0.	0.	0.
(8) John R. Tongue, MD TRUSTEE	5.00	X					0.	0.	0.
(9) Joshua J Jacobs, MD TRUSTEE	5.00	X					0.	0.	0.
(10) Lawrence G. Lenke, MD TRUSTEE	5.00	X					0.	0.	0.
(11) Letha Y. Griffin, MD, PhD TRUSTEE	5.00	X					0.	0.	0.
(12) Matthew B. Dobbs, MD TRUSTEE	5.00	X					0.	0.	0.
(13) Michael L. Parks, MD President-Elect	5.00	X					0.	0.	0.
(14) Paul C. Collins, MD TRUSTEE	5.00	X					0.	0.	0.
(15) Thomas P. Sculco, MD TRUSTEE	5.00	X					0.	0.	0.
(16) William C. McMaster, MD TRUSTEE	5.00	X					0.	0.	0.
(17) David G. Lewallen, MD President	5.00			X			0.	0.	0.



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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Farshid Guilak, PhD Chair-Research Grants	5.00			X				0.	0.	0.
(19) James G. Borovsky Secretary-Treasurer	5.00			X				0.	0.	0.
(20) John J. Callaghan, MD Past-President	5.00			X				0.	0.	0.
(21) Richard F. Kyle, MD Chair, Corporate Relations	5.00			X				0.	0.	0.
(22) Richard F. Santore, MD Chair, Individual Development	5.00			X				0.	0.	0.
(23) EDWARD HOOVER VP DEVELOPMENT	40.00					X		128,767.	0.	12,929.
(24) CAROL WARGO VP STRATEGIC PTRS	40.00					X		141,934.	0.	16,709.
(25) KAREN PUBENTZ DIRECTOR OF COMM	40.00					X		113,946.	0.	17,700.
(26) PONDA BARNES DIRECTOR OF GRANTS	40.00					X		112,571.	0.	10,067.
<b>1b Sub-total</b>								497,218.	0.	57,405.
<b>c Total from continuation sheets to Part VII, Section A</b>								241,153.	0.	36,320.
<b>d Total (add lines 1b and 1c)</b>								738,371.	0.	93,725.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

See Part VII, Section A Continuation sheets

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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SHARON MELLOR PHD CAE FORMER CHIEF EXEC	40.00						X	241,153.	0.	36,320.
Total to Part VII, Section A, line 1c .....								241,153.		36,320.

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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,715,824.			
	g	Noncash contributions included in lines 1a-1f: \$		96,921.			
	h	<b>Total.</b> Add lines 1a-1f		4,715,824.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		431,365.		431,365.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
c	Gain or (loss)						
d	Net gain or (loss)		-41,956.		-41,956.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b	Less: direct expenses	b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b	Less: direct expenses	b			
		c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	a					
		b	Less: cost of goods sold	b			
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d						
12	<b>Total revenue.</b> See instructions.		5,105,233.	0.	0.	389,409.	

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,824,724.	1,824,724.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	20,000.	20,000.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	49,792.	49,792.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	738,371.	126,066.	287,023.	325,282.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	590,549.	104,596.	216,068.	269,885.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	92,870.	16,120.	35,158.	41,592.
<b>9</b> Other employee benefits	153,828.	24,222.	64,175.	65,431.
<b>10</b> Payroll taxes	91,587.	15,897.	34,672.	41,018.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	135,077.	14,751.	87,663.	32,663.
<b>b</b> Legal	9,703.	3,299.	3,202.	3,202.
<b>c</b> Accounting	33,955.	11,545.	11,205.	11,205.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	37,227.	18,614.		18,613.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	48,000.	16,320.	15,840.	15,840.
<b>12</b> Advertising and promotion	183,803.	62,958.	1,090.	119,755.
<b>13</b> Office expenses	91,325.	21,941.	37,459.	31,925.
<b>14</b> Information technology	80,454.	24,341.	25,934.	30,179.
<b>15</b> Royalties				
<b>16</b> Occupancy	127,797.	21,930.	49,281.	56,586.
<b>17</b> Travel	70,739.	9,583.	29,442.	31,714.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	228,949.	74,556.	31,708.	122,685.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	34,914.	6,060.	13,217.	15,637.
<b>23</b> Insurance	31,170.	4,536.	22,232.	4,402.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>BAD DEBT</b>	377,654.			377,654.
<b>b</b> <b>LIFE INSURANCE PREMIUMS</b>	79,060.			79,060.
<b>c</b> <b>RECOGNITION AWARDS</b>	12,006.		1,889.	10,117.
<b>d</b> <b>DUES AND SUBSCRIPTIONS</b>	8,973.		3,214.	5,759.
<b>e</b> All other expenses	13,181.		13,181.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	5,165,708.	2,471,851.	983,653.	1,710,204.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing .....		1
	2	Savings and temporary cash investments .....	4,371,099.	2 3,903,657.
	3	Pledges and grants receivable, net .....	2,619,731.	3 2,762,331.
	4	Accounts receivable, net .....		4
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6
	7	Notes and loans receivable, net .....		7
	8	Inventories for sale or use .....		8
	9	Prepaid expenses and deferred charges .....	81,103.	9 83,718.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 322,725.	
	b	Less: accumulated depreciation .....	10b 151,329.	10c 171,396.
	11	Investments - publicly traded securities .....	18,029,590.	11 13,444,047.
	12	Investments - other securities. See Part IV, line 11 .....		12
	13	Investments - program-related. See Part IV, line 11 .....		13
	14	Intangible assets .....		14
	15	Other assets. See Part IV, line 11 .....	5,224,331.	15 5,351,862.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	30,480,383.	16 25,717,011.	
Liabilities	17	Accounts payable and accrued expenses .....	265,659.	17 190,179.
	18	Grants payable .....	2,695,804.	18 2,807,986.
	19	Deferred revenue .....		19
	20	Tax-exempt bond liabilities .....		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....	1,568,785.	21 946,318.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22
	23	Secured mortgages and notes payable to unrelated third parties .....		23
	24	Unsecured notes and loans payable to unrelated third parties .....		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	4,530,248.	26 3,944,483.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27	Unrestricted net assets .....	-3,927,260.	27 -2,497,081.
	28	Temporarily restricted net assets .....	6,274,946.	28 7,085,820.
	29	Permanently restricted net assets .....	23,602,449.	29 17,183,789.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30	Capital stock or trust principal, or current funds .....		30
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31
	32	Retained earnings, endowment, accumulated income, or other funds .....		32
33	<b>Total net assets or fund balances</b> .....	25,950,135.	33 21,772,528.	
34	<b>Total liabilities and net assets/fund balances</b> .....	30,480,383.	34 25,717,011.	

Form 990 (2016)

ORTHOPAEDIC RESEARCH & EDUCATION  
FOUNDATION

Form 990 (2016)

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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,105,233.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,165,708.
3	Revenue less expenses. Subtract line 2 from line 1	3	-60,475.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,950,135.
5	Net unrealized gains (losses) on investments	5	952,378.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5,069,510.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	21,772,528.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2016)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization **ORTHOPAEDIC RESEARCH & EDUCATION FOUNDATION** Employer identification number **36-6009467**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

ORTHOPAEDIC RESEARCH & EDUCATION

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5154975.	6370076.	4520407.	5097325.	4715824.	25858607.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	5154975.	6370076.	4520407.	5097325.	4715824.	25858607.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 <b>Public support.</b> Subtract line 5 from line 4.						25858607.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4 .....	5154975.	6370076.	4520407.	5097325.	4715824.	25858607.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	720,388.	872,830.	904,836.	805,283.	431,365.	3734702.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
11 <b>Total support.</b> Add lines 7 through 10 .....						29593309.
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	14	87.38	%
15 Public support percentage from 2015 Schedule A, Part II, line 14 .....	15	74.09	%
16a <b>33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		



ORTHOPAEDIC RESEARCH & EDUCATION

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage for 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

ORTHOPAEDIC RESEARCH & EDUCATION

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

ORTHOPAEDIC RESEARCH & EDUCATION

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 <b>Total annual distributions.</b> Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

Lined area for supplemental information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization ORTHOPAEDIC RESEARCH & EDUCATION FOUNDATION

Employer identification number 36-6009467

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, aggregate value at end of year, and two questions about donor informed consent.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Rows include purpose of easements, total number of easements, total acreage, number of easements on historic structures, number of modified easements, number of states, monitoring policy, staff hours, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

**ORTHOPAEDIC RESEARCH & EDUCATION  
FOUNDATION**

Schedule D (Form 990) 2016

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**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

2b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12,835,718.	22,513,401.	26,167,534.	25,563,123.	20,816,303.
b Contributions	48,562.	62,327.	103,477.	1,023,628.	2,539,740.
c Net investment earnings, gains, and losses	953,270.	-2,148,068.	535,123.	2,442,972.	2,207,080.
d Grants or scholarships	6,230,393.	7,564,692.	260,879.		
e Other expenditures for facilities and programs	271,935.	27,250.	4,031,854.	2,862,189.	
f Administrative expenses					
g End of year balance	7,335,222.	12,835,718.	22,513,401.	26,167,534.	25,563,123.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
  - b Permanent endowment  100.00 %
  - c Temporarily restricted endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i) unrelated organizations	<input checked="" type="checkbox"/>	
3a(ii) related organizations		<input checked="" type="checkbox"/>
3b		

(i) unrelated organizations \_\_\_\_\_

(ii) related organizations \_\_\_\_\_

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		50,447.	8,885.	41,562.
d Equipment		272,278.	142,444.	129,834.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				171,396.

Schedule D (Form 990) 2016



**ORTHOPAEDIC RESEARCH & EDUCATION  
FOUNDATION**

Schedule D (Form 990) 2016

36-6009467 Page **3**

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CHARITABLE REMAINDER TRUST RECEIVABLE	3,115,280.
(2) CASH SURRENDER VALUE OF LIFE INSURANCE	2,156,437.
(3) OTHER RECEIVABLES	80,145.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	5,351,862.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

**ORTHOPAEDIC RESEARCH & EDUCATION  
FOUNDATION**

Schedule D (Form 990) 2016

36-6009467 Page 4

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....		6,120,664.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	<b>a</b> Net unrealized gains (losses) on investments .....	952,378.	
	<b>b</b> Donated services and use of facilities .....		
	<b>c</b> Recoveries of prior year grants .....		
	<b>d</b> Other (Describe in Part XIII.) .....	63,053.	
	<b>e</b> Add lines 2a through 2d .....		1,015,431.
<b>3</b>	Subtract line 2e from line 1 .....		5,105,233.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....		
	<b>b</b> Other (Describe in Part XIII.) .....		
	<b>c</b> Add lines 4a and 4b .....		0.
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .....		5,105,233.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....		10,298,271.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	<b>a</b> Donated services and use of facilities .....		
	<b>b</b> Prior year adjustments .....		
	<b>c</b> Other losses .....		
	<b>d</b> Other (Describe in Part XIII.) .....	5,132,563.	
	<b>e</b> Add lines 2a through 2d .....		5,132,563.
<b>3</b>	Subtract line 2e from line 1 .....		5,165,708.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....		
	<b>b</b> Other (Describe in Part XIII.) .....		
	<b>c</b> Add lines 4a and 4b .....		0.
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .....		5,165,708.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part IV, line 2b:**

ON BEHALF OF OTHER ORTHOPAEDIC ORGANIZATIONS, THE FOUNDATION ACCEPTS CONTRIBUTIONS FOR WHICH IT PERFORMS RECORDKEEPING AND PROVIDES GRANTS REQUESTED BY THOSE ORGANIZATIONS.

**Part V, line 4:**

THE ENDOWMENT FUNDS ARE INVESTED IN A WELL-DIVERSIFIED PORTFOLIO AND DISBURSEMENTS ARE MADE AS OUTLINED IN AN ENDOWMENT SPENDING POLICY TO SUPPORT THE FOUNDATIONS'S MISSION.

**Part XI, Line 2d - Other Adjustments:**

CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES 82,275.

ORTHOPAEDIC RESEARCH & EDUCATION  
FOUNDATION

**Part XIII** Supplemental Information (continued)

CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS -19,222.

Total to Schedule D, Part XI, Line 2d 63,053.

Part XII, Line 2d - Other Adjustments:

ORTHOPAEDIC PARTNER ENDOWMENT DISTRIBUTION 5,132,563.

Multiple horizontal lines for supplemental information.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization  
**ORTHOPAEDIC RESEARCH & EDUCATION  
FOUNDATION**

Employer identification number

**36-6009467**

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
North America			Grants to recipients	The DECIPHER Study: Determinants of Function and Clinically Important Outcomes in Proximal	49,792.
<b>3 a</b> Sub-total .....	0	0			49,792.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			49,792.

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

Schedule F (Form 990) 2016

See Part V for Column (e) descriptions

ORTHOPAEDIC RESEARCH & EDUCATION  
FOUNDATION

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	The DECIPHER Study: Determinants of Function and Clinically Important	49,792.	Check	0.		

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  
**3** Enter total number of other organizations or entities



ORTHOPAEDIC RESEARCH & EDUCATION  
FOUNDATION

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**Part I, Line 2:**

THE RESEARCH GRANTS COMMITTEE IS RESPONSIBLE FOR ALLOCATING RESEARCH FUNDING TO ADVANCE RESEARCH IN THE SPECIALTY OF ORTHOPAEDICS AND IS EMPOWERED TO ESTABLISH CRITERIA FOR THE ALLOCATION AND DISTRIBUTION OF PHILANTHROPIC FUNDS TO ADVANCE RESEARCH IN THE SPECIALTY OF ORTHOPAEDICS, IMPLEMENT AND CONDUCT INDEPENDENT PEER REVIEW PROCESS TO SELECT RESEARCH FUNDING RECIPIENTS, PREPARE AND DISTRIBUTE THE NECESSARY PROMOTIONAL INFORMATION AND APPLICATION FORMS FOR RESEARCH GRANTS AND AWARDS AND TO ACCEPT AND ALLOCATE OR DECLINE TO ALLOCATE, AT ITS SOLE AND ABSOLUTE DISCRETION, GRANTS AND AWARDS FOR RESEARCH.

ONE YEAR GRANTS RECEIVE 50% OF THE FUNDS TO START, THEN 40% AFTER A SIX-MONTH FINANCIAL REPORT IS RECEIVED. A FINAL SCIENTIFIC AND LAY REPORT IS REQUIRED WITHIN 60 DAYS AFTER THE GRANT ENDS, AND A FINAL FINANCIAL REPORT. ONCE OREF HAS ALL REPORTS THE FINAL 10% OF THE FUNDS ARE RELEASED.

ONE-TIME AWARD/EDUCATIONAL GRANT/LECTURESHIP GRANTS RECEIVE FULL PAYMENT AFTER THEY ARE APPROVED. DOCUMENTATION IS IN THE FILE FOR LECTURESHIPS, EDUCATIONAL PROGRAMS AND AWARDS.

TWO OR THREE YEAR GRANTS ARE PAID AND SPREAD OVER THE TERM OF THE GRANT. THE 10% WITHHELD IS THE SAME UNTIL ALL REPORTS ARE RECEIVED. THESE MULTI-YEAR GRANTS SUBMIT ANNUAL SCIENTIFIC PROGRESS REPORTS WHICH ARE THEN REVIEWED BY THE ORIGINAL PEER REVIEW COMMITTEE MEMBER.

**Part I, line 3, Column (e):**

Region: North America

(e) Specific Types of Services in Region: The DECIPHER Study:

Determinants of Function and Clinically Important Outcomes in Proximal



**Part V** Supplemental Information

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

**Humerus Fractures in the Elder Population: A National Cohort**

Part II, Column (d):

Region: North America

(d) Purpose of Grant: The DECIPHER Study: DEterminants of Function and Clinically Important Outcomes in Proximal Humerus Fractures in the Elder Population: A National Cohort

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization **ORTHOPAEDIC RESEARCH & EDUCATION FOUNDATION** Employer identification number **36-6009467**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Pennsylvania - Office of Research Services - 3451 Walnut St., Rm. P-221 - Philadelphia, PA 19104	23-1352685	501(c) (3)	225,000.	0.			Modulation of Vascularity to Enhance Geriatric Fracture Healing
Dartmouth-Hitchcock Medical Center 1 Medical Center Drive Lebanon, NH 03756	02-0222111	501(c) (3)	147,724.	0.			Validation of Appropriateness Criteria for the Surgical Treatment of Lumbar
Louisiana State University Health Science Center - 1501 Kings Highway - Shreveport, LA 71103	70-0702002	501(c) (3)	98,000.	0.			Mesenchymal Stem Cell Sheet-Mediated Allograft Repair
Thomas Jefferson University - Office of Research Administration - 125 S. 9th Street Sheridan Building, 2nd Floor -	23-1352651	501(c) (3)	50,000.	0.			Understanding the Presence of Bacteria in the Glenohumeral Joint by Polymerase Chain Reaction
University of Pittsburgh, Office of Research University Club - 123 University Place - Pittsburgh, PA 15312		501(c) (3)	20,000.	0.			Exploring Sarcoma Metastatic Potential
University of Utah 75 S 2000 E, Room 111 Salt Lake City, UT 84112	87-6000525	501(c) (3)	50,000.	0.			Evaluating Hindfoot Biomechanics to Improve Function Following Tibiotalar Arthrodesis

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **43.**

**3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2016)

See Part IV for Column (h) descriptions  
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**ORTHOPAEDIC RESEARCH & EDUCATION  
FOUNDATION**

36-6009467

Page 1

Schedule I (Form 990)

**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Thomas Jefferson University - Office of Research Administration - 125 S. 9th Street Sheridan Building, 2nd Floor - University of Pittsburgh, Office of Research University Club - 123 University Place - Pittsburgh, PA 15312	23-1352651	501(c) (3)	50,000.	0.			Arthrobriosis Modulation by Targeting Collagen Cross-Links
NYU Hospital for Joint Diseases 301 East 17th Street New York, NY 10003	13-5562308	501(c) (3)	20,000.	0.			The Effect of Progranulin on Impaired Fracture Healing in Diabetes
The Hospital for Special Surgery 535 East 70th Street New York, NY 10021	13-1624135	501(c) (3)	20,000.	0.			Targeting Skeletal Metastases Using a Novel HPMA Copolymer Nanomedicine Delivery
Washington University in St. Louis Campus Box 1054 - One Brookings Dr St Louis, MO 63130	43-0653611	501(c) (3)	19,663.	0.			Anatomic Syndesmotoc Reduction Utilizing Pre-operative Computed Tomography: A Cadaveric Measuring Near-Infrared Fluorescence Penetration of Normal Connective Tissues to Facilitate
Dartmouth-Hitchcock Medical Center 1 Medical Center Drive Lebanon, NH 03756	02-0222111	501(c) (3)	20,000.	0.			The Effect of Cytokine Levels on the Clinical Outcomes in Patients Undergoing Anterior
Thomas Jefferson University - Office of Research Administration - 125 S. 9th Street Sheridan Building, 2nd Floor - Loyola University Medical Center - Stritch School of Medicine - 2160 South First Avenue - Maywood, IL 60153	23-1352651	501(c) (3)	19,520.	0.			Effect of Proton Pump Inhibitors on Bone Formation in a Rat Spinal Arthrodesis Model
The University of Iowa - Office of the Vice President for Research - Divisi - 2 Gilmore Hall - Iowa City, IA 52242	36-1408475	501(c) (3)	19,341.	0.			Functional Acetabular Orientation and its Relation to Lumbosacral Fusion
	42-6004813	501(c) (3)	4,950.	0.			

Schedule I (Form 990)

**ORTHOPAEDIC RESEARCH & EDUCATION  
FOUNDATION**

**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of California, San Diego - 9500 Gilman Drive - LaJolla, CA 92093	94-3067788	501(c) (3)	5,000.	0.			Ewing Sarcoma - A New Treatment with a Dual PI3K/BET Bromodomain Inhibitor
University of Pittsburgh, Office of Research University Club - 123 University Place - Pittsburgh, PA 15312	25-0965591	501(c) (3)	5,000.	0.			Exploring the Interactions Between Osteosarcoma Cells and Lung Cells
University of Michigan 4414 Kresge III - 200 Zina Pitcher Ann Arbor, MI 48109	38-6006309	501(c) (3)	5,000.	0.			Prospective, Randomized, Double-Blind, Placebo-Controlled Trial of Prophylactic
University of Massachusetts Medical School - Office of Research - 55 Lake Avenue North - Worcester, MA 01655	04-3167352	501(c) (3)	5,000.	0.			Predicting Early Failure in Total Knee Arthroplasty
University of California, San Diego - 9500 Gilman Drive - LaJolla, CA 92093	94-3067788	501(c) (3)	5,000.	0.			Biomarkers of Neutrophil Extracellular Trap Formation and their Relationship to Adiposity
Columbia University Medical Center - Sponsored Projects Administration Colu - 630 West 168th Street, Box 49 - New York,	135598093	501(c) (3)	5,000.	0.			Adductor Canal Block versus Periarticular Bupivacaine Injection in Total Knee Arthroplasty
Cleveland Clinic Foundation 9500 Euclid Avenue Cleveland, OH 44195	34-0714585	501(c) (3)	5,000.	0.			The Long-Term Effects of Glenoid Component Version in Total Shoulder Arthroplasty
University of California, San Francisco - Contracts and Grants - 3333 California Street, Suite 315 - San Francisco, CA 94143	946036493	501(c) (3)	5,000.	0.			Biomechanical Evaluation of Augmentation Strategies for Fixation of Proximal Humerus
Northwestern University - Office of Sponsored Research - 710 North Lake Shore Drive, 5th Floor - Chicago, IL 60611	136216781	501(c) (3)	4,999.	0.			Development of 3D-Printed Hyperelastic Bone Composites for Bone Regeneration and Spine

**ORTHOPAEDIC RESEARCH & EDUCATION  
FOUNDATION**

Schedule I (Form 990) **Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Loyola University Chicago 1032 West Sheridan Road Chicago, IL 60660	36-1408475	501(c) (3)	5,000.	0.			Development of a Real Time Model of Foot and Ankle Kinematics During Simulated Gait: A Pilot
University of California, San Francisco - Contracts and Grants - 3333 California Street, Suite 315 San Francisco, CA 94143	946036493	501(c) (3)	5,000.	0.			Effect of Ibuprofen on Postoperative Marcotic Consumption and Shoulder Functional Outcomes After
Beth Israel Deaconess Medical Center - 330 Brookline Ave, E/BR 264 - Boston, MA 02215	04-2103881	501(c) (3)	5,000.	0.			Biomechanical Properties of Intraosseous Suture Anchor versus Traditional Tension Band Wiring in
University of California - Los Angeles - Fielding School of Public Health - 640 Charles E. Young Drive - Los Angeles, CA	95-6006143	501(c) (3)	5,000.	0.			The Effect of Proximal Tibia Anterior Closing Wedge Osteotomy on Anterior Cruciate
The Hospital for Special Surgery 535 East 70th Street New York, NY 10021	13-1624135	501(c) (3)	5,000.	0.			Modulating Metastatic Tumor Expansion in Bone Through the Inhibition of the SHN3 Pathway
University of Connecticut 438 Whitney Road Ext, Unit 1133 Storrs, CT 06269	06-0772160	501(c) (3)	5,000.	0.			Topical (Intra-Articular) Tranexamic Acid and Transfusion Rates Following Hip
Eastern Orthopaedic Association 110 West Road, Suite 227 Towson, MD 21204	23-1738956	501(c) (3)	3,000.	0.			2016 Regional New Investigator Award
Southern Orthopaedic Association 110 West Road, Suite 227 Towson, MD 21204	63-0876120	501(c) (3)	3,000.	0.			2016 Regional New Investigator Award
Western Orthopaedic Association 2300 South Flower Street #200 Los Angeles, CA 90007	94-1379470	501(c) (3)	3,000.	0.			2016 Regional New Investigator Award

**ORTHOPAEDIC RESEARCH & EDUCATION  
FOUNDATION**

**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Orthopaedic Research Society 9400 West Higgins Road, Suite 225 Rosemont, IL 60018	36-3180285	501(c) (3)	15,000.	0.			2016 New Investigator Workshop - Grant Writing Workshop
Orthopaedic Research Society 9400 West Higgins Road, Suite 225 Rosemont, IL 60018	36-3180285	501(c) (3)	3,000.	0.			2016 ORS/OREF Orthopaedic Basic Science Course
American Academy of Orthopaedic Surgeons - 9400 West Higgins Road - Rosemont, IL 60018	36-2110592	501(c) (3)	5,000.	0.			2016 AAOS/OREF/ORS Clinician Scholar Development Program
The Hospital for Special Surgery 535 East 70th Street New York, NY 10021	13-1624135	501(c) (3)	50,000.	0.			Demonstrating the Involvement of the Hedgehog Signaling Pathway in Tendon-to-Bone
University of Maryland, Baltimore 620 West Lexington Street - 4th Floor Baltimore, MD 21201	52-6002033	501(c) (3)	50,000.	0.			Mechanism of Rotator Cuff Fatty Infiltration: Role of Suprascapular Nerve and Aging
University of Washington Medical Center - 1959 NE Pacific St - Seattle, WA 98195	91-6001537	501(c) (3)	50,000.	0.			Propionibacterium Skin Load and Subtype Distribution on Risk of Positive Deep Cultures in
Thomas Jefferson University - Office of Research Administration - 125 S. 9th Street Sheridan Building, 2nd Floor - Philadelphia, PA 19107	23-1352651	501(c) (3)	50,000.	0.			Matrix-Specific Anchors: A Novel Concept for Targeted and Retention of Therapeutic Cells in
Vanderbilt University Medical Center - Office of Sponsored Programs - 3319 West End Ave - Nashville, TN 37203	16-2047682	501(c) (3)	5,000.	0.			Posterolateral Fusion Augmented by Autogenous Hypertrophic Chondrocytes - A Possible Bone Graft
Loyola University Chicago 1032 West Sheridan Road Chicago, IL 60660	36-1408475	501(c) (3)	97,898.	0.			Transcutaneous Oxygen as a Predictor of Wound Healing Complications in Preoperatively Radiated

**ORTHOPAEDIC RESEARCH & EDUCATION  
FOUNDATION**

Schedule I (Form 990) **36-6009467** Page 1

**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Hospital for Special Surgery 535 East 70th Street New York, NY 10021	13-1624135	501(c) (3)	138,500.	0.			Non-surgical treatment in young pitchers to improve shoulder kinematics

**ORTHOPAEDIC RESEARCH & EDUCATION  
FOUNDATION**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Research grant	1	20,000.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

THE RESEARCH GRANTS COMMITTEE IS RESPONSIBLE FOR ALLOCATING RESEARCH FUNDING TO ADVANCE RESEARCH IN THE SPECIALTY OF ORTHOPAEDICS AND IS EMPOWERED TO ESTABLISH CRITERIA FOR THE ALLOCATION AND DISTRIBUTION OF PHILANTHROPIC FUNDS TO ADVANCE RESEARCH IN THE SPECIALTY OF ORTHOPAEDICS, IMPLEMENT AND CONDUCT INDEPENDENT PEER REVIEW PROCESS TO SELECT RESEARCH FUNDING RECIPIENTS, PREPARE AND DISTRIBUTE THE NECESSARY PROMOTIONAL INFORMATION AND APPLICATION FORMS FOR RESEARCH GRANTS AND AWARDS AND TO ACCEPT AND ALLOCATE OR DECLINE TO ALLOCATE, AT ITS SOLE AND ABSOLUTE



ORTHOPAEDIC RESEARCH & EDUCATION  
FOUNDATION

36-6009467 Page 2

Schedule I (Form 990)

Part IV Supplemental Information

DISCRETION, GRANTS AND AWARDS FOR RESEARCH.

ONE YEAR GRANTS RECIEVE 50% FO THE FUNDS TO STARR, THEN 40% AFTER A SIX-MONTH FINANCIAL REPORT IS RECEIVED. A FINAL SCIENTIFIC AND LAY REPORT IS REQUIRED WITHIN 60 DAYS AFTER THE GRANT ENDS, AND A FINAL FINANCIAL REPORT. ONCE OREF HAS ALL REPORTS THE FINAL 10% OF THE FUNDS ARE RELEASED.

ONE-TIME AWARD/EDUCATIONAL GRANT/LECTURESHIP GRANTS RECEIVE FULL PAYMENT AFTER THEY ARE APPROVED. DOCUMENTATION IS IN THE FILE FOR LECTURESHIPS, EDUCATIONAL PROGRAMS AND AWARDS.

TWO OR THREE YEAR GRANTS ARE PAID AND SPREAD OVER THE TERM OF THE GRANT. THE 10% WITHHELD IS THE SAME UNTIL ALL REPORTS ARE RECEIVED. THESE MULTI-YEAR GRANTS SUBMIT ANNUAL SCIENTIFIC PROGRESS REPORTS WHICH ARE THEN REVIEWED BY THE ORIGINAL PEER REVIEW COMMITTEE MEMBER.

Part II, line 1, Column (h):

Name of Organization or Government: Dartmouth-Hitchcock Medical Center

(h) Purpose of Grant or Assistance: Validation of Appropriateness

Criteria for the Surgical Treatment of Lumbar Degenerative

Sponylolisthesis (LDS)

Name of Organization or Government:

Thomas Jefferson University - Office of Research Administration

(h) Purpose of Grant or Assistance: Understanding the Presence of

Bacteria in the Glenohumeral Joint by Polymerase Chain Reaction

(PCR)-Based Electron Spray Ionization Time-of-Flight Mass Spectrometry

(ESI-TOF-MS): An Evaluation of Non-Arthritic, Arthritic, and Revision

Arthroplasty

Name of Organization or Government: The Hospital for Special Surgery

Schedule I (Form 990)

632291  
04-01-16

**Part IV** Supplemental Information

(h) Purpose of Grant or Assistance: Targeting Skeletal Metastases Using  
a Novel HPMA Copolymer Nanomedicine Delivery System

Name of Organization or Government: Washington University in St.Louis

(h) Purpose of Grant or Assistance: Anatomic Syndesmotic Reduction  
Utilizing Pre-operative Computed Tomography: A Cadaveric Study

Name of Organization or Government: Dartmouth-Hitchcock Medical Center

(h) Purpose of Grant or Assistance: Measuring Near-Infrared Fluorescence  
Penetration of Normal Connective Tissues to Facilitate Intra-Operative  
Navigation of Tumor Excision

Name of Organization or Government:

Thomas Jefferson University - Office of Research Administration

(h) Purpose of Grant or Assistance: The Effect of Cytokine Levels on the  
Clinical Outcomes in Patients Undergoing Anterior Cervical Discectomy and  
Fusion

Name of Organization or Government: University of Michigan

(h) Purpose of Grant or Assistance: Prospective, Randomized,  
Double-Blind, Placebo-Controlled Trial of Prophylactic Tamsulosin for  
Postoperative Urinary Retention in Primary Total Hip and Knee  
Arthroplasty Patients

Name of Organization or Government: University of California, San Diego

(h) Purpose of Grant or Assistance: Biomarkers of Neutrophil  
Extracellular Trap Formation and their Relationship to Adiposity in Total  
Joint Arthroplasty Patients

**Part IV** Supplemental Information

Name of Organization or Government:

University of California, San Francisco - Contracts and Grants

(h) Purpose of Grant or Assistance: Biomechanical Evaluation of  
Augmentation Strategies for Fixation of Proximal Humerus Fractures in  
Osteoporotic Bone

Name of Organization or Government:

Northwestern University - Office of Sponsored Research

(h) Purpose of Grant or Assistance: Development of 3D-Printed  
Hyperelastic Bone Composites for Bone Regeneration and Spine Fusion

Name of Organization or Government: Loyola University Chicago

(h) Purpose of Grant or Assistance: Development of a Real Time Model of  
Foot and Ankle Kinematics During Simulated Gait: A Pilot Study

Name of Organization or Government:

University of California, San Francisco - Contracts and Grants

(h) Purpose of Grant or Assistance: Effect of Ibuprofen on Postoperative  
Narcotic Consumption and Shoulder Functional Outcomes After Arthroscopic  
Rotator Cuff Repair

Name of Organization or Government: Beth Israel Deaconess Medical Center

(h) Purpose of Grant or Assistance: Biomechanical Properties of  
Intramedullary Suture Anchor versus Traditional Tension Band Wiring in  
Osteoporotic Olecranon Fractures

Name of Organization or Government:

Part IV Supplemental Information

University of California - Los Angeles - Fielding School of Public Health

(h) Purpose of Grant or Assistance: The Effect of Proximal Tibia

Anterior Closing Wedge Osteotomy on Anterior Cruciate Ligament Forces and  
Knee Kinematics: A Biomechanical Study

Name of Organization or Government: University of Connecticut

(h) Purpose of Grant or Assistance: Topical (Intra-Articular) Tranexamic  
Acid and Transfusion Rates Following Hip Hemiarthroplasty

Name of Organization or Government: The Hospital for Special Surgery

(h) Purpose of Grant or Assistance: Demonstrating the Involvement of the  
Hedgehog Signaling Pathway in Tendon-to-Bone Healing Using a Novel  
Transgenic Mouse Rotator Cuff Repair Model

Name of Organization or Government:

University of Washington Medical Center

(h) Purpose of Grant or Assistance: Propionibacterium Skin Load and  
Subtype Distribution on Risk of Positive Deep Cultures in Shoulder  
Arthroplasty

Name of Organization or Government:

Thomas Jefferson University - Office of Research Administration

(h) Purpose of Grant or Assistance: Matrix-Specific Anchors: A Novel  
Concept for Targeted and Retention of Therapeutic Cells in  
Musculoskeletal Tissues

Name of Organization or Government:

Vanderbilt University Medical Center - Office of Sponsored Programs

**Part IV Supplemental Information**

(h) Purpose of Grant or Assistance: Posterolateral Fusion Augmented by  
Autogenous Hypertrophic Chondrocytes - A Possible Bone Graft Substitute  
in Spine Fusion

Name of Organization or Government: Loyola University Chicago

(h) Purpose of Grant or Assistance: Transcutaneous Oxygen as a Predictor  
of Wound Healing Complications in Preoperatively Radiated Soft Tissue  
Sarcoma

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

ORTHOPAEDIC RESEARCH & EDUCATION  
FOUNDATION

Employer identification number

36-6009467

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

1b

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

2

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

4a

4b

4c

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

5a

5b

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

6a

6b

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

7

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

8

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

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

Schedule J (Form 990) 2016

**ORTHOPAEDIC RESEARCH & EDUCATION  
FOUNDATION**

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CAROL WARGO VP STRATEGIC PTRS	(i)	136,688.	2,250.	2,996.	10,504.	6,205.	158,643.
	(ii)	0.	0.	0.	0.	0.	0.
(2) SHARON MELLOR PHD CAE FORMER CHIEF EXEC	(i)	206,267.	32,000.	2,886.	15,236.	21,084.	277,473.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

ORTHOPAEDIC RESEARCH & EDUCATION  
FOUNDATION

**Part III** Supplemental Information

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

**Part I, Line 7:**

BONUSES FOR THE CEO WERE ESTABLISHED BY THE EXECUTIVE COMMITTEE BASED ON PREVIOUS HISTORY FOR BONUSES FOR THIS POSITION AND COMPARED TO INDUSTRY STANDARDS.

BONUSES FOR VICE PRESIDENTS AND OTHER KEY EMPLOYEES WERE BASED ON PREVIOUS HISTORY OF BONUSES FOR THESE POSITIONS, SIZE OF THE BONUS POOL AND WORK EFFORT EXPENDED AND RESULTS ACHIEVED.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **ORTHOPAEDIC RESEARCH & EDUCATION  
FOUNDATION** Employer identification number **36-6009467**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....				
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....	X	15	96,921.	FAIR MARKET VALUE
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution - Historic structures .....				
14	Qualified conservation contribution - Other .....				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( _____ )				
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

ORTHOPAEDIC RESEARCH & EDUCATION  
FOUNDATION

Employer identification number  
36-6009467

Form 990, Part III, Line 1, Description of Organization Mission:

MOBILITY.

Form 990, Part VI, Section B, line 11b:

THE ORGANIZATION'S CEO, CONTROLLER AND FINANCE COMMITTEE REVIEW THE FORM  
990. THE FORM 990 IS PROVIDED TO THE TRUSTEES WHO HAVE OPPORTUNITY TO  
REVIEW IT PRIOR TO FILING WITH THE IRS.

Form 990, Part VI, Section B, Line 12c:

ALL BOARD MEMEBERS ANNUAL SUBMISSION OF DISCLOSURE STATEMENTS ARE ON FILE  
WITH THE OREF CEO. THE CEO REVIEWS MEETING AGENDAS PRIOR TO THE MEETING AND  
NOTIFIES LEADERSHIP OF ANY ISSUES THAT NEED TO BE ADDRESSED BEFORE THE  
DISCUSSIONS TAKE PLACE. ANY INDIVIDUAL WHO GIVE NOTICE OF POTENTIAL  
CONFLICT  
IS TO ABSTAIN FROM PARTICIPATING IN ANY ITEM OF BUSINESS WHICH COMES BEFORE  
THE BOARD.

Form 990, Part VI, Section B, Line 15:

THE FOUNDATION HAS A FORMAL PROCESS TO DETERMINE THE COMPENSATION OF ITS  
CEO. THE CEO HAS ULTIMATE RESPONSIBILITY FOR IMPLEMENTING THE DECISIONS OF  
THE BOARD OF TRUSTEES AND FOR SUPERVISING THE FOUNDATION'S MANAGEMEN,  
ADMINISTRATION AND OPERATIONS.  
THE PROCESS INCLUDES THE FOLLOWING ELEMENTS: 1) REVEIW AND APPROVAL BY THE  
BOARD OF TRUSTEESOR COMPENSATION COMMITTEE; 2) USE OF COMPARABLE  
COMPENSATION DATA; AND 3) CONTEMPORANEOUS DOCUMENTATION AND RECORD KEEPING.

Name of the organization: ORTHOPAEDIC RESEARCH & EDUCATION  
FOUNDATION

Employer identification number  
36-6009467

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AK, AL, AR, AZ, CA, CT, DC, DE, FL, GA, IL, IN, KS, KY, LA, MA, MD, ME, MI, MS, MN, MO, MT, NC, ND  
NE, NJ, NH, NM, NY, OH, OK, OR, PA, RI, SC, SD, TN, UT, VA, WA, WI, WV, WY

Form 990, Part VI, Section C, Line 19:

THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY  
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME  
PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 6104(d).

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

Name of the organization

**ORTHOPAEDIC RESEARCH & EDUCATION  
FOUNDATION**

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

Employer identification number  
**36-6009467**

OMB No. 1545-0047

**2016**  
Open to Public  
Inspection

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2016

**ORTHOPAEDIC RESEARCH & EDUCATION  
FOUNDATION**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUSTS	CHARITABLE TRUST	IL	ORTHOPAEDIC RESEARCH AND EDUCATION TRUST						X

ORTHOPAEDIC RESEARCH & EDUCATION  
FOUNDATION

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	



**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

**Part IV, Identification of Related Organizations Taxable as Corp or Trust:**

Name of Related Organization:

CHARITABLE REMAINDER TRUSTS

Direct Controlling Entity: ORTHOPAEDIC RESEARCH AND EDUCATION FOUNDATION