

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

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

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

For calendar year 2019 or tax year beginning , and ending

Name of foundation AO NORTH AMERICA CHARITABLE FOUNDATION		A Employer identification number 23-2701788
Number and street (or P.O. box number if mail is not delivered to street address) 435 DEVON PARK DRIVE	Room/suite 820	B Telephone number 610-695-2459
City or town, state or province, country, and ZIP or foreign postal code WAYNE, PA 19087		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change </div> <div> <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change </div> </div>		D 1. Foreign organizations, check here <input type="checkbox"/>
H Check type of organization: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust </div> <div> <input type="checkbox"/> Other taxable private foundation </div> </div>		2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 18,572,477.	J Accounting method: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Cash <input type="checkbox"/> Other (specify) _____ </div> <div> <input checked="" type="checkbox"/> Accrual </div> </div>	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
(Part I, column (d), must be on cash basis.)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	5,871,127.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	110,538.	110,538.		STATEMENT 1
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11	5,981,665.	110,538.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees STMT 2	9,897.	0.		9,843.
	b Accounting fees STMT 3	23,695.	0.		23,347.
	c Other professional fees				
	17 Interest				
	18 Taxes				
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	199,058.	0.		185,315.
	22 Printing and publications				
	23 Other expenses STMT 4	4,166,999.	0.		3,448,125.
	24 Total operating and administrative expenses. Add lines 13 through 23	4,399,649.	0.		3,666,630.
	25 Contributions, gifts, grants paid	1,407,035.			3,610,745.
26 Total expenses and disbursements. Add lines 24 and 25	5,806,684.	0.		7,277,375.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	174,981.				
b Net investment income (if negative, enter -0-)		110,538.			
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	5,835,255.	5,858,511.	5,858,511.
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ 238,904.			
	Less: allowance for doubtful accounts ▶	233,795.	238,904.	238,904.
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable	12,625,355.	12,474,737.	12,474,737.
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	1,777.	325.	325.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
Liabilities	11 Investments - land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other			
	14 Land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation ▶			
	15 Other assets (describe ▶)			
	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	18,696,182.	18,572,477.	18,572,477.
	17 Accounts payable and accrued expenses	2,436,031.	2,137,345.	
	18 Grants payable			
Net Assets or Fund Balances	19 Deferred revenue	41,683.	41,683.	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	2,477,714.	2,179,028.	
	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0.	0.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	28 Retained earnings, accumulated income, endowment, or other funds	16,218,468.	16,393,449.	
	29 Total net assets or fund balances	16,218,468.	16,393,449.	
	30 Total liabilities and net assets/fund balances	18,696,182.	18,572,477.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	16,218,468.
2 Enter amount from Part I, line 27a	2	174,981.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	16,393,449.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	16,393,449.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					
b NONE					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			2		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8			3		

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	6,441,440.	6,884,050.	.935705
2017	7,434,167.	16,456,014.	.451760
2016	6,574,376.	16,863,261.	.389864
2015	6,553,453.	14,627,503.	.448023
2014	6,355,506.	19,441,917.	.326897
2 Total of line 1, column (d)			2 2.552249
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			3 .510450
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5			4 5,997,113.
5 Multiply line 4 by line 3			5 3,061,226.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 1,105.
7 Add lines 5 and 6			7 3,062,331.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.			8 7,277,375.

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	1,105.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	1,105.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	1,105.
6 Credits/Payments:			
a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a	600.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	515.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	1,115.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	10.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers. <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input checked="" type="checkbox"/> PA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11	X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X
Website address ► <u>WWW.AONA.ORG</u>		
14 The books are in care of ► <u>MICHAEL LEWIS</u> Telephone no. ► <u>610-993-5137</u>		
Located at ► <u>435 DEVON PARK DRIVE, #820, WAYNE, PA</u> ZIP+4 ► <u>19087</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <u>15</u> N/A		
16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		

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

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

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	X
Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If "Yes," list the years ► , , ,		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► , , ,		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	X

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

5a During the year, did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions ☒ Yes ☐ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructionsOrganizations relying on a current notice regarding disaster assistance, check here ☐c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? **SEE STATEMENT 6** ☒ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

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

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ Nob If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **N/A**8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ☐ Yes ☒ No

Yes No

5b X

6b X

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 5		0.	0.	0.

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

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

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NOR CONSULT, LLC 7423 W MERCER WAY, MERCER ISLAND, WA 98040	CLINICAL RESEARCH	1615056.

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

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 7	1,898,964.
2 FELLOWSHIPS: AONACF ADMINISTERS A COMPREHENSIVE FELLOWSHIP PROGRAM. AONACF OFFERS INTENSIVE OPPORTUNITIES FOR FULLY TRAINED ORTHOPEDIC AND NEUROSURGEONS INTERESTED IN SURGERY.	4,168,736.
3 THE ORGANIZATION PROVIDES EDUCATIONAL AND COMMUNITY DEVELOPMENT OPPORTUNITIES FOR INTERESTED PERSONS.	0.
4	

Part IX-B Summary of Program-Related Investments

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	6,088,440.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	6,088,440.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	6,088,440.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	91,327.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,997,113.
6	Minimum investment return. Enter 5% of line 5	6	299,856.

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

1	Minimum investment return from Part X, line 6	1	299,856.
2a	Tax on investment income for 2019 from Part VI, line 5	2a	1,105.
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	1,105.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	298,751.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	298,751.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	298,751.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	7,277,375.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	7,277,375.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	1,105.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	7,276,270.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				298,751.
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014 5,395,600.				
b From 2015 5,822,226.				
c From 2016 5,708,972.				
d From 2017 6,596,282.				
e From 2018 6,092,585.				
f Total of lines 3a through e	29,615,665.			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 7,277,375.				
a Applied to 2018, but not more than line 2a ...			0.	
b Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2019 distributable amount				298,751.
e Remaining amount distributed out of corpus	6,978,624.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	36,594,289.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7	5,395,600.			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	31,198,689.			
10 Analysis of line 9:				
a Excess from 2015 ... 5,822,226.				
b Excess from 2016 ... 5,708,972.				
c Excess from 2017 ... 6,596,282.				
d Excess from 2018 ... 6,092,585.				
e Excess from 2019 ... 6,978,624.				

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

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**1 Information Regarding Foundation Managers:**

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

NONE

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

NONE

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

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

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

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

c Any submission deadlines:

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

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
INDIANA UNIVERSITY PO BOX 7800 DETROIT, MI 48278		PC	FELLOWSHIP	30,000.
SUNNYBROOK ORTHOPAEDIC ASSOCIATES 2075 BAYVIEW AVE. RM MG 317 TORONTO, CANADA		PC	FELLOWSHIP	70,000.
UNIVERSITY HEALTH NETWORK DEPT OF NEUROSURGERY & ORTHOPAEDIC SUR 399 BATHURST STREET SUITE 4W-449 TORONTO, ONTARIO, CANADA		PC	FELLOWSHIP	70,000.
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO PO BOX 748872 LOS ANGELES, CA 90074		PC	FELLOWSHIP	32,500.
UBC DEPT. OF ORTHPAEDICS #3114-920 WEST 10TH AVE VANCOUVER, CANADA		PC	FELLOWSHIP	70,000.
Total SEE CONTINUATION SHEET(S) ► 3a				3,610,746.
b Approved for future payment				
ALBERTA SPINE FOUNDATION 1403 29TH ST SOUTH ALBERTA, ALBERTA, CANADA		PC	FELLOWSHIP	32,500.
ALLEGHENY HEALTH NETWORK MEDICAL EDUCATION CONSORTIUM 1307 FEDERAL ST. 2ND FLOOR PITTSBURGH, PA 15212		PC	FELLOWSHIP	30,000.
AUGUSTA UNIVERSITY RESEARCH INSTITUTE, INC PO BOX 94552 ATLANTA, GA 30912		PC	FELLOWSHIP	32,500.
Total SEE CONTINUATION SHEET(S) ► 3b				1,736,805.

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount		
1 Program service revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments			14	110,538.		
4 Dividends and interest from securities						
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
12 Subtotal. Add columns (b), (d), and (e)		0.		110,538.		0.
13 Total. Add line 12, columns (b), (d), and (e)						110,538.

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B

Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

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

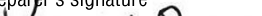
		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	X	
	(2) Other assets		X
b	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization		X
	(2) Purchases of assets from a noncharitable exempt organization		X
	(3) Rental of facilities, equipment, or other assets		X
	(4) Reimbursement arrangements		X
	(5) Loans or loan guarantees		X
	(6) Performance of services or membership or fundraising solicitations		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	X	
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]

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

b If "Yes," complete the following schedule.		
(a) Name of organization	(b) Type of organization	(c) Description of relationship
AO NORTH AMERICA TRADE ASSOCIATION, INC.	501(C)(6)	SEE STATEMENT 9

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	<div style="border-bottom: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> Signature of officer or trustee Date </div>	<div style="border-bottom: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <div style="text-align: center;"> Title </div>	<div style="border-bottom: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <div style="text-align: center;"> TREASURER </div>
	<div style="border: 2px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> May the IRS discuss this return with the preparer shown below? See instr. </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	KERRI N. BOGDA, CPA		11/10/20		P00760402
	Firm's name ▶ BAKER TILLY US, LLP				Firm's EIN ▶ 39-0859910
	Firm's address ▶ 1570 FRUITVILLE PIKE, SUITE 400 LANCASTER, PA 17601			Phone no. 717.740.4863	

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
DALHOUSIE UNIVERSITY QE LI HSC 1976 SUMMER ST. ROOM 4875 HI SITE QE II HSC HALIFAX, HALIFAX, CANADA		PC	FELLOWSHIP	56,000.
AO SPINE NORTH AMERICA FELLOWSHIP AWARD ACCOUNT #4278 2155 GUY ST. 5TH FLOOR MONTREAL, MONTREAL, CANADA		PC	FELLOWSHIP	70,000.
ALBERTA SPINE FOUNDATION 1403 29TH ST SOUTH ALBERTA, ALBERTA, CANADA		PC	FELLOWSHIP	70,000.
VANCOUVER ORTHOPAEDIC TRAUMA SOCIETY 2775 LAUREL ST VANCOUVER, CANADA		PC	FELLOWSHIP	78,325.
MASSACHUSETTS GENERAL HOSPITAL DIVISION OF ORTHOPAEDICS, 55 FRUIT ST BOSTON, MA 02114		PC	FELLOWSHIP	62,500.
THE UNIVERSITY OF VERMONT & STATE AGRICULTURAL COLLEGE 95 CARRIGAN DR. BURLINGTON, VT 05405		PC	FELLOWSHIP	500.
YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 06510		PC	FELLOWSHIP	56,000.
COOPER UNIVERSITY HOSPITAL 3 COOPER PLAZA SUITE 408 CAMDEN, NJ 08103		PC	FELLOWSHIP	20,000.
HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH STREET NEW YORK, NY 10021		PC	FELLOWSHIP	145,000.
UNIVERSITY OF ROCHESTER DEPT. OF ORTHOPAEDIC SURGERY, 910 GENESEE ST ROCHESTER, NY 14642		PC	FELLOWSHIP	115,000.
Total from continuation sheets				3,338,246.

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ALLEGHENY HEALTH NETWORK MEDICAL EDUCATION CONSORTIUM 1307 FEDERAL ST. 2ND FLOOR PITTSBURGH, PA 15212		PC	FELLOWSHIP	70,000.
UNIVERSITY OF PITTSBURGH 200 MEYRAN AVE, STE. 318 PITTSBURGH, PA 15213		PC	FELLOWSHIP	4,500.
THE ROTHMAN ORTHOPAEDIC INSTITUTE 925 CHESTNUT ST 5TH FL PHILADELPHIA, PA 19107		PC	FELLOWSHIP	793.
UNIVERSITY OF MARYLAND, BALTIMORE 22 S. GREENE ST, T3N15 BALTIMORE, MD 21201		PC	FELLOWSHIP	90,000.
UNIVERSITY OF MARYLAND MEDICAL SYSTEM FOUNDATION 110 S. PACA ST. FLOOR 6 BALTIMORE, MD 21201		PC	FELLOWSHIP	70,000.
UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE 100 S. PENN STREET BALTIMORE, MD 21201		PC	FELLOWSHIP	44,500.
JOHNS HOPKINS UNIVERSITY 600 N WOLFE ST. ROOM 381 BALTIMORE, MD 21287		PC	FELLOWSHIP	30,000.
RECTOR & BOARD OF VISITORS/UNIVERSITY OF VIRGINIA PO BOX 400195 CHARLOTTESVILLE, VA 22904		PC	FELLOWSHIP	115,000.
WVU DEPARTMENT OF ORTHOPAEDICS 3702 HEALTH SCIENCE CENTER SOUTH MORGANTOWN, WV 26506		PC	FELLOWSHIP	70,000.
WAKE FOREST UNIVERSITY HEALTH SCIENCES DEPT. OF ORTHO MEDICAL CENTER BLVD WINSTON SALEM, NC 27157		PC	FELLOWSHIP	41,750.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ORTHOCAROLINA SPINE CENTER 2001 RANDOLPH RD CHARLOTTE, NC 28207		PC	FELLOWSHIP	32,500.
CAROLINA'S MEDICAL CENTER 1320 SCOTT AVENUE PO BOX 32861 CHARLOTTE, NC 28232		PC	FELLOWSHIP	37,500.
CAROLINA'S HEALTH CARE FOUNDATION 208 EAST BOULEVARD CHARLOTTE, NC 28232		PC	FELLOWSHIP	32,500.
EMORY UNIVERSITY 1599 CLINTON ROAD 4TH FL ATLANTA, GA 30322		PC	FELLOWSHIP	32,500.
AUGUSTA UNIVERSITY RESEARCH INSTITUTE INC. PO BOX 94552 ATLANTA, GA 30912		PC	FELLOWSHIP	32,500.
THE TAMPA GENERAL HOSPITAL FOUNDATION, INC PO BOX 1289, RM H149 TAMPA, FL 33601		PC	FELLOWSHIP	62,500.
TAMPA GENERAL HOSPITAL FOUNDATION, INC 5 TAMPA GENERAL CIRCLE STE 710 TAMPA, FL 33606		PC	FELLOWSHIP	17,500.
UNIVERSITY OF ALABAMA AT BIRMINGHAM 510 20TH ST SOUTH, FOT 901 BIRMINGHAM, AL 35294		PC	FELLOWSHIP	70,000.
VANDERBILT UNIVERSITY MEDICAL CENTER 1215 21ST AVE SOUTH, MCE SOUTH TOWER NASHVILLE, TN 37232		PC	FELLOWSHIP	70,000.
ERLANGER HEALTH SYSTEMS 975 EAST 3RD STREET HOSPITAL BOX 260 CHATTANOOGA, TN 37403		PC	FELLOWSHIP	70,000.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER 62 SOUTH DUNLAP, 3RD FL MEMPHIS, TN 38163		PC	FELLOWSHIP	26,000.
THE METROHEALTH FOUNDATION 2500 METROHEALTH DRIVE, TOWERS 135A CLEVELAND, OH 44109		PC	FELLOWSHIP	70,000.
METROHEALTH MEDICAL CENTER 2500 METROHEALTH DRIVE CLEVELAND, OH 44109		PC	FELLOWSHIP	423.
CENTER FOR SPINE HEALTH CLEVELAND CLINIC HEALTH SYSTEMS, 9500 EUCLID AVE, A41 CLEVELAND, OH 44195		PC	FELLOWSHIP	70,000.
INDIANA ORTHOPAEDIC HOSPITAL 8450 NORTHWEST BLVD INDIANAPOLIS, IN 46278		PC	FELLOWSHIP	30,000.
REGENTS OF THE UNIVERSITY OF MINNESOTA NW 5957 PO BOX 1450 MINNEAPOLIS, MN 55485		PC	FELLOWSHIP	92,500.
MAYO DEPT. OF ORTHOPEDIC 200 FIRST ST SW ROCHESTER, MN 55905		PC	FELLOWSHIP	70,000.
RUSH UNIVERSITY MEDICAL CENTER DEPT. OF NEUROSURGERY 1725 W. HARRIOSN, SUITE 855 CHICAGO, IL 60612		PC	FELLOWSHIP	37,500.
RUTGERS UNIVERSITY FOUNDATION 1725 W. HARRIOSN, SUITE 855 CHICAGO, IL 60612		PC	FELLOWSHIP	70,000.
MIDWEST ORTHOPAEDICS AT RUSH UNIVERSITY MEDICAL CENTER 1611 W HARRISON SUITE 300 CHICAGO, IL 60612		PC	FELLOWSHIP	32,500.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693		PC	FELLOWSHIP	100,000.
SAINT LOUIS UNIVERSITY 3700 WEST PINE MALL SUITE 357 ST LOUIS, MO 63108		PC	FELLOWSHIP	30,000.
WILLIAM BEAUMONT HOSPITAL 700 ROSEDALE AVE BOX 1034 ST LOUIS, MO 63112		PC	FELLOWSHIP	4,500.
WASHINGTON UNIVERSITY CAMPUS BOX 1034 700 ROSEDALE AVE ST. LOUIS, MO 63112		PC	FELLOWSHIP	117,500.
THE CURATORS OF THE UNIVERSITY OF MISSOURI 115 BUSINESS LOOP 70W COLUMBIA, MO 65212		PC	FELLOWSHIP	162,377.
ST. JOHN HEALTH SYSTEM FOUNDATION, INC. 1923 SOUTH UTICA AVE TULSA, OK 74104		PC	FELLOWSHIP	62,500.
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON 7000 FANNIN ST #1200 HOUSTON, TX 77030		PC	FELLOWSHIP	82,460.
DENVER HEALTH FOUNDATIONS PO BOX 17093 DENVER, CO 80217		PC	FELLOWSHIP	40,000.
UNIVERSITY OF UTAH 590 WAKARA WAY SALT LAKE CITY, UT 84108		PC	FELLOWSHIP	70,000.
CEDARS-SINAI MEDICAL CENTER PROGRAM 8700 BEVERLY BKVD. LOS ANGELES, CA 90048		PC	FELLOWSHIP	70,000.
Total from continuation sheets				

Part XV **Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UNIVERSITY OF SOUTHERN CALIFORNIA PO BOX #52095 LOS ANGELES, CA 90074		PC	FELLOWSHIP	137,500.
SAN FRANCISCO GENERAL HOSPITAL FOUNDATION 1001 POTRERO AVENUE SAN FRANCISCO, CA 94110		PC	FELLOWSHIP	97,350.
UC REGENTS - SF NEURO 505 PARNASSUS AVE M779 SAN FRANCISCO, CA 94143		PC	FELLOWSHIP	37,500.
REGENTS OF THE UNIVERSITY OF CALIFORNIA PO BOX 989062 WEST SACRAMENTO, CA 95798		PC	FELLOWSHIP	142,500.
UC REGENTS DEPT. OF ORTHOPAEDICS 4860 Y STREET, SUITE 3800 SACRAMENTO, CA 95817		PC	FELLOWSHIP	17,768.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Approved for Future Payment (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CAROLINAS MEDICAL CENTER 1320 SCOTT AVENUE PO BOX 32861 CHARLOTTE, NC 28232		PC	FELLOWSHIP	30,000.
CEDARS-SINAI MEDICAL CENTER PROGRAM 8700 BEVERLY BKVD. LOS ANGELES, CA 90048		PC	FELLOWSHIP	30,000.
CENTER FOR SPINE HEALTH CLEVELAND CLINIC HEALTH SYSTEMS, 9500 EUCLID AVE, A41 CLEVELAND, OH 44195		PC	FELLOWSHIP	32,500.
CONGRESS MEDICAL FOUNDATION 800 SOUTH RAYMOND AVE PASADENA, CA 91105		PC	FELLOWSHIP	5,000.
DALHOUSIE UNIVERSITY QE II HSC 1976 SUMMER ST. ROOM 4875 HI SITE QE II HSC HALIFAX, HALIFAX, CANADA		PC	FELLOWSHIP	36,500.
EMORY UNIVERSITY 1599 CLINTON ROAD 4TH FL ATLANTA, GA 30322		PC	FELLOWSHIP	32,500.
ERLANGER HEALTH SYSTEMS 975 EAST 3RD STREET HOSPITAL BOX 260 CHATTANOOGA, TN 37403		PC	FELLOWSHIP	30,000.
HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH STREET NEW YORK, NY 10021		PC	FELLOWSHIP	62,500.
INDIANA ORTHOPAEDIC HOSPITAL 8450 NORTHWEST BLVD INDIANAPOLIS , IN 46278		PC	FELLOWSHIP	30,000.
INDIANA UNIVERSITY PO BOX 7800 DETROIT, MI 48278		PC	FELLOWSHIP	30,000.
Total from continuation sheets				1,641,805.

Part XV Supplementary Information**3 Grants and Contributions Approved for Future Payment (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
JOHN HOPKINS UNIVERSITY 600 N WOLFE ST. ROOM 381 BALTIMORE, MD 21287		PC	FELLOWSHIP	65,000.
JOHNS HOPKINS UNIVERSITY (NORA DEVELIN) 600 N WOLFE ST. ROOM 381 BALTIMORE, MD 21287		PC	FELLOWSHIP	7,500.
MASSACHUSETTS GENERAL HOSPITAL DIVISION OF ORTHOPAEDICS, 55 FRUIT ST BOSTON, MA 02114		PC	FELLOWSHIP	30,000.
MAYO DEPARTMENT OF ORTHOPEDIC SURGERY 200 FIRST ST SW ROCHESTER, MN 55905		PC	FELLOWSHIP	32,500.
MEDICAL UNIVERSITY OF SOUTH CAROLINA 171 ASHLEY AVENUE CHARLESTON, SC 29425		PC	FELLOWSHIP	500.
MIDWEST ORTHOPAEDICS AT RUSH UNIVERSITY MEDICAL CENTER 1611 W HARRISON SUITE 300 CHICAGO, IL 60612		PC	FELLOWSHIP	32,500.
NORTHWESTERN UNIVERSITY 633 CLARK ST EVANSTON, IL 60208		PC	FELLOWSHIP	7,500.
ORTHOCAROLINA SPINE CENTER 2001 RANDOLPH RD CHARLOTTE, NC 28207		PC	FELLOWSHIP	32,500.
RIMUHC 1001 DECARIE BLVD MONTREAL, QUEBEC, CANADA		PC	FELLOWSHIP	32,500.
ROTHMAN INSTITUTE 925 CHESTNUT ST 5TH FL PHILADELPHIA, PA 19107		PC	FELLOWSHIP	5,100.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Approved for Future Payment (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
RUTGERS UNIVERSITY FOUNDATION 1725 W. HARRISON, SUITE 855 CHICAGO, IL 60612		PC	FELLOWSHIP	30,000.
SAINT LOUIS UNIVERSITY 3700 WEST PINE MALL SUITE 357 ST LOUIS, MO 63108		PC	FELLOWSHIP	30,000.
SFGH FOUNDATION 1001 POTRERO AVENUE SAN FRANCISCO, CA 94110		PC	FELLOWSHIP	35,000.
ST. JOHN HEALTH SYSTEM FOUNDATION, INC. 1923 SOUTH UTICA AVE TULSA, OK 74104		PC	FELLOWSHIP	30,000.
STANFORD UNIVERSITY 450 SERRA MALL STANFORD, CA 94305		PC	FELLOWSHIP	4,994.
STANFORD UNIVERSITY PROGRAM 450 SERRA MALL STANFORD, CA 94305		PC	FELLOWSHIP	5,000.
SUNNYBROOK ORTHOPAEDIC ASSOCIATES 2075 BAYVIEW AVE. RM MG 317 TORONTO, CANADA		PC	FELLOWSHIP	30,000.
TAMPA GENERAL HOSPITAL 5 TAMPA GENERAL CIRCLE STE 710 TAMPA, FL 33606		PC	FELLOWSHIP	30,000.
THE CURATORS OF THE UNIV. OF MISSOURI 115 BUSINESS LOOP 70W COLUMBIA, MO 65212		PC	FELLOWSHIP	67,400.
THE METROHEALTH FOUNDATION 2500 METROHEALTH DRIVE, TOWERS 135A CLEVELAND, OH 44109		PC	FELLOWSHIP	30,423.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Approved for Future Payment (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA 210 SPRIGG LN CHARLOTTESVILLE, VA 22903		PC	FELLOWSHIP	32,500.
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1608 RHODE ISLAND AVE NW WASHINGTON, DC 20036		PC	FELLOWSHIP	62,500.
THE ROTHMAN ORTHOPAEDIC INSTITUTE 925 CHESTNUT ST 5TH FL PHILADELPHIA, PA 19107		PC	FELLOWSHIP	793.
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON 7000 FANNIN ST #1200 HOUSTON, TX 77030		PC	FELLOWSHIP	30,000.
THE UNIVERSITY OF VERMONT & STATE AGRICULTURAL COLLEGE 95 CARRIGAN DR. BURLINGTON, VT 05405		PC	FELLOWSHIP	500.
THOMAS JEFFERSON UNIVERSITY 1020 WALNUT STREET PHILADELPHIA, PA 19107		PC	FELLOWSHIP	971.
UBC DEPT OF ORTHOPAEDICS 2275 LAUREL STREET VANCOUVER, BRISTH COLUMBIA, CANADA		PC	FELLOWSHIP	32,500.
UCI MEDICAL CENTER 101 THE CITY DR S ORANGE, CA 92868		PC	FELLOWSHIP	500.
UNIVERSITY HEALTH NETWORK C/O FEHLINGS 399 BATHURST STREET SUITE 4W-449 TORONTO, ONTARIO, CANADA		PC	FELLOWSHIP	32,500.
UNIVERSITY OF ALABAMA AT BIRMINGHAM 510 20TH ST SOUTH, FOT 901 BIRMINGHAM, AL 35294		PC	FELLOWSHIP	32,500.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Approved for Future Payment (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UNIVERSITY OF BRITISH COLUMBIA 2329 WEST MALL VANCOUVER, BRISTH COLUMBIA, CANADA		PC	FELLOWSHIP	10,924.
UNIVERSITY OF CALGARY 2500 UNIVERSITY DR NW CALGARY, ALBERTA, CANADA		PC	FELLOWSHIP	5,000.
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO PO BOX 748872 LOS ANGELES, CA 90074		PC	FELLOWSHIP	32,500.
UNIVERSITY OF MARYLAND MEDICAL SYSTEM FOUNDATION 110 S. PACA ST. FLOOR 6 BALTIMORE, MD 21201		PC	FELLOWSHIP	32,500.
UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE 100 S. PENN STREET BALTIMORE, MD 21201		PC	FELLOWSHIP	5,000.
UNIVERSITY OF MARYLAND, BALTIMORE 22 S. GREENE ST, T3N15 BALTIMORE, MD 21201		PC	FELLOWSHIP	30,500.
UNIVERSITY OF PENNSYLVANIA 1 COLLEGE HALL PHILADELPHIA, PA 19104		PC	FELLOWSHIP	1,000.
UNIVERSITY OF PITTSBURGH 200 MEYRAN AVE, STE. 318 PITTSBURGH, PA 15213		PC	FELLOWSHIP	500.
UNIVERSITY OF ROCHESTER DEPT. OF ORTHOPAEDIC SURGERY, 910 GENESEE ST ROCHESTER, NY 14642		PC	FELLOWSHIP	32,500.
UNIVERSITY OF SOUTHERN CALIFORNIA PO BOX #52095 LOS ANGELES, CA 90074		PC	FELLOWSHIP	102,500.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Approved for Future Payment (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UNIVERSITY OF UTAH 590 WAKARA WAY SALT LAKE CITY, UT 84108		PC	FELLOWSHIP	33,450.
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693		PC	FELLOWSHIP	95,000.
UNIVERSTIY OF MASSACHUSETTS, WORCESTER 55 N LAKE AVE WORCESTER, MA 01655		PC	FELLOWSHIP	5,000.
VANCOUVER ORTHOPAEDIC TRAUMA SOCIETY 2775 LAUREL ST VANCOUVER, CANADA		PC	FELLOWSHIP	30,000.
VANDERBILT UNIVERSITY MEDICAL CENTER 1215 21ST AVE SOUTH, MCE SOUTH TOWER NASHVILLE, TN 37232		PC	FELLOWSHIP	30,000.
VIRGINIA COMMEONWEALTH UNIVERSITY 907 FLOYD AVE RICHMOND, VA 23284		PC	FELLOWSHIP	5,000.
WAKE FOREST UNIVERSITY HEALTH SCIENCES (ADMIN ASSISTANT) DEPT. OF ORTHO MEDICAL CENTER BLVD WINSTON SALEM, NC 27157		PC	FELLOWSHIP	14,750.
WASHINGTON UNIVERSITY CAMPUS BOX 1034 700 ROSEDALE AVE ST. LOIUS, MO 63112		PC	FELLOWSHIP	30,000.
WILLIAM BEAUMONT HOSPITAL 700 ROSEDALE AVE BOX 1034 ST LOUIS, MO 63112		PC	FELLOWSHIP	500.
WVU DEPARTMENT OF ORTHOPAEDICS 3702 HEALTH SCIENCE CENTER SOUTH MORGANTOWN, WV 26506		PC	FELLOWSHIP	32,500.
Total from continuation sheets				

3 Grants and Contributions Approved for Future Payment (Continuation)

923635
04-01-19

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

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

AO NORTH AMERICA CHARITABLE FOUNDATION

Employer identification number

23-2701788

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

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

Form 990-PF

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

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

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
AO NORTH AMERICA CHARITABLE FOUNDATION	23-2701788

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AO SPINE INTERNATIONAL STETTBACHSTRASSE L 8600 DUEBENDORF, SWITZERLAND	\$ 236,127.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	AO NORTH AMERICA TRADE ASSOCIATION, INC. 435 DEVON PARK DRIVE, SUITE 820 WAYNE, PA 19087	\$ 5,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CHRISTOPHER AND DANA REEVE FOUNDATION 636 MORRIS TURNPIKE SUITE 3A SHORT HILLS, NJ 07078	\$ 135,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

23-2701788

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____

Name of organization

Employer identification number

AO NORTH AMERICA CHARITABLE FOUNDATION**23-2701788****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME	110,538.	110,538.	
TOTAL TO PART I, LINE 3	110,538.	110,538.	

FORM 990-PF LEGAL FEES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROF FEES - LEGAL	9,897.	0.		9,843.
TO FM 990-PF, PG 1, LN 16A	9,897.	0.		9,843.

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROF FEES - ACCOUNTING	23,695.	0.		23,347.
TO FORM 990-PF, PG 1, LN 16B	23,695.	0.		23,347.

FORM 990-PF

OTHER EXPENSES

STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVERTISING	8,907.	0.		8,907.
OFFICE EXPENSES	5,256.	0.		5,254.
HONORARIA	2,500.	0.		2,500.
RESEARCH	1,899,377.	0.		1,902,124.
GENERAL AND ADMINISTRATIVE EXPENSES	3,977.	0.		3,977.
FELLOWSHIPS	2,225,045.	0.		1,504,720.
INFORMATION TECHNOLOGY	6,484.	0.		6,484.
FOOD	14,245.	0.		12,951.
DUES AND SUBSCRIPTIONS	1,208.	0.		1,208.
TO FORM 990-PF, PG 1, LN 23	4,166,999.	0.		3,448,125.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
AL RUGGLES, DVM, DACVS 435 DEVON PARK DRIVE, STE. 820 WAYNE, PA 19087	DIRECTOR 0.50	0.	0.	0.
DAVID HELFET, MD 435 DEVON PARK DRIVE, STE. 820 WAYNE, PA 19087	CHAIRMAN 0.50	0.	0.	0.
GEORGE KUSHNER, MD 435 DEVON PARK DRIVE, STE. 820 WAYNE, PA 19087	SECRETARY, DIRECTOR 0.50	0.	0.	0.
JENS CHAPMAN, MD 435 DEVON PARK DRIVE, STE. 820 WAYNE, PA 19087	DIRECTOR (DEPARTED 11/19) 0.50	0.	0.	0.
JIM STANNARD, MD 435 DEVON PARK DRIVE, STE. 820 WAYNE, PA 19087	PRESIDENT 1.00	0.	0.	0.
MICHAEL J. LEWIS 435 DEVON PARK DRIVE, STE. 820 WAYNE, PA 19087	TREASURER 10.00	0.	0.	0.
MILTON ROUTT, MD 435 DEVON PARK DRIVE, STE. 820 WAYNE, PA 19087	MEMBER 0.50	0.	0.	0.
STEPHEN SCHWARTZ 435 DEVON PARK DRIVE, STE. 820 WAYNE, PA 19087	EXECUTIVE DIRECTOR 10.00	0.	0.	0.
AMY KAPATKIN 435 DEVON PARK DRIVE, STE. 820 WAYNE, PA 19087	PRESIDENT ELECT 0.50	0.	0.	0.
JOHN FRANCE 435 DEVON PARK DRIVE, STE. 820 WAYNE, PA 19087	DIRECTOR (STARTED 11/19) 0.50	0.	0.	0.

AO NORTH AMERICA CHARITABLE FOUNDATION

23-2701788

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

0.	0.	0.

FORM 990-PF

EXPENDITURE RESPONSIBILITY STATEMENT
PART VII-B, LINE 5C

STATEMENT 6

GRANTEE'S NAME

SUNNYBROOK ORTHOPAEDIC ASSOCIATES

GRANTEE'S ADDRESS2075 BAYVIEW AVE. RM MG 317
TORONTO, CANADA, M4N3M5

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
70,000.	12/31/19	70,000.

PURPOSE OF GRANTTO SUPPORT SALARY AND BENEFITS FOR ONE OR MORE FELLOWS PER YEAR INCLUDING
EDUCATION AND/OR RESEARCH PURPOSES TO SUPPORT THE FELLOW AND THE PROGRAM.ANY DIVERSION BY GRANTEE

NONE, TO THE KNOWLEDGE OF THE FOUNDATION AND BASED ON GRANTEE REPORT

RESULTS OF VERIFICATIONAONACF REVIEWED THE GRANT REPORTS BUT DID NOT UNDERTAKE ANY VERIFICATION OF
THE GRANTEE'S REPORTS AS THERE HAS NOT BEEN ANY REASON TO DOUBT ACCURACY OR
RELIABILITY.

GRANTEE'S NAME

UNIVERSITY HEALTH NETWORK DEPT OF NEUROSURGERY & ORTHOPAEDIC SUR

GRANTEE'S ADDRESS399 BATHURST STREET SUITE 4W-449
TORONTO, ONTARIO, CANADA, MG52C4

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
70,000.	12/31/19	70,000.

PURPOSE OF GRANTTO SUPPORT SALARY AND BENEFITS FOR ONE OR MORE FELLOWS PER YEAR INCLUDING
EDUCATION AND/OR RESEARCH PURPOSES TO SUPPORT THE FELLOW AND THE PROGRAM.ANY DIVERSION BY GRANTEE

NONE, TO THE KNOWLEDGE OF THE FOUNDATION AND BASED ON GRANTEE REPORT

RESULTS OF VERIFICATIONAONACF REVIEWED THE GRANT REPORTS BUT DID NOT UNDERTAKE ANY VERIFICATION OF
THE GRANTEE'S REPORTS AS THERE HAS NOT BEEN ANY REASON TO DOUBT ACCURACY OR
RELIABILITY.

GRANTEE'S NAME

UBC DEPT. OF ORTHOPAEDICS

GRANTEE'S ADDRESS#3114-920 WEST 10TH AVE
VANCOUVER, CANADA, V5Z1M9

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
70,000.	12/31/19	70,000.

PURPOSE OF GRANT

TO SUPPORT SALARY AND BENEFITS FOR ONE OR MORE FELLOWS PER YEAR INCLUDING EDUCATION AND/OR RESEARCH PURPOSES TO SUPPORT THE FELLOW AND THE PROGRAM.

ANY DIVERSION BY GRANTEE

NONE, TO THE KNOWLEDGE OF THE FOUNDATION AND BASED ON GRANTEE REPORT

RESULTS OF VERIFICATION

AONACF REVIEWED THE GRANT REPORTS BUT DID NOT UNDERTAKE ANY VERIFICATION OF THE GRANTEE'S REPORTS AS THERE HAS NOT BEEN ANY REASON TO DOUBT ACCURACY OR RELIABILITY.

GRANTEE'S NAME

DALHOUSIE UNIVERSITY QE LI HSC

GRANTEE'S ADDRESS1976 SUMMER ST. ROOM 4875 HI SITE QE II HSC
HALIFAX, HALIFAX, CANADA, B3H4E4GRANT AMOUNT

56,000.

DATE OF GRANT

12/31/19

AMOUNT EXPENDED

56,000.

PURPOSE OF GRANTTO SUPPORT SALARY AND BENEFITS FOR ONE OR MORE FELLOWS PER YEAR INCLUDING
EDUCATION AND/OR RESEARCH PURPOSES TO SUPPORT THE FELLOW AND THE PROGRAM.ANY DIVERSION BY GRANTEE

NONE, TO THE KNOWLEDGE OF THE FOUNDATION AND BASED ON GRANTEE REPORT

RESULTS OF VERIFICATIONAONACF REVIEWED THE GRANT REPORTS BUT DID NOT UNDERTAKE ANY VERIFICATION OF
THE GRANTEE'S REPORTS AS THERE HAS NOT BEEN ANY REASON TO DOUBT ACCURACY OR
RELIABILITY.

GRANTEE'S NAME

AO SPINE NORTH AMERICA FELLOWSHIP AWARD ACCOUNT #4278

GRANTEE'S ADDRESS2155 GUY ST. 5TH FLOOR
MONTREAL, MONTREAL, CANADA, H3H 2L9

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
70,000.	12/31/19	70,000.

PURPOSE OF GRANTTO SUPPORT SALARY AND BENEFITS FOR ONE OR MORE FELLOWS PER YEAR INCLUDING
EDUCATION AND/OR RESEARCH PURPOSES TO SUPPORT THE FELLOW AND THE PROGRAM.ANY DIVERSION BY GRANTEE

NONE, TO THE KNOWLEDGE OF THE FOUNDATION AND BASED ON GRANTEE REPORT

RESULTS OF VERIFICATIONAONACF REVIEWED THE GRANT REPORTS BUT DID NOT UNDERTAKE ANY VERIFICATION OF
THE GRANTEE'S REPORTS AS THERE HAS NOT BEEN ANY REASON TO DOUBT ACCURACY OR
RELIABILITY.

GRANTEE'S NAME

ALBERTA SPINE FOUNDATION

GRANTEE'S ADDRESS1403 29TH ST SOUTH
ALBERTA, ALBERTA, CANADA, V5Z1M9GRANT AMOUNT

70,000.

DATE OF GRANT

12/31/19

AMOUNT EXPENDED

70,000.

PURPOSE OF GRANTTO SUPPORT SALARY AND BENEFITS FOR ONE OR MORE FELLOWS PER YEAR INCLUDING
EDUCATION AND/OR RESEARCH PURPOSES TO SUPPORT THE FELLOW AND THE PROGRAM.ANY DIVERSION BY GRANTEE

NONE, TO THE KNOWLEDGE OF THE FOUNDATION AND BASED ON GRANTEE REPORT

RESULTS OF VERIFICATIONAONACF REVIEWED THE GRANT REPORTS BUT DID NOT UNDERTAKE ANY VERIFICATION OF
THE GRANTEE'S REPORTS AS THERE HAS NOT BEEN ANY REASON TO DOUBT ACCURACY OR
RELIABILITY.

GRANTEE'S NAME

VANCOUVER ORTHOPAEDIC TRAUMA SOCIETY

GRANTEE'S ADDRESS2775 LAUREL ST
VANCOUVER, CANADA, V5Z1M9

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
78,325.	12/31/19	78,325.

PURPOSE OF GRANT

TO SUPPORT SALARY AND BENEFITS FOR ONE OR MORE FELLOWS PER YEAR INCLUDING EDUCATION AND/OR RESEARCH PURPOSES TO SUPPORT THE FELLOW AND THE PROGRAM.

ANY DIVERSION BY GRANTEE

NONE, TO THE KNOWLEDGE OF THE FOUNDATION AND BASED ON GRANTEE REPORT

RESULTS OF VERIFICATION

AONACF REVIEWED THE GRANT REPORTS BUT DID NOT UNDERTAKE ANY VERIFICATION OF THE GRANTEE'S REPORTS AS THERE HAS NOT BEEN ANY REASON TO DOUBT ACCURACY OR RELIABILITY.

GRANTEE'S NAME

ALBERTA SPINE FOUNDATION

GRANTEE'S ADDRESS1403 29TH ST SOUTH
ALBERTA, ALBERTA, CANADA, T3G5P5GRANT AMOUNT

32,500.

DATE OF GRANT

12/31/19

AMOUNT EXPENDEDPURPOSE OF GRANTTO SUPPORT SALARY AND BENEFITS FOR ONE OR MORE FELLOWS PER YEAR INCLUDING
EDUCATION AND/OR RESEARCH PURPOSES TO SUPPORT THE FELLOW AND THE PROGRAM.ANY DIVERSION BY GRANTEE

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RELIABILITY.

GRANTEE'S NAME

DALHOUSIE UNIVERSITY QE II HSC

GRANTEE'S ADDRESS1976 SUMMER ST. ROOM 4875 HI SITE QE II HSC
HALIFAX, HALIFAX, CANADA, B3H4E4GRANT AMOUNT

36,500.

DATE OF GRANT

12/31/19

AMOUNT EXPENDEDPURPOSE OF GRANTTO SUPPORT SALARY AND BENEFITS FOR ONE OR MORE FELLOWS PER YEAR INCLUDING
EDUCATION AND/OR RESEARCH PURPOSES TO SUPPORT THE FELLOW AND THE PROGRAM.ANY DIVERSION BY GRANTEE

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RESULTS OF VERIFICATIONAONACF REVIEWED THE GRANT REPORTS BUT DID NOT UNDERTAKE ANY VERIFICATION OF
THE GRANTEE'S REPORTS AS THERE HAS NOT BEEN ANY REASON TO DOUBT ACCURACY OR
RELIABILITY.

GRANTEE'S NAME

RIMUHC

GRANTEE'S ADDRESS1001 DECARIE BLVD
MONTREAL, QUEBEC, CANADA, H4A 3J1GRANT AMOUNT

32,500.

DATE OF GRANT

12/31/19

AMOUNT EXPENDEDPURPOSE OF GRANTTO SUPPORT SALARY AND BENEFITS FOR ONE OR MORE FELLOWS PER YEAR INCLUDING
EDUCATION AND/OR RESEARCH PURPOSES TO SUPPORT THE FELLOW AND THE PROGRAM.ANY DIVERSION BY GRANTEE

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RESULTS OF VERIFICATIONAONACF REVIEWED THE GRANT REPORTS BUT DID NOT UNDERTAKE ANY VERIFICATION OF
THE GRANTEE'S REPORTS AS THERE HAS NOT BEEN ANY REASON TO DOUBT ACCURACY OR
RELIABILITY.

GRANTEE'S NAME

SUNNYBROOK ORTHOPAEDIC ASSOCIATES

GRANTEE'S ADDRESS2075 BAYVIEW AVE. RM MG 317
TORONTO, CANADA, M4N3M5GRANT AMOUNT

30,000.

DATE OF GRANT

12/31/19

AMOUNT EXPENDEDPURPOSE OF GRANTTO SUPPORT SALARY AND BENEFITS FOR ONE OR MORE FELLOWS PER YEAR INCLUDING
EDUCATION AND/OR RESEARCH PURPOSES TO SUPPORT THE FELLOW AND THE PROGRAM.ANY DIVERSION BY GRANTEE

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RESULTS OF VERIFICATIONAONACF REVIEWED THE GRANT REPORTS BUT DID NOT UNDERTAKE ANY VERIFICATION OF
THE GRANTEE'S REPORTS AS THERE HAS NOT BEEN ANY REASON TO DOUBT ACCURACY OR
RELIABILITY.

GRANTEE'S NAME

UBC DEPT OF ORTHOPAEDICS

GRANTEE'S ADDRESS2275 LAUREL STREET
VANCOUVER, BRISTH COLUMBIA, CANADA, V5Z1M9

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
32,500.	12/31/19	

PURPOSE OF GRANTTO SUPPORT SALARY AND BENEFITS FOR ONE OR MORE FELLOWS PER YEAR INCLUDING
EDUCATION AND/OR RESEARCH PURPOSES TO SUPPORT THE FELLOW AND THE PROGRAM.ANY DIVERSION BY GRANTEE

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RESULTS OF VERIFICATIONAONACF REVIEWED THE GRANT REPORTS BUT DID NOT UNDERTAKE ANY VERIFICATION OF
THE GRANTEE'S REPORTS AS THERE HAS NOT BEEN ANY REASON TO DOUBT ACCURACY OR
RELIABILITY.

GRANTEE'S NAME

UNIVERSITY HEALTH NETWORK C/O FEHLINGS

GRANTEE'S ADDRESS399 BATHURST STREET SUITE 4W-449
TORONTO, ONTARIO, CANADA, MG52C4GRANT AMOUNT

32,500.

DATE OF GRANT

12/31/19

AMOUNT EXPENDEDPURPOSE OF GRANTTO SUPPORT SALARY AND BENEFITS FOR ONE OR MORE FELLOWS PER YEAR INCLUDING
EDUCATION AND/OR RESEARCH PURPOSES TO SUPPORT THE FELLOW AND THE PROGRAM.ANY DIVERSION BY GRANTEE

NONE, TO THE KNOWLEDGE OF THE FOUNDATION AND BASED ON GRANTEE REPORT

RESULTS OF VERIFICATIONAONACF REVIEWED THE GRANT REPORTS BUT DID NOT UNDERTAKE ANY VERIFICATION OF
THE GRANTEE'S REPORTS AS THERE HAS NOT BEEN ANY REASON TO DOUBT ACCURACY OR
RELIABILITY.

GRANTEE'S NAME

UNIVERSITY OF BRITISH COLUMBIA

GRANTEE'S ADDRESS2329 WEST MALL
VANCOUVER, BRISTH COLUMBIA, CANADA, V6T 1Z4

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
10,924.	12/31/19	

PURPOSE OF GRANTTO SUPPORT SALARY AND BENEFITS FOR ONE OR MORE FELLOWS PER YEAR INCLUDING
EDUCATION AND/OR RESEARCH PURPOSES TO SUPPORT THE FELLOW AND THE PROGRAM.ANY DIVERSION BY GRANTEE

NONE, TO THE KNOWLEDGE OF THE FOUNDATION AND BASED ON GRANTEE REPORT

RESULTS OF VERIFICATIONAONACF REVIEWED THE GRANT REPORTS BUT DID NOT UNDERTAKE ANY VERIFICATION OF
THE GRANTEE'S REPORTS AS THERE HAS NOT BEEN ANY REASON TO DOUBT ACCURACY OR
RELIABILITY.

GRANTEE'S NAME

UNIVERSITY OF CALGARY

GRANTEE'S ADDRESS2500 UNIVERSITY DR NW
CALGARY, ALBERTA, CANADA, T2N 1N4GRANT AMOUNT

5,000.

DATE OF GRANT

12/31/19

AMOUNT EXPENDEDPURPOSE OF GRANTTO SUPPORT SALARY AND BENEFITS FOR ONE OR MORE FELLOWS PER YEAR INCLUDING
EDUCATION AND/OR RESEARCH PURPOSES TO SUPPORT THE FELLOW AND THE PROGRAM.ANY DIVERSION BY GRANTEE

NONE, TO THE KNOWLEDGE OF THE FOUNDATION AND BASED ON GRANTEE REPORT

RESULTS OF VERIFICATIONAONACF REVIEWED THE GRANT REPORTS BUT DID NOT UNDERTAKE ANY VERIFICATION OF
THE GRANTEE'S REPORTS AS THERE HAS NOT BEEN ANY REASON TO DOUBT ACCURACY OR
RELIABILITY.

GRANTEE'S NAME

VANCOUVER ORTHOPAEDIC TRAUMA SOCIETY

GRANTEE'S ADDRESS2775 LAUREL ST
VANCOUVER, CANADA, V5Z1M9GRANT AMOUNT

30,000.

DATE OF GRANT

12/31/19

AMOUNT EXPENDEDPURPOSE OF GRANTTO SUPPORT SALARY AND BENEFITS FOR ONE OR MORE FELLOWS PER YEAR INCLUDING
EDUCATION AND/OR RESEARCH PURPOSES TO SUPPORT THE FELLOW AND THE PROGRAM.ANY DIVERSION BY GRANTEE

NONE, TO THE KNOWLEDGE OF THE FOUNDATION AND BASED ON GRANTEE REPORT

RESULTS OF VERIFICATIONAONACF REVIEWED THE GRANT REPORTS BUT DID NOT UNDERTAKE ANY VERIFICATION OF
THE GRANTEE'S REPORTS AS THERE HAS NOT BEEN ANY REASON TO DOUBT ACCURACY OR
RELIABILITY.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 7

ACTIVITY ONE

RESEARCH: AONA CHARITABLE FOUNDATION (AONACF) PERFORMS SPINE RESEARCH - FROM EXPERIMENTAL TO CLINICAL STUDIES. AONACF RETAINS A LEADERSHIP POSITION IN THE SPINE CARE COMMUNITY BY FOSTERING INNOVATION AND EVIDENCE-BASED CLINICAL PRACTICE.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

1,898,964.

990-PF

INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS
PART XVII, LINE 1, COLUMN (D)

STATEMENT 8

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

AO NORTH AMERICA TRADE ASSOCIATION, INC.

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

THE FILING ORGANIZATION HAS A CLOSE RELATIONSHIP WITH AO NORTH AMERICA TRADE ASSOCIATION, INC. FROM WHOM IT RECEIVES CASH CONTRIBUTIONS. THE ORGANIZATIONS SHARE A COMMON BOARD AND HAVE SIMILAR EXEMPT PURPOSES.

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

AO NORTH AMERICA TRADE ASSOCIATION, INC.

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

THE FILING ORGANIZATION HAS A CLOSE RELATIONSHIP WITH AO NORTH AMERICA TRADE ASSOCIATION, INC. FROM WHOM IT RECEIVES MANAGEMENT SUPPORT IN THE FORM OF A SERVICES CONTRACT. THE AMOUNT OF SERVICES RENDERED REPORTED IS TREATED AS A NON-CASH CONTRIBUTION.

990-PF

AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS
PART XVII, LINE 2, COLUMN (C)

STATEMENT 9

NAME OF AFFILIATED OR RELATED ORGANIZATION

AO NORTH AMERICA TRADE ASSOCIATION, INC.

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

THE FILING ORGANIZATION IS SUPPORTED BY AO NORTH AMERICA TRADE ASSOCIATION, INC., A SECTION 501(C)(6) MEMBERSHIP ORGANIZATION WHOSE EXEMPT PURPOSE ALIGNS WITH THE EXEMPT PURPOSE OF THE FILING ORGANIZATION. THE TWO ORGANIZATIONS ARE RELATED BY VIRTUE OF THEIR COMMON BOARDS AND THEIR SUPPORT OF MEDICAL RESEARCH AND FELLOWSHIPS.