Form **990**

В

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Check if applicable:

For the 2021 calendar year, or tax year beginning

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

, 2021, and ending

Open to Public Inspection

, 20

D Employer identification number

	Add	dress change		RTHOPEDICS AND COMPI	LEX		3-4047	
	Nai	me change	SPINE, INC.			E Te	lephone num	ber
	Init	tial return	377 OAK STREET,	SUITE 407		(212) 3	08-7731
	Fina	al return/terminated	GARDEN CITY, NY	11530				
	Am	nended return				G Gr	oss receipts	\$ 582,654.
	Apı	plication pending	F Name and address of principa	officer: OHENEBA BOACHIE-A	חדביד או ה	H(a) Is this a group	return for sub	oordinates? Yes X No
	ш	. , ,	SAME AS C ABOVE	OHENEDA BOACHIE-A	DUEI, M.D.	H(b) Are all subordi If "No," attach	nates include	
ī	Тах-е	exempt status:	X 501(c)(3) 501(c) () ◄ (insert no.) 4947	(a)(1) or 527	if "No," attach	a list. See ins	structions. —
J			TPS://FOCOSHOSPI		,,,,	H(c) Group exempti	on number	•
K		of organization:	X Corporation Trust	Association Other ►	L Year of format			egal domicile: NY
Pa		Summar				1330		111
		Briefly descri	be the organization's miss	ion or most significant activitie	es:TO OBTAIN	RESOURCES	OF HU	MAN CAPITAL.
a)				ICTED AND NON-RESTR				
2				EDIC AND SPINE CARE				
L		COUNTRIE	S.					
o.	2	Check this bo	ox ► if the organization	on discontinued its operations	or disposed of mo	ore than 25% of	its net as	sets.
Ğ				rning body (Part VI, line 1a)				15
Activities & Governance				s of the governing body (Part				15
ij				n calendar year 2021 (Part V, necessary)				2
Ę				Part VIII, column (C), line 12.			- 1	16 0.
٩				from Form 990-T, Part I, line				0.
		. 101 01 0.0100				Prior Y		Current Year
	8	Contributions	and grants (Part VIII, line	: 1h)			3,617.	254,105.
Revenue				e 2g)		- ,	<i>5</i> / 01 / •	201/1001
Ver				A), lines 3, 4, and 7d)			0,683.	1,049.
æ				nes 5, 6d, 8c, 9c, 10c, and 11c				263,808.
	12	Total revenue	e - add lines 8 through 11	(must equal Part VIII, column	(A), line 12)	3,31	4,300.	518,962.
	13	Grants and si	imilar amounts paid (Part	IX, column (A), lines 1-3)		670	6,643.	278,341.
	14	Benefits paid	to or for members (Part I			<u> </u>		
	15	Salaries, other	er compensation, employe	. 149	9,836.	46,495.		
ses	16a	Professional	fundraising fees (Part IX,	column (A), line 11e)				<u> </u>
Expenses	b.	Total fundrais	sing expenses (Part IX, co	lumn (D), line 25) ►	20,644.			
Ж	17			nes 11a-11d, 11f-24e)			2,136.	164,635.
				equal Part IX, column (A), line			8,615.	489,471.
				8 from line 12			5,685.	29,491.
- 8		Trevende less	expenses: eastract line i	10 110111 11110 12		Beginning of Cu	-	End of Year
Assets or	20	Total assets	(Part X. line 16)				2,582.	1,400,092.
Asse	21					-,	3,171.	51,620.
Net.	22	Net assets or	fund halances Subtract I	ine 21 from line 20			9,411.	1,348,472.
	rt II	Signatur				1,51.	<i>),</i> 411.	1,340,472.
				urn including accompanying echedules	and statements, and to	the hest of my knowl	edge and hel	of it is true correct and
com	olete. De	eclaration of prepa	rer (other than officer) is based on	urn, including accompanying schedules a all information of which preparer has an	y knowledge.	the best of my known	cage and ben	ici, it is true, correct, and
Sig	ın	Signatu	re of officer			Date		
He	re	► KWA	DWO BOACHIE-ADJE	Γ		CHAIRMAN		
			print name and title	_				
		Print/Type p	reparer's name	Check	if	PTIN		
Ра	id	CHRIST	TOPHER ANGOTTA	CHRISTOPHER ANGOTT	TA A	self-en	nployed	P02394428
	epare			TH LLP	L .			<u> </u>
	e Onl					Firm's	EIN ► 74	-3216978
			HAUPPAUGE, N			Phone		-756-9500
May	the If	RS discuss th		shown above? See instruction	ns			X Yes No
				the concrete instructions				Form 900 (2021)



Part		Statement of Program So		П
	D : (1		a response or note to any line in this Part III	· · · · · · · · · · · · · · · · · · ·
1	-	describe the organization's mis		
			HUMAN CAPITAL, MONITARY, IN-KIND, RESTRICTED	
	NON-	-RESTRICTED GIFTS AND	D GRANTS TO HELP PROVIDE ACCESS TO OPTIMAL OR	THOPEDIC AND
	SPI	NE CARE FOR THE UNDE	RSERVED IN GHANA AND OTHER COUNTRIES.	
2	Did the	e organization undertake any signi	ficant program services during the year which were not listed on the prior	<u></u>
	Form	990 or 990-EZ?		Yes X No
	If "Yes	s," describe these new services on	Schedule O.	
3	Did th	e organization cease conducting	g, or make significant changes in how it conducts, any program services	? Yes X No
	If "Yes	s," describe these changes on Scho	edule O.	
4	Descr	ibe the organization's program s	service accomplishments for each of its three largest program services, a	as measured by expenses.
	Section	on 501(c)(3) and 501(c)(4) organ	nizations are required to report the amount of grants and allocations to c	thers, the total expenses,
	and re	evenue, if any, for each program	service reported.	
4 a	(Code	:) (Expenses \$	367, 686. including grants of \$) (Revenue)	ue \$)
	TO 1	PROVIDE ACCESS TO OP'	TIMUM SURGICAL AND NON SURGICAL CARE IN GHANA	AND OTHER
	COU	NTRIES FOR UNDERSERV	ED INDIVIDUALS WITH DISABLING MUSCULOSKELETAL	DISORDERS,
	INC	LUDING COMPLEX SPINE	DEFORMITIES, JOINT DISABILITIES, AND PEDIATR	IC ORTHOPEDIC
			T RESEARCH EFFORTS TO ACQUIRE THE KNOWLEDGE T	
			EVENTION, AND CONTROL OF INJURIES AND DISEASE	
			PARTICULARLY THE SPINE.	
	1100			
		· – – – – – – – – – – – – – – – – – – –		
4 b	(Code	:) (Expenses \$	including grants of \$) (Revenue)	ue \$)
		· — — — — — — — — — — — — — — — — — — —		
4 c	(Code	:) (Expenses \$	including grants of \$) (Revenue)	ue \$)
				_
		 		
		· – – – – – – – – – – – – – – – – – – –		
Δd	Other	program services (Describe on	Schedule O.)	
	(Expe		including grants of \$) (Revenue \$)
		program service expenses >	367,686.	/
- 0	· Juli	programmouration expenses	301,000.	



			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
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? If 'Yes,' complete Schedule C, Part III	5		Х
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? If 'Yes,' complete Schedule D, Part I.	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
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.			
i	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>	11 a	Χ	
ı	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? If 'Yes,' complete Schedule D, Part VII	11 b		Х
(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? If 'Yes,' complete Schedule D, Part VIII.	11 c		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? If 'Yes,' complete Schedule D, Part IX	11 d	Χ	
(e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	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)? If 'Yes,' complete Schedule D, Part X	11 f	Χ	
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Χ	
I	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ı	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? If 'Yes,' complete Schedule F, Parts I and IV	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? If 'Yes,' complete Schedule F, Parts II and IV	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? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
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? If 'Yes,' complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G. Part III.	19		Х
20a	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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? If 'Yes,' complete Schedule I, Parts I and II	21		Х



Part IV Checklist of Required Schedules (continue

			Yes	No
22	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? If 'Yes,' complete Schedule I, Parts I and III	22	res	Х
23	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> .	23		Х
		23		Λ
24 a	a 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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŀ	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? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
á	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Χ
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	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)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	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? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt 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	<u></u>	<u></u>	
			Yes	No
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
(c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	Х	



Form 990 (2021) FOUNDATION OF ORTHOPEDICS AND COMPLEX

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No						
2 =	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-									
	ments, filed for the calendar year ending with or within the year covered by this return 2a 2									
b	olf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			**						
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х						
	of Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O	3 b								
4 a	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)?	4 a		Х						
ŀ	of Yes,' enter the name of the foreign country ►	- u								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х						
c	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c								
6 a 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?										
b	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	_	v							
L	services provided to the payor?	7 a 7 b	X							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	/ D	Λ							
•	Form 8282?	7с		Χ						
c	If 'Yes,' indicate the number of Forms 8282 filed during the year									
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х						
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х						
ç	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a									
8	Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 h								
	organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b								
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
	Section 501(c)(12) organizations. Enter:									
	a Gross income from members or shareholders									
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year									
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a								
•	Note: See the instructions for additional information the organization must report on Schedule O.	ısa								
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									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b								
	Is the organization 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?	15		Х						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
1-	If 'Yes,' complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17								
	ii res, complete i viili vuus.									



Form 990 (2021) FOUNDATION OF ORTHOPEDICS AND COMPLEX 13-4047356 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 on 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 No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 15 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 on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent.... 15 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? ... SEE SCHEDULE 0 Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?.... 16 a **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?. 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O

SUITE 407 GARDEN CITY NY 11530 (212)

State the name, address, and telephone number of the person who possesses the organization's books and records

KWADWO BOACHIE-ADJEI 377 OAK STREET,

Draft Page 7

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

- 1 a 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

			(C)								
(A) Name and title		(B) Average hours	thar	one both	box, an o	unles	,	on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
		per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) OHENEBA BOACHIE-ADJEI, FOUNDER AND CEO	<u>MD</u>	1	Х		Х				0.	0.	0.
(2) KWADWO BOACHIE-ADJEI		1	71		71				0.	0.	<u> </u>
CHAIRMAN	. – – – – –	0	Χ		Χ				0.	0.	0.
(3) PETER AKWABOAH		1									
VICE CHAIRMAN		0	Χ		Χ				0.	0.	0.
(4) EDWARD BAIDEN		1									
TREASURER		0	Χ		Χ				0.	0.	0.
(5) NANA A. ANNAN, JD		1									
SECRETARY		0	Χ		Χ				0.	0.	0.
(6) YAW ASAMOAH		1									
PAST CHAIRMAN		0	Χ						0.	0.	0.
(7) ROLAND AKOSAH		1									
DIRECTOR		0	Χ						0.	0.	0.
(8) MARY ANNE CHOO		1									
DIRECTOR		0	Χ						0.	0.	0.
(9) ANDREW COHN		1									
DIRECTOR		0	Χ						0.	0.	0.
(10) MICHAEL CONNOR		_ 1									
DIRECTOR		0	Χ						0.	0.	0.
(11) PAUL M. COOKE, MD		1									
DIRECTOR		0	X						0.	0.	0.
(12) HAN JO KIM, MD		11									
DIRECTOR		0	Х						0.	0.	0.
(13) EIRC MAJOR		1									
DIRECTOR		0	Χ						0.	0.	0.
(14) BEATRICE MENSAH TAYUI		1									
DIRECTOR		0	Χ						0.	0.	0.



Part VII Section A. Officers, Directors, 11		ney	En		_	es,	and	a Hignest Com	ipensated Emp	oyees	(conti	nued)
	(B)			(C	•	than.		(D)	(E)		(E)	
(A) Name and title	Average hours	DOX	i, unie	ess pe	erson	is Doti	n an	(D) Reportable	(E) Reportable	Ectim	(F) ated am	ount
	per week (list any				1	or/trus □ =		compensation from the organization (W-2/1099-	compensation from related organizations (W-2/1099-	C	of other nsation	
	hours	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	the o	rganizat d related	tion d
	related organiza - tions	ictor t	iona	_	nplo	t con /ee	×			orga	anizatior	าร
	below	nste	g,		/ee	npeni						
	line)	Ф	ee			sated						
(15) JOHN WESTFALL-KWONG	1											
DIRECTOR	0	Χ						0.	0.			0.
(16) IRENE WULFF, MD	1											
DIRECTOR (17)	0	X						0.	0.			0.
(18)												
(10)												
<u>(19)</u>												
(20)												
(21)												
(22)												
		•										
(23)												
(24)												
		•										
(25)												
1 h Cubtotal							•	0	0			0
1 b Subtotal c Total from continuation sheets to Part VII, Secti							•	0.	0.			0.
d Total (add lines 1b and 1c).							>	0.	0.			0.
2 Total number of individuals (including but not limited	to those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	า	
from the organization • 0											Yes	No
3 Did the organization list any former officer, direct	tor truste	ما مد	2V A	mnl	OVAC	or	hiak	nest compensated	employee		162	NO
on line 1a? If 'Yes,' complete Schedule J for suc	ch individu	ial			· · · ·			·····		. 3		Х
4 For any individual listed on line 1a, is the sum o	f reportab	le co	mpe	ensa	tion	and	oth	er compensation	from			
the organization and related organizations greate such individual										. 4		Х
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper	satio	on fr	om	any	unre	late	ed organization or	individual	5		Х
Section B. Independent Contractors	s, comple	16 0	CITEC	iuic	3 10	1 340	πρ	erson		. 3		Λ
1 Complete this table for your five highest compensation from the organization. Report compensation	sated indes	epen	den	t cor	ntra	ctors	tha	it received more the	nan \$100,000 of			
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B)									(C)		
(A) Name and business address (B) Description of services Com										Compe	nsatio	n
O Tatal number of the last of			. 0		11.21	1 . 1		· · · · · · · · · · · · · · · · · · ·	Ale a se			
2 Total number of independent contractors (including l \$100,000 of compensation from the organization		ned t	u the	use I	ustec	ı abo	ve)	who received more	uiari			
+	U											



		O(2021) FOUNDATION OF	ORTI	HOPEDICS AND	COMPLEX		13-4047356	Drage 9
Par	t VI	Statement of Revenue			lia a ila Maia Dauk V			
		Check if Schedule O contains	s a resp	oonse or note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Revenue Contributions, Gifts, Grants, and Other Similar Amounts	1 a b c d e f f g h		1c 1d 1e 1f		254,105.			
Program Service Revenue	d e f g		dends,	interest, and	1,049.	1,049.		
	4	Income from investment of tax-			1,040.	1,040.		
	5	Royalties		·				
	b	Gross rents	Real	(ii) Personal				
	d	Net rental income or (loss)						
		sales of assets other than inventory Less: cost or other basis and sales expenses 7b	curities	(ii) Other				
		Gain or (loss)						
	d	Net gain or (loss)						
enne	8 a	Gross income from fundraising events (not including \$ 19,27	3.					

Contribut and Othe	_	similar amounts not incl			1 f	234,832.				
<u> </u>	ç	Noncash contributions in lines 1a-1f	iciuae	eu m	1 g	18,087.				
<u>5</u> 5	ŀ	Total. Add lines 1a					254,105.			
						Business Code	234,103.			
Program Service Revenue	2 a	1			=					
\$	b									_
ě.										
Ξ̈										_
တ္တ	C									
a <u>u</u>	6									
<u>p</u>		All other program s			L					
<u>~</u>	Õ	Total. Add lines 2a	-2f .			▶				
	3	Investment income (inclu	ding divide	ends, ir	nterest, and				
		other similar amoui					1,049.	1,049.		
	4	Income from invest				·				
	5	Royalties								
				(i) R	eal	(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	c	: Rental income or (loss)	6c							
	c	Net rental income of	or (lo	oss)						
	7.	Gross amount from		(i) Secu	rities	(ii) Other				
	10	sales of assets								
	١.	other than inventory	7a							
	Ľ	Less: cost or other basis and sales expenses	7b							
	,		7c							
		Net gain or (loss)				<u> </u>				
					· · · · · ·	1				
₽	8 a	Gross income from fundi								
en		(not including \$ of contributions reported	امما	19,273	<u>3.</u>					
Other Revenue		· ·								
Œ		See Part IV, line 18			8	0277000.				
2		Less: direct expens			8	00,000.				
δ	C	: Net income or (loss	s) fro	om fundra	ising e	events	263,808.			
	9 a	Gross income from gami See Part IV, line 19	ng ac	tivities.						
					9					
	b	Less: direct expens	ses.		91	b				
	c	: Net income or (loss	s) fro	om gamin	g activ	vities►				
	10 a	Gross sales of inventory,	less							
		returns and allowances.			10	a				
	b	Less: cost of goods	sol	d	10	b				
	c	: Net income or (loss	s) fro	m sales	of inve	entory				
S						Business Code				
2 9	11 a	1								
2 5	b	,								
를 를	11 a	. 								
% &	,	All other revenue.								
Miscellaneous Revenue		Total. Add lines 11	a-11	d	L	•				
	12	Total revenue. See					510 062	1 0/0	0.	0
BAA		. Juli revenue: Jee	11130	4000113 .			518,962.	1,049.	<u> </u>	0 . Form 990 (2021)
						ICCA	WISSE USIZZIZI			1 01111 330 (2021)



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).

360	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a re				
	not include amounts reported on lines	(A)	(B)	(C)	(D)
6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	278,341.	278,341.		
4 5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	46,162.	5,170.	20,496.	20,496.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	, ,		,	.,
9	Other employee benefits				
10	Payroll taxes	333.	37.	148.	148.
	Fees for services (nonemployees):				
	a Management				
	b Legal	6,394.	3,197.	3,197.	
	c Accounting	19,000.	9,500.	9,500.	
	d Lobbying				
	e Professional fundraising services. See Part IV, line 17				
	f Investment management fees				
	(A), amount, list line 11g expenses on Schedule 0.)	47,765.	23,883.	23,882.	
13	Office expenses	641.		641.	
14	Information technology	14,571.	10,200.	4,371.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,238.		3,238.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).				
;	MISCELLANEOUS	26,276.	9,884.	16,392.	
	DONATED MATERIALS	18,087.	18,087.		
	DUES & SUBSCRIPTIONS	10,595.	7,277.	3,318.	
•	d STORAGE	8,442.	2,110.	6,332.	
	e All other expenses	9,626.		9,626.	
25	Total functional expenses. Add lines 1 through 24e	489,471.	367,686.	101,141.	20,644.
26	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)				
RΔΔ					Form 900 (2021)



		Check if Schedule O contains a response or note to	any lin	e in this Part X			
			-		(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			783,527.	1	839,826.
	2	Savings and temporary cash investments			·	2	·
	3	Pledges and grants receivable, net			182,990.	3	180,990.
	4	Accounts receivable, net			,	4	•
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er office contribu	r, director, utor, or 35%		5	
	6	Loans and other receivables from other disqualified persection 4958(f)(1)), and persons described in section			6		
	7	Notes and loans receivable, net				7	
ts	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges		<u> </u>	5,851.	9	4,040.
As	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	49,406.			
		Less: accumulated depreciation		49,406.		10 c	
	11	Investments – publicly traded securities		•	96,948.	11	97,162.
	12	Investments – other securities. See Part IV, line 11	<u> </u>	30/3101	12	3,,102,	
	13	Investments – program-related. See Part IV, line 11.			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		293,266.	15	278,074.	
	16	Total assets. Add lines 1 through 15 (must equal line			1,362,582.	16	1,400,092.
	17	Accounts payable and accrued expenses			43,171.	17	51,620.
	18	Grants payable		•	18	•	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		<u> </u>		20	
es	21	Escrow or custodial account liability. Complete Part I		<u> </u>		21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	itor, or 3	15%		22	
_	23	Secured mortgages and notes payable to unrelated th		<u></u>		23	
	24	Unsecured notes and loans payable to unrelated third	parties.			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•			25	
	26	Total liabilities. Add lines 17 through 25			43,171.	26	51,620.
ıces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	*	X			
盲	27	Net assets without donor restrictions			469,187.	27	543,401.
m	28	Net assets with donor restrictions			850,224.	28	805,071.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here	· [
ō	29	Capital stock or trust principal, or current funds				29	
इ	30	Paid-in or capital surplus, or land, building, or equipm				30	
SS	31	Retained earnings, endowment, accumulated income,				31	
t A	32	Total net assets or fund balances			1,319,411.	32	1,348,472.
Ne	33	Total liabilities and net assets/fund balances			1,362,582.	33	1,400,092.

TEEA0111L 09/22/21 BAA Form **990** (2021)



Pa	rt 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	18,9	962.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	89,4	171.
3	Revenue less expenses. Subtract line 2 from line 1	3		29,4	191.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,3	19,4	111.
5	Net unrealized gains (losses) on investments.	5		- 4	130.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10			
D -	column (B))	10	1,3	48,4	<u> 172.</u>
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a			
	b Were the organization's financial statements audited by an independent accountant?		2b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both: X Separate basis	te			
	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?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
	a 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?		3 a		Х
	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 on Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	TEEA0112L 09/22/21		Form	990	(2021)

SCHEDULE A (Form 990)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-004

2021

Open to Public Inspection

Name of the organization Employer identification number FOUNDATION OF ORTHOPEDICS AND COMPLEX SPINE, INC 13-4047356 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.) 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).) 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 Χ 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.) 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 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. 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. 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. **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.** 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. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

Draft Page 2

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							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	2,048,514.	2,789,762.	3,514,859.	3,263,617.	216,745.	11,833,497.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 5	Total. Add lines 1 through 3 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)	2,048,514.	2,789,762.	3,514,859.	3,263,617.	216,745.	11,833,497.
6	Public support. Subtract line 5 from line 4						11,833,497.
Sec	tion B. Total Support						_
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2,048,514.	2,789,762.	3,514,859.	3,263,617.	216,745.	11,833,497.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25,339.	2,446.	3,756.	50,683.	1,049.	83,273.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,	,		·	,	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
11	Total support. Add lines 7 through 10						11,916,770.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20						99.30 %
	Public support percentage from		•			<u> </u>	99.22%
16a	33-1/3% support test—2021. If t and stop here. The organization	he organization di qualifies as a pul	id not check the bolicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	% or more, checl	k this box
b	33-1/3% support test—2020. If the and stop here. The organization	ne organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 33	3-1/3% or more, o	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test check this l	hox and stop here	Explain in Part	VI how
	10%-facts-and-circumstances to or more, and if the organization organization meets the facts-and Private foundation. If the organization	meets the facts-a d-circumstances to	nd-circumstances est. The organizat	test, check this l tion qualifies as a	box and stop here publicly supporte	. Explain in Part d organization.	VI how the ►

Schedule A (Form 990) 2021

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.)

Sec	tion A. Public Support		p.odes complete	<u>,</u>			
	lar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(-,,	(-, -2		(-,	(-, -52.	(7) - 3/0.
2	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.						
	Gross receipts from activities that are not an unrelated trade or business under section 513.						•
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
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.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support				T	1	
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is organization, check this box and						
Sec	tion C. Computation of Pul	blic Support P	Percentage			_	
15	Public support percentage for 20	21 (line 8, colum	n (f), divided by li	ne 13, column (f)))	15	90
	Public support percentage from 2				<u></u>	16	90
	tion D. Computation of Inv						
		•	• • •	-			%
	Investment income percentage for						8
	33-1/3% support tests—2021. If t is not more than 33-1/3%, check 23-1/3% are not tooks 2020. If t	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organization.	▶ ∐
	33-1/3% support tests—2020. If t line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box	and stop here. Th	e organization qu	ialifies as a public	cly supported organ	ization ►
	ioailuationi ii tile organii	Lation ald HOL CHE	ON A DON OU HING	,	ALLOCK THE DOV BLIC		



Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
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)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4 a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.	4b		
С	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)? 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If 'Yes,' complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
9a	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))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9с		
0 a	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)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Sche	edule A (Form 990) 2021 FOUNDATION OF ORTHOPEDICS AND COMPLEX 13-404735	6	F	Page 5
Par	rt IV Supporting Organizations (continued)			
-11	Lies the examination eccented a gift or contribution from any of the following payons?		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
٠	the governing body of a supported organization?	11a		
k	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a k	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instr	uction	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted			
	substantially all of its activities.	2a		
ŀ	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities			
	but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI .	3a		
Ł	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

	FOUNDATION OF ORTHOPEDICS AND C			4/356 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain ir st complete Sections A	Part VI). See through E.
Sec	tion 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion 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		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d		
•	• Discount 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 0.015 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 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

BAA Schedule A (Form 990) 2021

Draft Page 7

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sec	tion D - Distributions		Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.	6				
7	Total annual distributions. Add lines 1 through 6.	7				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8				
9	Distributable amount for 2021 from Section C, line 6	9	_			
10	Line 8 amount divided by line 9 amount	10				

Line 6 amount divided by line 5 amount		1.0	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021

TEEA0407L 08/31/21

Draft Page 8

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.)

BAA TEEA0408L 08/31/21 Schedule A (Form 990) 2021

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-004

2021

Department of the Treasury Internal Revenue Service

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

Name of the organization FOUNDATION OF ORTHOPEDICS AND COMPLEX Employer identification number							
	SPINE,	INC. 1	13-4047356				
Organiza	Organization type (check one):						
Filers of:	:	Section:					
Form 990	or 990-EZ	\overline{X} 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	n				
		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 Land II. See instructions for determining							
	a contributor's total c	ontributions.					
Special F	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), 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 (entering 'N/A' in column (b) instead of the contributor name and address), 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.							
General Special F	Rule For an organization of or more (in money or a contributor's total or regulations under section 16b, and that receive (2) 2% of the amount 'N/A' in column (b) in For an organization or contributor, during the literary, or educations 'N/A' in column (b) in For an organization or contributor, during the contributor, during the contributor, during the contributions totaled during the year for ar General Rule applies	(8), or (10) organization can check boxes for both the General Rule and a Special Rule and Rule and	s totaling \$5,000 ermining support test of the e 13, 16a, or of (1) \$5,000; or s I and II. In any one able, scientific, Parts I (entering extended from any one or such at were received tts unless the etc., contributions				

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

FOUNDATION OF ORTHOPEDICS AND COMPLEX

Employer identification number

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	BLOOMBERG PHILANTHROPIES 25 EAST 78TH STREET NEW YORK, NY 10075	\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	OAKMERE FOUNDATION 170 MASON STREET GREENWICH, CT 06830	\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	HOWMEDICA OSTEONICS CORP (STRYKER) 600 HOPE PARKWAY LEESBURG, VA 20175	\$ <u>50,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	MAX MITCHELL 1 ALEXANDER LANE WESTON, CT 06883	\$45,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>5</u>	FIDELITY CHARITABLE GIFT FUND P.O. BOX 770001 CINCINNATI, OH 45277	\$27,250.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>6</u>	HOSPITAL FOR SPECIAL SURGERY 535 E. 70TH STREET	\$ <u>25,000.</u>	Person X Payroll Noncash

FOUNDATION OF ORTHOPEDICS AND COMPLEX

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LENKE FAMILY FOUNDATION 1965 BROADWAY APT 22 AB	\$ <u>25,000</u> .	Person X Payroll Noncash
	NEW YORK, NY 10023		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CRANE FUND FOR WIDOWS AND CHILDREN 140 SYLVAN AVE, 1ST FL. STE 4 ENGLEWOOD CLIFFS, NJ 07632	\$22,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	CHRISTIAN HEALTHCARE MINISTRIES INC 127 HAZELWOOD AVENUE BARBERTON, OH 44203	\$ <u>14,764.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	FARAH ASHRAF 3 SOMMERSET DRIVE POUGHKEEPSIE, NY 12603	\$14,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	CHARLENE & KEITH GOGGIN 5 EAST 17TH STREET, APT. 7 NEW YORK, NY 10003	\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_	JOHN WESTFALL-KWONG 45 MECHANIC STREET, FL 2 MILLBURN, NJ 07041	\$11,020.	Person X Payroll

FOUNDATION OF ORTHOPEDICS AND COMPLEX

Employer identification number

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional specific contributors.	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_	ATRIUM GROUP 9556 UNION PARK WEST CHESTER, OH 45069	\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_	BANK OF AMERICA CHARTIABLE GIFT P.O. BOX 1802 PROVIDENCE, RI 02901	\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u> _	CHARINA ENDOWMENT FUND 375 PARK AVENUE, SUITE 1602 NEW YORK, NY 10152	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u> _	GOLDMAN SACHS & CO. 200 WEST STREET NEW YORK, NY 10282	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u> _	MICHAEL CONNOR 2178 SHARON LANE CHARLOTTE, NC 28211	\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_	RICHARD WOODS 14 MELVIN AVENUE CATONSVILLE, MD 21228	\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization FOUNDATION OF ORTHOPEDICS AND COMPLEX Employer identification number

_	_				_	_	_	_
1	٠.	- 4	1 (1/	· /	∵	Ь.	6

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19_	SAMUEL OWUSU-AKYAW 381 PETER FORMAN DRIVE FREEHOLD, NJ 07728	\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>20</u> _	PPG FOUNDATION 1 PPG PLACE PITTSBURGH, PA 15272	\$ <u>7,500</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>21</u> _	VANGUARD CHARITABLE P.O. BOX 9509 WARWICK, RI 02889	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

1

Draft Page 3

Name of organization Employer identification number

FOUNDATION OF ORTHOPEDICS AND COMPLEX

13-4047356

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		 \$ 	
(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
		\$	

BAA

TEEA0703L 10/06/21

Schedule B (Form 990) (2021)

1

Draf

Name of organization

FOUNDATION OF ORTHOPEDICS AND COMPLEX

Employer identification number

Part III	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	ne year from any one contrib ompleting Part III, enter the tota (Enter this information once. Se	utor. Comple	te columns (a) through (e) and ely religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
		(e) Transfer of gift		
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4		tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4		tionship of transferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	Relationship of transferor to transferee		



SCHEDULE D (Form 990)

Supplemental Financial Statements

► 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

FOUNDATION OF ORTHOPEDICS AND COMPLEX	
SPINE, INC.	13-4047356
Part I Organizations Maintaining Donor Advised Funds or Other Similar Fund Complete if the organization answered 'Yes' on Form 990, Part IV, line 6	ls or Accounts.
(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in don are the organization's property, subject to the organization's exclusive legal control?	or advised funds Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds for charitable purposes and not for the benefit of the donor or donor advisor, or for any other p impermissible private benefit?	urpose conferring
Part II Conservation Easements.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 7	7.
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education)	n of a historically important land area
Protection of natural habitat Preservation	n of a certified historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	of a conservation easement on the
last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements.	
b Total acreage restricted by conservation easements.	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2 d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the	
tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, hand	lling of violations,
and enforcement of the conservation easements it holds?	<u> </u>
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons ►	servation easements during the year
 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserva ▶\$ 	tion easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of sect and section 170(h)(4)(B)(ii)?	ion 170(h)(4)(B)(i) Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and include, if applicable, the text of the footnote to the organization's financial statements that deconservation easements.	expense statement and balance sheet, and scribes the organization's accounting for
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' on Form 990, Part IV, line 8	Other Similar Assets.
1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue stat historical treasures, or other similar assets held for public exhibition, education, or research in Part XIII the text of the footnote to its financial statements that describes these items.	rement and balance sheet works of art, furtherance of public service, provide in
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement historical treasures, or other similar assets held for public exhibition, education, or research in further a following amounts relating to these items:	ent and balance sheet works of art, ance of public service, provide the
(i) Revenue included on Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for financi amounts required to be reported under FASB ASC 958 relating to these items:	al gain, provide the following
a Revenue included on Form 990, Part VIII, line 1.	
b Assets included in Form 990, Part X	

Part III Organizations Maintain	ining Collec	tions of Art	, Histori	ical Treasures, o	r Other	Similar Ass	ets (c	ontinu	ed)
3 Using the organization's acquisition items (check all that apply):	, accession, and	other records,	check any	of the following that n	nake sign	ificant use of its	collectio	n	
a Public exhibition		d	Loan or	exchange program					
b Scholarly research		е	Other						
c Preservation for future gener	ations								
4 Provide a description of the organiz Part XIII.	ation's collection	ns and explain h	now they f	urther the organization	's exempt	purpose in			
5 During the year, did the organiza to be sold to raise funds rather th	tion solicit or re nan to be maint	eceive donation tained as part	ns of art, of the org	historical treasures, q panization's collection	or other s	similar assets	Yes		No
Part IV Escrow and Custodia line 9, or reported an	l Arrangeme amount on F	ents. Comple form 990, P	ete if the art X, lii	e organization an ne 21.	swered	I 'Yes' on Fo	rm 99	0, Par	t IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian	or other intern	nediary fo	or contributions or oth	er assets	s not included	Yes		No
b If 'Yes,' explain the arrangement									
							Amoun	t	
c Beginning balance									
d Additions during the year					<u> </u>				
e Distributions during the year									
f Ending balance2a Did the organization include an a							Yes		No
b If 'Yes,' explain the arrangement						-		_	
Part V Endowment Funds. C	omplete if th	ne organizat	ion ans	wered 'Yes' on Fo	orm 990) Part IV lii	ne 10		
Lindowine it i unus.	(a) Current ye		Prior year	(c) Two years bac		Three years back		Four years	s back
1 a Beginning of year balance	(,	(11)		(4)	(.,)		(-,)	
b Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentage	e of the current	year end bala	nce (line	1g, column (a)) held	as:				
a Board designated or quasi-endowm	ent ►	%							
b Permanent endowment ►	90								
c Term endowment ►	olo								
The percentages on lines 2a, 2b, ar	nd 2c should equ	ıal 100%.							
3 a Are there endowment funds not in t	he possession o	f the organization	on that are	held and administered	d for the				
organization by:								Yes	No
(i) Unrelated organizations							. 3a(i)		
(ii) Related organizations							3a(ii)		
b If 'Yes' on line 3a(ii), are the rela	-		•				. 3b		
4 Describe in Part XIII the intended		ganization's er	ndowmen	t funds.					
Part VI Land, Buildings, and				000 David IV/ lim	. 11. (Caa Fawaa 00	.O. D	.I V 1:.	10
Complete if the organi									
Description of property	(a	Cost or other (investmen		(b) Cost or other basis (other)	(c) A de _l	ccumulated oreciation	(d)	Book va	ılue
1 a Land									
b Buildings	<u> </u>								
c Leasehold improvements									
d Equipment				49,406.		49,406.			0.
e Other		15 000				F.			
Total. Add lines 1a through 1e. (Colum	ın (a) must equ	aı Form 990, F	−art X, co	iumn (ಟ), line 10c.)		▶			0.

BAA

Schedule D (Form 990) 2021



(a) Desci	ription of security or category (including name of security)	(b) Book value	00, Part IV, line 11b. See Form 9 (c) Method of valuation: Cost or end-or	
/1\ Financi	al derivatives	(D) Book value	(C) Method of Valuation. Cost of end-c	n-year market value
	r held equity interests			
(3) Other	rileid equity interests			
(A) (B)				
(C)				
(C) (D)				
(E)				
(F)				
<u>(G)</u>				
(H)				
<u>` /</u>				
	nn (b) must equal Form 990, Part X, column (B) line 12.) •			
Part VIII			N/A	
T dit Viii	Complete if the organization answered		00, Part IV, line 11c. See Form 9	
	(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)				
(10)	(1) 15 000 D 1V 1 (D) 1 10 1			
Part IX	nn (b) must equal Form 990, Part X, column (B) line 13.) ▶ Other Assets.			
raitin	Complete if the organization answered	d 'Yes' on Form 99	0, Part IV, line 11d. See Form 9	90, Part X, line 15
		scription		
		•		(b) Book value
	H SURRENDER VAL OF LIFE INS PO	•		
(2)		•		
(2) (3)		•		
(2) (3) (4)		•		
(2) (3) (4) (5)		•		
(2) (3) (4) (5) (6)		•		
(2) (3) (4) (5) (6) (7)		•		
(2) (3) (4) (5) (6)		•		
(2) (3) (4) (5) (6) (7) (8)		•		
(2) (3) (4) (5) (6) (7) (8) (9) (10)		LICIES		278,074.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co)	H SURRENDER VAL OF LIFE INS PO	B) line 15.)		278,074.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Con	H SURRENDER VAL OF LIFE INS PO Jumn (b) must equal Form 990, Part X, column (Other Liabilities. Complete if the organization answered 'Yes' on F	B) line 15.)		278,074.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Content X)	H SURRENDER VAL OF LIFE INS PO Jumn (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Fig. (a) Description	B) line 15.)		278,074.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Control X 1. (1) Feder	H SURRENDER VAL OF LIFE INS PO Jumn (b) must equal Form 990, Part X, column (Other Liabilities. Complete if the organization answered 'Yes' on F	B) line 15.)		278,074.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Control X) 1. (1) Feder (2)	H SURRENDER VAL OF LIFE INS PO Jumn (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Fig. (a) Description	B) line 15.)		278,074.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co) Part X 1. (1) Feder (2) (3)	H SURRENDER VAL OF LIFE INS PO Jumn (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Fig. (a) Description	B) line 15.)		278,074.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Control X 1. (1) Feder (2) (3) (4)	H SURRENDER VAL OF LIFE INS PO Jumn (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Fig. (a) Description	B) line 15.)		278,074.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Control X) 1. (1) Feder (2) (3) (4) (5)	H SURRENDER VAL OF LIFE INS PO Jumn (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Fig. (a) Description	B) line 15.)		278,074.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Control X 1. (1) Feder (2) (3) (4)	H SURRENDER VAL OF LIFE INS PO Jumn (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Fig. (a) Description	B) line 15.)		278,074.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col Part X 1. (1) Feder (2) (3) (4) (5) (6) (7) (8)	H SURRENDER VAL OF LIFE INS PO Jumn (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Fig. (a) Description	B) line 15.)		278,074.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colored Colored	H SURRENDER VAL OF LIFE INS PO Jumn (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Fig. (a) Description	B) line 15.)		278,074.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Control (Co	H SURRENDER VAL OF LIFE INS PO Jumn (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Fig. (a) Description	B) line 15.)		278,074.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Color Part X 1. (1) Feder (2) (3) (4) (5) (6) (7) (8) (9)	H SURRENDER VAL OF LIFE INS PO Jumn (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Fig. (a) Description	B) line 15.)		278,074.
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column	H SURRENDER VAL OF LIFE INS PO Jumn (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Fig. (a) Description	B) line 15.)	11e or 11f. See Form 990, Part X, line 25	278,074. 278,074. (b) Book value

BAA



Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ro	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	518,532.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments. 2a -430.		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	-430.
3 Subtract line 2e from line 1	3	518,962.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	518,962.
		518,962.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		518,962.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		518,962. 489,471.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return.	
 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements. 	Return.	
 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: 	Return.	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	Return.	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 a 2 b	Return.	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 Donated Services and Use of Facilities. 2 Donated Services and Use of Facilities.	Return.	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.).	Return.	489,471.
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.	Return.	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	Return.	489,471.
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	Return.	489,471.
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2a b Prior year adjustments. 2b c Other losses. 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a	Return. 1 2e 3	489,471.

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 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FASB ASC 740 FOOTNOTE

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION BY THE APPLICABLE TAXING JURISDICTIONS FOR TAX YEARS PRIOR TO 2018.

BAA Schedule D (Form 990) 2021

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

202

Open to Public Inspection

OMB No. 1545-004

Go to www.irs.gov/Form990 for instructions and the latest information.

FOUNDATION OF ORTHOPEDICS AND COMPLEX SPINE INC

Employer identification number

13-4047356

Par	on Form 990, Part IV, line 14b.	swered '	Yes'
	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?	X Yes	Пио

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

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

3 Activities per Region. (The	Tollowing Falt 1,	ille 3 table call b	e duplicated il additional space	is fleeded.)	
(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
			GRANTS TO RECIPIENTS		
(1) SUB-SAHARAN AFRICA			IN REGION		278,341.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
<u>(11)</u>					
(12)					
<u>(13)</u>					
<u>(14)</u>					
<u>(15)</u>					
(16)					
(17)					
3a Subtotal					278,341.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			278,341.

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

Schedule F (Form 990) 2021

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.

1	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				FOR					
			GHANA	OPERATIONS	278,341.	WIRE		N/A	

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3)	
	organization 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	<u> </u>

BAA

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

(18)BAA Page 3

Schedule F (Form 990) 2021 FOUNDATION OF ORTHOPEDICS AND COMPLEX Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of recipients (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of (f) Amount of (g) Description of (h) Method of cash grant noncash assistance cash noncash assistance valuation (book, disbursement FMV, appraisal, other) (1) (2) (3) (4) (7) (8) (9) (10)(11) (12)(13)(14)(15) (16)(17)

Schedule F (Form 990) 2021

Draft Page 4

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	X 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; don't file with Form 990)	Yes	X 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	X 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	X 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	X 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; don't file with Form 990)	Yes	X No

 BAA
 TEEA3505L
 10/28/21
 Schedule F (Form 990) 2021



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 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US

THE ORGANIZATION MONITORS THE USE OF ITS GRANTS THROUGH INQUIRIES ABOUT THE PROJECT AND ITS IMPLEMENTATION WITH REPRESENTATIVES OF THE GRANTEE, SITE VISITS, AND REPORTS ON THE PROGRESS AND COMPLETION OF VARIOUS PROJECTS.

BAA TEEA3504L 10/28/21 Schedule F (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization FOUNDATION OF ORTHOPEDICS AND COMPLEX 13-4047356 SPINE, INC **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Draft Page 2

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

e			(a) Event #1 VIRTUAL GALA (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
Revenue	1	Gross receipts	346,773.			346,773.
æ	2	Less: Contributions	19,273.			19,273.
	3	Gross income (line 1 minus line 2)	327,500.			327,500.
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
rect E	8	Entertainment				
⊡	9	Other direct expenses	63,692.			63,692.
	10 11	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro				70/70-1
Par						263,808.
. u.		\$15,000 on Form 990-EZ, line 6a.	tion answered Tee	, on rom 330, r al		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ä	1	Gross revenue				
ses	2	Cash prizes				
=xper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
Ω	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
7 Direct expense summary. Add lines 2 through 5 in column (d)						
8 Net gaming income summary. Subtract line 7 from line 1, column (d)▶						
	Is th	er the state(s) in which the organization cone organization licensed to conduct gaming lo,' explain:	activities in each of th			Yes No
10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?						

		Dra				
	edule G (Form 990) 2021 FOUNDATION OF ORTHOPEDICS AND COMPLEX 13-4047356	Page 3				
	Does the organization conduct gaming activities with nonmembers?	No				
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	No				
	Indicate the percentage of gaming activity conducted in: a The organization's facility	%				
	b An outside facility	%				
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:					
	Name ►					
	Address ►					
ŀ	15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?					
	Name ►					
	Address ►	 				
16	Gaming manager information:					
	Name ►					
	Gaming manager compensation ► \$					
	Description of services provided ►					
	Director/officer Employee Independent contractor					
17	Mandatory distributions:					

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

state gaming license?

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the

organization's own exempt activities during the tax year ► \$

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the

BAA TEEA3703L 07/12/21 Schedule G (Form 990) 2021

SCHEDULE 0 (Form 990)

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-00 2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FOUNDATION OF ORTHOPEDICS AND COMPLEX SPINE, INC

Employer identification number

13-4047356

FORM 990, PART VI. LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

OHENEBA BOACHIE-ADJEI, M.D. (PRESIDENT) IS RELATED TO KWADWO BOACHIE-ADJEI (CHARIMAN) AND YAW BOACHIE-ADJEI, M.D. (PAST CHAIRMAN).

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A COPY OF FORM 990 IS GIVEN TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR APPROVAL PRIOR TO FILING. THEY FORWARDED ANY COMMENTS THAT THEY HAVE BACK TO THE DIRECTOR OF FINANCE.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE BOARD HAS ADOPTED A CONFLICT OF INTEREST POLICY. ALL BOARD MEMBERS SIGN A STATEMENT ANNUALLY STATING THAT THEY DO NOT HAVE A CONFLICT OF INTEREST OR IF A CONFLICT EXISTS, THAT IT HAS BEEN DISCLOSED TO THE BOARD OF DIRECTORS.

FORM 990, PART VI. LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC BY REQUEST. INTERESTED PARTIES MUST SUBMIT A REQUEST IN WRITING.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

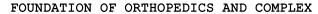
Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Open to Public Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01/01 /2021 and Ending (mm/dd/yyyy) 12/31/2021						
Check if	Applicable:	Name of Organiza				Employer Identification Number (EIN):
Address Change		FOUNDATI	ON OF ORTHOPED	ICS AND COMPLI	EX	13-4047356
	Name Change	SPINE, I	NC.			
	Initial Filing	Mailing Address:				NY Registration Number:
	Final Filing	377 OAK City / State / Zip:	STREET, SUITE	407		069135 Telephone:
	Amended Filing	GARDEN C	ITY, NY 11530			(212) 308-7731
Ī	Reg ID Pending	Website:	•			Email:
		HTTPS://	FOCOSHOSPITAL.	ORG		
Check your organization's registration category: 7A only PPTL only DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com						
2. Cerl	tification					•
	tructions for certification return two signatories.	quirements. Im	proper certification is a	violation of law that r	nay be subject to բ	penalties. The certification
We c	ertify under penalties of p they are true, corre	erjury that we re tt and complete	eviewed this report, incl in accordance with the	laws of the State of I	New York applicab	f our knowledge and belief, le to this report.
Presid	lent or Authorized Officer:	Signature	KWADWO Printed Name		CHAIRMAN Title	Date
		Signature	Fillited Name	:	itte	Date
Chief I	Financial Officer or Treasurer:					
		Signature	Printed Name]	Title	Date
3. Ann	ual Reporting Exemp	otion				
Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.						
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.						, , , , , , , , , , , , , , , , , , , ,
	,000 and the organization di		om NY State including	residents, foundations		ncies, etc. did not exceed
the	,000 and the organization di	d not engage a p	om NY State including rofessional fund raiser (P	residents, foundations FR) or fund raising cou	nsel (FRC) to solicit	ncies, etc. did not exceed contributions during
the 3b. duri	,000 and the organization di fiscal year. EPTL filing exemption: Gros	d not engage a p	om NY State including rofessional fund raiser (P	residents, foundations FR) or fund raising cou	nsel (FRC) to solicit	ncies, etc. did not exceed contributions during
4. Sch See the for a che schedule attachm	,000 and the organization difiscal year. EPTL filing exemption: Grosing the fiscal year. edules and Attachmeter following page ecklist of es and ents to	d not engage a pass receipts did not ents X No 4a.	om NY State including rofessional fund raiser (P	residents, foundations FR) or fund raising cou market value of assets se a professional func sing activity in NY Sta	s did not exceed \$25 I raiser, fund raisin	ncies, etc. did not exceed contributions during ,000 at any time g counsel or commercial te Schedule 4a.
4. School See the for a che schedule attachm complete	,000 and the organization difiscal year. EPTL filing exemption: Grosing the fiscal year. edules and Attachmeter following page ecklist of es and ents to	d not engage a pass receipts did not engage a pass receipts did not ents No 4a.	om NY State including rofessional fund raiser (P t exceed \$25,000 and the Did your organization us co-venturer for fund raise	residents, foundations FR) or fund raising cou market value of assets se a professional func sing activity in NY Sta	s did not exceed \$25 I raiser, fund raisin	ncies, etc. did not exceed contributions during ,000 at any time g counsel or commercial te Schedule 4a.
4. Sch See the for a che schedule attachm complet 5. Fee See the	,000 and the organization difiscal year. EPTL filing exemption: Grosing the fiscal year. edules and Attachme following page ecklist of es and ents to e your filing.	d not engage a pass receipts did not engage a pass receipts did not ents No 4a.	om NY State including rofessional fund raiser (P t exceed \$25,000 and the Did your organization us co-venturer for fund raise	residents, foundations FR) or fund raising cou market value of assets se a professional func sing activity in NY Sta	I raiser, fund raisin te? If yes, completents? If yes, completents? If yes, completents? If yes, completents?	ncies, etc. did not exceed contributions during ,000 at any time g counsel or commercial te Schedule 4a.

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)
*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.



Page 2

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Che	neck the schedules you must submit with your CHAR500 as described in Part 4:					
	If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)					
	If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants					
Che	Check the financial attachments you must submit with your CHAR500:					
X	IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable					
X	All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.					
	Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 the filing year. We have included an IRS Form 990-EZ for state purposes only.					
If yo	ou are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's	Review or Audit Report:				
	Review Report if you received total revenue and support greater than \$250,000 and up to \$1,0	00,000.				
X	Audit Report if you received total revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021. If the fiscal year begins before that date, an Audit report is required if total revenue and support is greater than \$750,000					
	No Review Report or Audit Report is required because total revenue and support is less than \$250,000					
	We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required					
Cal	culate Your Fee	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?				
For	7A and DUAL filers, calculate the 7A fee:	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:				
	\$0, if you checked the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")				
X	\$25, if you did not check the 7A exemption in Part 3a	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.				
For	EPTL and DUAL filers, calculate the EPTL fee:	DUAL filers are registered under both 7A and EPTL.				
	\$0, if you checked the EPTL exemption in Part 3b	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration				
	\$25, if the NET WORTH is less than \$50,000	<u>Exemption for Charitable Organizations</u> . These organizations are not required to file annual financial reports but may do so voluntarily.				
	\$50, if the NET WORTH is \$50,000 or more but less than \$250,000	Confirm your Registration Category and learn more about NY				
	\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	law at <u>www.CharitiesNYS.com</u>				
X	\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:				
	\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	- IRS Form 990 Part I, line 22 - IRS Form 990 EZ Part I line 21 - IRS Form 990 PF, calculate the difference between				
	\$1500, if the NET WORTH is \$50,000,000 or more	Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).				

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

1032 NYVA9812L 01/12/22