

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

For calendar year **2017** or tax year beginning , **2017**, and ending , **20**

Name of foundation NUVASIVE SPINE FOUNDATION		A Employer identification number 26-4835245
Number and street (or P.O. box number if mail is not delivered to street address) 7475 LUSK BOULEVARD	Room/suite	B Telephone number (see instructions) (858) 909-1902
City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO, CA 92121		C If exemption application is pending, check here. <input type="checkbox"/>
G Check all that apply:		D 1. Foreign organizations, check here. <input type="checkbox"/>
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity	2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	E If private foundation status was terminated under section 507(b)(1)(A), check here. <input type="checkbox"/>
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation		
<input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 1,394,575.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)				
Revenue				
1 Contributions, gifts, grants, etc., received (attach schedule)	2,006,654.			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B.				
3 Interest on savings and temporary cash investments	644.	644.	644.	
4 Dividends and interest from securities				
5a Gross rents				
b Net rental income or (loss) _____				
6a Net gain or (loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a _____				
7 Capital gain net income (from Part IV, line 2)		0.		
8 Net short-term capital gain.				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less: Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule) <u>ATCH 1</u>	297,123.		297,123.	
12 Total. Add lines 1 through 11	2,304,421.	644.	297,767.	
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc.	0.			50,000.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)				
b Accounting fees (attach schedule) <u>ATCH 2</u>	30,450.	3,045.	3,045.	18,405.
c Other professional fees (attach schedule) <u>[3]</u>	150,000.			150,000.
17 Interest				
18 Taxes (attach schedule) (see instructions) <u>[4]</u>	10.			10.
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings	272.			272.
22 Printing and publications				
23 Other expenses (attach schedule) <u>ATCH 5</u>	1,770,602.	3,444.	3,444.	1,767,158.
24 Total operating and administrative expenses. Add lines 13 through 23.	1,951,334.	6,489.	6,489.	1,985,845.
25 Contributions, gifts, grants paid	411,668.			411,668.
26 Total expenses and disbursements. Add lines 24 and 25	2,363,002.	6,489.	6,489.	2,397,513.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-58,581.			
b Net investment income (if negative, enter -0-)		0.		
c Adjusted net income (if negative, enter -0-)			291,278.	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing	400,367.	164,196.	164,196.
	2	Savings and temporary cash investments	1,073,726.	1,074,370.	1,074,370.
	3	Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges ATCH 6		3,226.	3,226.
	10a	Investments - U.S. and state government obligations (attach schedule). .			
	b	Investments - corporate stock (attach schedule)			
	c	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____ ATCH 7)	15,695.	152,783.	152,783.	
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	1,489,788.	1,394,575.	1,394,575.	
Liabilities	17	Accounts payable and accrued expenses	246,631.	209,999.	
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons. .			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
23	Total liabilities (add lines 17 through 22)	246,631.	209,999.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> X and complete lines 24 through 26, and lines 30 and 31.				
	24	Unrestricted	1,243,157.	1,184,576.	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/>				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg., and equipment fund.			
29	Retained earnings, accumulated income, endowment, or other funds . .				
30	Total net assets or fund balances (see instructions)	1,243,157.	1,184,576.		
31	Total liabilities and net assets/fund balances (see instructions)	1,489,788.	1,394,575.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,243,157.
2	Enter amount from Part I, line 27a	2	-58,581.
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3	4	1,184,576.
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,184,576.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	{ If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 }		3		

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2016	4,342,787.	1,446,958.	3.001322
2015	2,346,729.	1,464,959.	1.601908
2014	2,179,319.	1,308,333.	1.665722
2013	2,378,034.	1,239,171.	1.919052
2012	2,109,995.	980,635.	2.151662
2 Total of line 1, column (d)			2 10.339666
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			3 2.067933
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			4 1,395,911.
5 Multiply line 4 by line 3.			5 2,886,650.
6 Enter 1% of net investment income (1% of Part I, line 27b).			6
7 Add lines 5 and 6.			7 2,886,650.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.			8 2,397,513.

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b.	1	0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	
3 Add lines 1 and 2.	3	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0.
6 Credits/Payments:		
a 2017 estimated tax payments and 2016 overpayment credited to 2017.	6a	
b Exempt foreign organizations - tax withheld at source	6b	
c Tax paid with application for extension of time to file (Form 8868),	6c	
d Backup withholding erroneously withheld	6d	
7 Total credits and payments. Add lines 6a through 6d	7	0.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> 11	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ _____ (2) On foundation managers. <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> CA, _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV.	X	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ WWW.NUVASIVESPINEFOUNDATION.ORG	X	
14 The books are in care of ▶ TRISTAN RIBAR Telephone no. ▶ 858-638-5567 Located at ▶ 7475 LUSK BLVD. SAN DIEGO, CA ZIP+4 ▶ 92121		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year ▶ 15		
16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		X

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

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

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here ▶ <input type="checkbox"/>	1b	X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ _____, _____, _____, _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017.)	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	X

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

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

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATCH 8		0.	0.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATCH 9		195,000.	0.	0.

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

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

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

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

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

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 MONTERREY, MEXICO (SEE STATEMENT)	785,309.
2 ADDIS ABABA, ETHIOPIA (SEE STATEMENT)	242,373.
3 BRIDGETOWN, BARBADOS (SEE STATEMENT)	177,691.
4 ADDIS ABABA, ETHIOPIA (SEE STATEMENT)	35,683.

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE	
2	
All other program-related investments. See instructions.	
3 NONE	
Total. Add lines 1 through 3 ▶	

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	1,264,386.
c	Fair market value of all other assets (see instructions).	1c	152,783.
d	Total (add lines 1a, b, and c)	1d	1,417,169.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,417,169.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	21,258.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,395,911.
6	Minimum investment return. Enter 5% of line 5	6	69,796.

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

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

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	2,397,513.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,397,513.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,397,513.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2017:				
a Enter amount for 2016 only.				
b Total for prior years: 20 <u>15</u> , 20 <u>14</u> , 20 <u>13</u>				
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ _____				
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions).				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2017 distributable amount.				
e Remaining amount distributed out of corpus.				
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount - see instructions				
e Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instructions				
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018.				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling **04/06/2011**

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

	Tax year				(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	69,796.	72,348.	73,248.	65,417.	280,809.
b 85% of line 2a	59,327.	61,496.	62,261.	55,604.	238,688.
c Qualifying distributions from Part XII, line 4 for each year listed	2,397,513.	4,342,787.	2,346,729.	2,179,319.	11,266,348.
d Amounts included in line 2c not used directly for active conduct of exempt activities	1,750,952.	1,316,305.	1,093,906.	925,242.	5,086,405.
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	646,561.	3,026,482.	1,252,823.	1,254,077.	6,179,943.
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	46,530.	48,232.	48,832.	43,607.	187,201.
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

NONE

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

NONE

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

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

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

ATCH 10

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

ATCH 11

c Any submission deadlines:

ATCH 12

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

ATCH 13

Part XV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
ATCH 14				
Total				3a 411,668.
b Approved for future payment				
Total				3b

Schedule of Contributors

2017

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

Name of the organization NUVASIVE SPINE FOUNDATION	Employer identification number 26-4835245
--	---

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

Name of organization **NUVASIVE SPINE FOUNDATION**Employer identification number
26-4835245**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BARNEY & BARNEY FOUNDATION 9171 TOWNE CENTRE DRIVE STE 500 SAN DIEGO, CA 92122	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FRIEDRICH DANIELS GMBH DONHOFFSTR. 6 SOLINGEN GERMANY 42655	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MRC 360 5657 COPLEY DR. SAN DIEGO, CA 92111	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PULSE TECHNOLOGIES, INC. 2000 AM DRIVE QUAKERTOWN, PA 18951	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	STRUCTURE MEDICAL, LLC 9935 BUSINESS CIRCLE NAPLES, FL 34112	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	NUVASIVE, INC. 7475 LUSK BLVD. SAN DIEGO, CA 92121	\$ 1,830,087.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **NUVASIVE SPINE FOUNDATION**Employer identification number
26-4835245**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	AKIN GUMP ONE BRYANT PARK NEW YORK, NY 10036	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ALLOSOURCE 7436 MISSION VALLEY RD SAN DIEGO, CA 92108	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ANTHONY KWON 5917 SAINT JOHN LANE CHARLOTTE, NC 28210	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	REMINGTON MEDICAL 6830 MEADOWRIDGE COURT ALPHARETTA, GA 30005	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	BANK OF AMERICA MERRIL LYNCH 100 NORTH TRYON STREET CHARLOTTE, NC 28255	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	BOB MANUFACTURING 8800 49TH AVE N NEW HOPE, MN 55428	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **NUVASIVE SPINE FOUNDATION**Employer identification number
26-4835245**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ENGINEERED MEDICAL SYSTEMS 3325 APPLING RD MEMPHIS, TN 38133	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	GAUTHIER BIOMEDICAL 2221 WASHINGTON ST GRAFTON, WI 53024	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	GULF FIBEROPTICS 448 COMMERCE BLVD OLDSMAR, FL 34677	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	JEWEL PRECISION 200 COMMERCE RD CEDAR GROVE, NJ 07009	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	PACIFIC BUILDING GROUP 5314, 7124 INDUSTRIAL PARK BLVD SAN DIEGO, CA 92121	\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	JPMC 3063 B PHILMONT AVE HUNTINGTON VALLEY, PA 19006	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **NUVASIVE SPINE FOUNDATION**Employer identification number
26-4835245**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	NOVUS TECHNOLOGIES 600 BOWDEN ROAD CHAPEL HILL, NC 27516	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	ORCHID ORTHOPEDICS 3233 W HARVARD ST SANTA ANA, CA 92704	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	TOMZ CORP 47 EPISCOPAL RD BERLIN, CT 06037	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	INTEGRATED MEDICAL SOLUTIONS 5314, 7124 INDUSTRIAL PARK BLVD MENTOR, OH 44060	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	REYNOLDS MACHINERY 760 LIBERTY LN WEST CARROLLTON, OH 45449	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	SQUADRON CAPITAL 18 HARTFORD AVE GRANDBY, CT 06035	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **NUVASIVE SPINE FOUNDATION**

Employer identification number
26-4835245

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	TITAN MEDICAL 7580 BARTLETT CORPORATE DR BARTLETT, TN 38133	\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	TURNER MEDICAL, INC. 1407 UNION AVE #1204 MEMPHIS, TN 38104	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	CTE SOLUTIONS 1901 WALTER GLAUB PLYMOUTH, IN 46563	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **NUVASIVE SPINE FOUNDATION**

Employer identification number

26-4835245

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	NUVASIVE INSTRUMENTS AND IMPLANTS	\$ 1,806,503.	12/31/2017

Name of organization **NUVASIVE SPINE FOUNDATION**

Employer identification number
26-4835245

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

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

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

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

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

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

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

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

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

FORM 990PF - GENERAL EXPLANATION ATTACHMENT

FORM 990, PART IX-A

THE NUVASIVE SPINE FOUNDATION (THE FOUNDATION) IS COMMITTED TO PROVIDING INNOVATIVE MEDICAL DEVICES, SURGICAL SUPPORT, AND NECESSARY FUNDS TO THOSE IN NEED OF LIFE-SAVING SPINE SURGERY AROUND THE WORLD. IN MANY IMPOVERISHED PLACES ACROSS THE GLOBE THERE IS VERY LIMITED AVAILABILITY AND ACCESS TO SPECIALIZED SURGEONS, INCLUDING SPINE SURGEONS. THE FOUNDATION FOCUSES ON INDIGENT PATIENTS WITH NO ACCESS TO OR MEANS TO PAY FOR THE MEDICAL CARE THEY DESPERATELY NEED. FOR MOST OF THESE PEOPLE THE ONLY OPTIONS ARE TO LIVE WITH THE DEFORMITY, DISEASE AND INTENSE PAIN ASSOCIATED WITH SEVERE SPINAL DISORDERS OR TRAGICALLY, DIE. THE FOUNDATION IS A BEACON OF HOPE TO THOSE IN THE DIRECT NEED OF LIFE-SAVING SPINE SURGERY. THE FOUNDATION HAS AND WILL CONTINUE TO PROVIDE THAT HOPE.

MONTERREY, MEXICO: IN PARTNERSHIP WITH GLOBAL SPINE OUTREACH, NSF FACILITATED TWO MISSION TRIPS TO THE CHRISTUS MUGUERZA HOSPITAL TO PREFORM LIFE-CHANGE SPINE SURGERY FOR CHILDREN WITH COMPLEX DEFORMITIES. THE MISSION TEAM, LED BY DR. GREG MUNDIS RESULTED IN 16 PEDIATRIC SURGERIES AND 100 HOURS SPENT TRAINING LOCAL SPINE SURGEONS IN THE OR AND IN CLINIC. THE TEAM ALSO ASSESSED PATIENTS FOR FUTURE SURGERIES AND FOLLOWED-UP ON PATIENTS WHO HAS RECEIVED SURGERY ON A PAST MISSION TRIP. IN 2017, THE TEAM SPENT A TOTAL OF 14 DAYS IN-COUNTRY DIRECTLY ADVANCING NSF MISSION TO FACILITATE MISSION TRIPS THAT BRING LIFE-CHANGING SPINE SURGERY, TRAINING AND TECHNOLOGY TO UNDERSERVED COMMUNITIES AROUND THE WORLD. THIS SITE IS ACTIVELY BEING DEVELOPED TO GROW A SUSTAINABLE SPINE TREATMENT PROGRAM, THAT RUNS YEAR-ROUND.

ADDIS ABABA, ETHIOPIA: IN PARTNERSHIP WITH THE GLOBAL PEACE AND LOVE FOUNDATION, NSF FACILITATED TWO MISSION TRIPS TO THE AABET HOSPITAL, TO PERFORM LIFE-CHANGING COMPLEX DEFORMITY SPINE SURGERY FOR BOTH CHILDREN AND ADULTS. THE MISSION TEAM, LED BY DR. STEVEN HWANG, RESULTED IN EIGHT ADULT IDIOPATHIC SCOLIOSIS SURGERIES AND 100 HOURS TRAINING LOCAL SURGEONS IN THE OR AND IN CLINIC. THE TEAM ALSO ASSESSED PATIENTS FOR FUTURE SURGERIES AND FOLLOWED-UP ON PATIENTS WHO HAS RECEIVED SURGERY ON A PAST MISSION TRIP. IN 2017, THE TEAM SPENT A TOTAL OF 20 DAYS IN-COUNTRY DIRECTLY ADVANCING NSF MISSION TO FACILITATE MISSION TRIPS THAT BRING LIFE-CHANGING SPINE SURGERY, TRAINING AND TECHNOLOGY TO UNDERSERVED COMMUNITIES AROUND THE WORLD.

BRIDGETOWN, BARBADOS: IN PARTNERSHIP WITH WORLD PEDIATRIC PROJECT, NSF FACILITATED A MISSION TRIP TO THE QUEEN ELIZABETH HOSPITAL TO PERFORM LIFE-CHANGING SPINE SURGERY FOR CHILDREN SUFFERING FROM SCOLIOSIS. THE MISSION TEAM, LED BY DR. STEVEN HWANG, RESULTED IN EIGHT PEDIATRIC

FORM 990PF - GENERAL EXPLANATION ATTACHMENT

SCOLIOSIS SURGERIES AND 50 HOURS TRAINING LOCAL SURGEONS IN THE OR AND IN CLINIC. THE TEAM ALSO ASSESSED PATIENTS FOR FUTURE SURGERIES AND FOLLOWED-UP ON PATIENTS WHO HAS RECEIVED SURGERY ON A PAST MISSION TRIP. IN 2017, THE TEAM SPENT 7 DAYS IN COUNTRY DIRECTLY ADVANCING NSF MISSION TO FACILITATE MISSION TRIPS THAT BRING LIFE-CHANGING SPINE SURGERY, TRAINING AND TECHNOLOGY TO UNDERSERVED COMMUNITIES AROUND THE WORLD.

ADDIS ABABA, ETHIOPIA: IN PARTNERSHIP WITH CONSCIENCE INTERNATIONAL, NSF FACILITATED A MISSION TRIP TO THE MYUNGSUNG CHRISTIAN MEDICAL CENTER, TO PERFORM LIFE-CHANGING COMPLEX DEFORMITY SPINE SURGERY FOR BOTH CHILDREN AND ADULTS. THE MISSION TEAM, LED BY DR. THEODORE BELANGER, RESULTED IN 20 SPINE SURGERIES AND 100 HOURS TRAINING LOCAL SURGEONS IN THE OR AND IN CLINIC. THE TEAM ALSO ASSESSED PATIENTS FOR FUTURE SURGERIES AND FOLLOWED-UP ON PATIENTS WHO HAS RECEIVED SURGERY ON A PAST MISSION TRIP. IN 2017, THE TEAM SPENT A TOTAL OF 18 DAYS IN-COUNTRY DIRECTLY ADVANCING NSF MISSION TO FACILITATE MISSION TRIPS THAT BRING LIFE-CHANGING SPINE SURGERY, TRAINING AND TECHNOLOGY TO UNDERSERVED COMMUNITIES AROUND THE WORLD.

FORM 990PF, PART I - OTHER INCOME

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>ADJUSTED NET INCOME</u>
FUNDRAISING EVENT REVENUE, NET	297,123.	297,123.
TOTALS	<u>297,123.</u>	<u>297,123.</u>

FORM 990PF, PART I - ACCOUNTING FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
TAX PREPARATION	15,000.	1,500.	1,500.	4,500.
AUDIT SERVICES	15,000.	1,500.	1,500.	13,500.
ACCOUNTING FEES	450.	45.	45.	405.
TOTALS	<u>30,450.</u>	<u>3,045.</u>	<u>3,045.</u>	<u>18,405.</u>

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
ADMINISTRATIVE STAFF	150,000.	150,000.
TOTALS	<u>150,000.</u>	<u>150,000.</u>

FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
CA FTB FILING FEE	10.	10.
TOTALS	<u>10.</u>	<u>10.</u>

FORM 990PF, PART I - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
SURGICAL MISSION DIRECT EXP	1,750,952.			1,750,952.
CREDIT CARD SERVICE CHARGE	3,251.	3,251.	3,251.	
BANK CHARGES	377.			377.
ADVERTISING	9,368.			9,368.
EQUIPMENT RENTAL AND MAINTEN	4,720.			4,720.
INSURANCE	1,784.	178.	178.	1,606.
OTHER COSTS	150.	15.	15.	135.
TOTALS	<u>1,770,602.</u>	<u>3,444.</u>	<u>3,444.</u>	<u>1,767,158.</u>

FORM 990PF, PART II - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	3,226.
TOTALS	<u>3,226.</u>

FORM 990PF, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
CREDIT CARD RECEIVABLES	15,695.	152,783.
TOTALS	<u>15,695.</u>	<u>152,783.</u>

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 8

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
W. BLAKE ROGERS M.D. 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	DIRECTOR 1.00	0.	0.	0.
PAT MILES 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	DIRECTOR 1.00	0.	0.	0.
JASON HANNON 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	DIRECTOR 1.00	0.	0.	0.
BILL WALTON 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	DIRECTOR 1.00	0.	0.	0.
DAVID SCHWARTZ, M.D. 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	DIRECTOR 1.00	0.	0.	0.
DAVEED FRAZIER, M.D. 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	DIRECTOR 1.00	0.	0.	0.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 8 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
CAROL COX 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	EXECUTIVE DIRECTOR 1.00	0.	0.	0.
JEREME SYLVAIN 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	DIRECTOR/CFO 1.00	0.	0.	0.
G BRYAN CORNWALL, P.H.D 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	DIRECTOR 1.00	0.	0.	0.
DIANA SANCIANCO 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	BOARD SECRETARY 8.00	0.	0.	0.
	GRAND TOTALS	<u>0.</u>	<u>0.</u>	<u>0.</u>

990PF, PART VIII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEESATTACHMENT 9

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
NICHOLAS DIDIER 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	AMBASSADOR 40.00	120,000.	0.	0.
JAMIE HAGAN 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	PROGRAM MANAGER 40.00	75,000.	0.	0.
	TOTAL COMPENSATION	<u>195,000.</u>	<u>0.</u>	<u>0.</u>

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

JAMIE HOGAN
7475 LUSK BLVD.
SAN DIEGO, CA 92121
858-909-1902

990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

JAMIE HOGAN
SEE WEBSITE WWW.NUVASIVESPINEFOUNDATION.ORG

990PF, PART XV - SUBMISSION DEADLINES

JAMIE HOGAN
ONGOING

990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

JAMIE HOGAN

LIMITED TO FUNDING AVAILABILITY AND SCOPE OF CHARITABLE MISSIONS.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEARATTACHMENT 14

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
SPINEHOPE PO BOX 684261 AUSTIN, TX 78768	NONE POF	CHARITABLE US SURGERY	423.
DUKE GLOBAL NEUROSURGERY AND NEUROSCIENCE 310 TRENT DR RM 301 TRENT HALL DURHAM, NC 27708	NONE PC	SUPPORT TWO MISSION TRIPS TO UGANDA	150,000.
SYRIAN AMERICAN MEDICAL SOCIETY P.O. BOX 7199 NEW YORK, NY 10150	NONE PC	SUPPORT MISSION TRIP TO TURKEY	74,797.
ORTHOPAEDIC LINK 2221-D PEACHTREE RD SUITE 396 ATLANTA, GA 30309	NONE PC	MISSION TRIP TO PHILIPPINES	186,448.
		TOTAL CONTRIBUTIONS PAID	<u>411,668.</u>