

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20____

2019

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

SIGN FRACTURE CARE INTERNATIONAL

91-1952283

Name and title of officer

**JEANNE DILLNER
CHIEF EXECUTIVE OFFICER**

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

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

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>9,580,060.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize NORTHWEST CPA GROUP PLLC to enter my PIN 52283
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Jeanne Dillner* Date ▶ July 10, 2020

Part III Certification and Authentication

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

91317423745

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

EXTENDED TO NOVEMBER 16, 2020

Return of Organization Exempt From Income Tax

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.

2019

Open to Public Inspection

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SIGN FRACTURE CARE INTERNATIONAL		D Employer identification number 91-1952283
	Doing business as SIGN		E Telephone number 509-371-1107
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	451 HILLS STREET, SUITE B		G Gross receipts \$ 10,442,400.
City or town, state or province, country, and ZIP or foreign postal code RICHLAND, WA 99354		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
J Website: WWW.SIGNFRACTURECARE.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1999	M State of legal domicile: WA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: BUILD ORTHOPAEDIC CAPACITY IN DEVELOPING COUNTRIES BY PROVIDING ORTHOPAEDIC TRAINING AND IMPLANTS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	49
	6 Total number of volunteers (estimate if necessary)	6	84
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,573,413.	8,367,998.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	831,528.	943,761.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	591,242.	275,085.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-24,986.	-6,784.
		4,971,197.	9,580,060.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	143,435.	71,934.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,338,900.	2,614,789.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	556,524.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,851,630.	5,087,142.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,333,965.	7,773,865.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,362,768.	1,806,195.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	9,652,006.	11,949,446.
	22 Net assets or fund balances. Subtract line 21 from line 20	283,605.	324,872.
		9,368,401.	11,624,574.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	CHIEF EXECUTIVE OFFICER				
Paid Preparer Use Only	Print/Type preparer's name ALISON C. GEBERS	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00423745
	Firm's name NORTHWEST CPA GROUP PLLC	Firm's EIN 56-2382653		Phone no. (509) 735-1300	
	Firm's address 1333 COLUMBIA PARK TRAIL, STE 210 RICHLAND, WA 99352				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses \$ 722,395. including grants of \$ 71,934.) (Revenue \$ 39,993.)

WE PROVIDE ACCESS TO ORTHOPAEDIC TRAINING AND EDUCATION TO SURGEONS IN DEVELOPING COUNTRIES VIA FIVE PRIMARY CHANNELS:

1. ONSITE VISITS BY LOCAL SURGEONS AND NORTH AMERICAN AND EUROPEAN SURGEONS.

2. EMAIL COMMUNICATIONS WITH SIGN HEADQUARTERS.

3. DISCUSSION TOPICS AND EDUCATIONAL RESOURCES POSTED ON OUR WEBSITE, THE HUB.

4. REVIEW OF CASES SUBMITTED TO THE SIGN SURGICAL DATABASE BY ORTHOPAEDIC SURGEONS ON THE SIGN BOARD.

5. REGIONAL SIGN AND TRAUMA CONFERENCES, AS WELL AS THE ANNUAL INTERNATIONAL ORTHOPAEDIC CONFERENCE HELD AT SIGN HEADQUARTERS.

THE OBJECTIVES FOR ALL MODES OF TRAINING ARE: 1) ENSURE SIGN SURGEONS

4b (Code:) (Expenses \$ 6,073,795. including grants of \$) (Revenue \$ 903,768.)

DISTRIBUTE APPROPRIATE ORTHOPAEDIC TECHNOLOGY:

THE SIGN IM NAIL AND INTERLOCKING SCREW SYSTEM IS DESIGNED FOR USE IN HOSPITALS IN DEVELOPING COUNTRIES WHERE C-ARMS AND RELIABLE POWER ARE NOT AVAILABLE. SIGN ENGINEERS CONTINUALLY DEVELOP NEW ORTHOPAEDIC INSTRUMENTS AND IMPLANTS IN RESPONSE TO THE NEEDS DESCRIBED BY THE LOCAL SURGEONS. IN 2019, WE DEVELOPED A NEW INSTRUMENT CALLED THE BONE SCOOP WHICH IS DESIGNED TO COLLECT ADDITIONAL BONE GRAFT MATERIAL FROM A REAMED BONE CANAL WHICH CAN BE USED TO PROMOTE HEALING. THE SCOOP IS SCHEDULED TO GO INTO PRODUCTION FOR DISTRIBUTION IN 2020. THE COMPRESSOR SYSTEM, WHICH IS USED TO REDUCE AND COMPRESS FRACTURES OF THE TIBIA PLATEAU, RECEIVED A PATENT.

WE SUPPLY NEW PROGRAMS WITH THE SIGN IM NAIL SYSTEM, WHICH SURGEONS USE

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

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses 6,796,190.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

		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		X
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? If "Yes," complete Schedule J	X	
24a	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
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? If "Yes," complete Schedule L, Part II		X
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	X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		X
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. 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?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 49		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
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 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	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? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 10; 1b Enter the number of voting members included on line 1a... 10; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8a The governing body... X; 8b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, DC, FL, GA, HI, IL, KS, KY
18 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. [] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records SANDY BROWN - 509-371-1107 451 HILLS STREET, SUITE B, RICHLAND, WA 99354

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARLA SMITH, M.D., PH.D. BOARD MEMBER	3.00	X						0.	0.	0.
(2) DAVID WHITNEY, M.D. BOARD MEMBER	3.00	X						0.	0.	0.
(3) JOHN STAEHELI, M.D. BOARD MEMBER	3.00	X						0.	0.	0.
(4) LEWIS G. ZIRKLE, M.D. PRESIDENT/FOUNDER	72.00	X		X				0.	0.	0.
(5) RANDALL HUEBNER BOARD MEMBER	10.00	X						0.	0.	0.
(6) STEPHEN SCHWARTZ BOARD MEMBER	2.00	X						0.	0.	0.
(7) RICHARD GELLMAN, M.D. BOARD MEMBER	3.00	X						0.	0.	0.
(8) THOMAS VASILEFF, M.D. BOARD MEMBER	2.00	X						0.	0.	0.
(9) PATRICK YOON, M.D. BOARD MEMBER	2.00	X						0.	0.	0.
(10) DAVID SHEARER, M.D. BOARD MEMBER	2.00	X						0.	0.	0.
(11) JEANNE DILLNER SECRETARY /TREASURER	75.00			X				151,349.	0.	13,226.
(12) JOEL GILLARD SENIOR R&D ENGINEER	40.00					X		119,224.	0.	13,552.
(13) ROBERT SCHMITT REGULATORY AFFAIRS MANAGER	40.00					X		111,372.	0.	11,627.
(14) TERRY SMITH ENGINEERING MANAGER	40.00					X		129,774.	0.	5,479.
(15) SANDRA BROWN BUSINESS ADMIN MANAGER	40.00					X		108,248.	0.	18,905.
(16) PAUL GEE SENIOR PROCESS ENGINEER	40.00					X		111,490.	0.	4,460.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							731,457.	0.	67,249.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							731,457.	0.	67,249.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	406,856.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,961,142.				
	g	Noncash contributions included in lines 1a-1f	1g	\$2,267,190.				
	h	Total. Add lines 1a-1f		8,367,998.				
	Program Service Revenue	2 a	IMPLANT REVENUE	Business Code	339110	903,768.	903,768.	
b		OTHER REVENUE		541900	25,167.	25,167.		
c		TRAINING CONFERENCE		611430	14,826.	14,826.		
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			943,761.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			101,338.		101,338.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	6a	42,130.			
			(ii) Personal	6b	7,762.			
			6c	34,368.				
	d	Net rental income or (loss)			34,368.		34,368.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	7a	934,737.			
			(ii) Other	7b	760,290.	700.		
			7c	174,447.	-700.			
	d	Net gain or (loss)			173,747.		173,747.	
	8 a	Gross income from fundraising events (not including \$ 406,856. of contributions reported on line 1c). See Part IV, line 18		8a	52,436.			
	b	Less: direct expenses		8b	93,588.			
c	Net income or (loss) from fundraising events			-41,152.		-41,152.		
9 a	Gross income from gaming activities. See Part IV, line 19		9a					
b	Less: direct expenses		9b					
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances		10a					
b	Less: cost of goods sold		10b					
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			9,580,060.	943,761.	0.	268,301.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	71,934.	71,934.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	152,984.	117,974.		35,010.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,461,805.	1,752,579.	326,589.	382,637.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,588.	14,588.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	63,086.	16,818.	16,216.	30,052.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	17,733.	11,980.	1,137.	4,616.
17 Travel	76,902.	65,530.	1,210.	10,162.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	183,255.	183,255.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	78,575.	65,105.	5,253.	8,217.
23 Insurance	15,818.	11,389.	1,829.	2,600.
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.)				
a SUPPLIES	2,256,866.	2,189,822.	13,029.	54,015.
b COST OF PRODUCT DISTRIB	2,048,305.	2,048,305.		
c SHIPPING	117,092.	117,092.		
d MISCELLANEOUS	72,340.	40,675.	23,704.	7,961.
e All other expenses	142,582.	89,144.	32,184.	21,254.
25 Total functional expenses. Add lines 1 through 24e	7,773,865.	6,796,190.	421,151.	556,524.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	150,413.	1	316,805.
	2 Savings and temporary cash investments	3,118,877.	2	1,883,641.
	3 Pledges and grants receivable, net	855,490.	3	1,705,279.
	4 Accounts receivable, net	80,496.	4	69,051.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,116,328.	8	872,479.
	9 Prepaid expenses and deferred charges	65,225.	9	95,225.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,072,341.		
	b Less: accumulated depreciation	10b 2,533,103.	944,320.	10c 3,539,238.
	11 Investments - publicly traded securities	3,305,392.	11	3,450,428.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	15,465.	14	17,300.
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,652,006.	16	11,949,446.	
Liabilities	17 Accounts payable and accrued expenses	283,605.	17	324,872.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	283,605.	26	324,872.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,111,450.	27	9,619,533.
	28 Net assets with donor restrictions	1,256,951.	28	2,005,041.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	9,368,401.	32	11,624,574.
33 Total liabilities and net assets/fund balances	9,652,006.	33	11,949,446.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,580,060.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,773,865.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,806,195.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,368,401.
5	Net unrealized gains (losses) on investments	5	449,978.
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, column (B))	10	11,624,574.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

Name of the organization

SIGN FRACTURE CARE INTERNATIONAL

Employer identification number 91-1952283

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		880,000.		880,000.
b Buildings		1,631,388.	38,484.	1,592,904.
c Leasehold improvements		1,263,248.	508,126.	755,122.
d Equipment		2,007,751.	1,711,846.	295,905.
e Other		289,954.	274,647.	15,307.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,539,238.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	10,941,985.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	449,978.	
b	Donated services and use of facilities	2b	841,861.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	101,350.	
e	Add lines 2a through 2d	2e		1,393,189.
3	Subtract line 2e from line 1	3		9,548,796.
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	4a		
b	Other (Describe in Part XIII.)	4b	31,264.	
c	Add lines 4a and 4b	4c		31,264.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		9,580,060.

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

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

1	Total expenses and losses per audited financial statements		1	8,685,812.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	841,861.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	102,050.	
e	Add lines 2a through 2d	2e		943,911.
3	Subtract line 2e from line 1	3		7,741,901.
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		
b	Other (Describe in Part XIII.)	4b	31,964.	
c	Add lines 4a and 4b	4c		31,964.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		7,773,865.

Part XIII Supplemental Information.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES	93,588.
RENTAL EXPENSES	7,762.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	101,350.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON EQUIPMENT DISPOSAL	-700.
DONATED AUCTION ITEMS	31,964.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	31,264.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

DIRECT FUNDRAISING EXPENSES	93,588.
LOSS ON EQUIPMENT DISPOSAL	700.
RENTAL EXPENSES	7,762.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	102,050.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONATED AUCTION ITEMS	31,964.
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

Employer identification number

SIGN FRACTURE CARE INTERNATIONAL

91-1952283

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	ORTHOPAEDIC IMPLANTS	78,645.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	ORTHOPAEDIC IMPLANTS	550,806.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	ORTHOPAEDIC IMPLANTS	32,716.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	ORTHOPAEDIC IMPLANTS	12,880.
SOUTH AMERICA	0	0	PROGRAM SERVICES	ORTHOPAEDIC IMPLANTS	7,546.
SOUTH ASIA	0	0	PROGRAM SERVICES	ORTHOPAEDIC IMPLANTS	217,574.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	ORTHOPAEDIC IMPLANTS	809,419.
SUB-SAHARAN AFRICA	0	0	GRANTS	TRAINING, IMPLANTS, STIPEND	67,284.
3 a Subtotal	0	0			1,776,870.
b Total from continuation sheets to Part I	0	0			4,650.
c Totals (add lines 3a and 3b)	0	0			1,781,520.

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

Schedule F (Form 990) 2019

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STIPEND AND TRAVEL EXPENSES	SUB-SAHARAN AFRICA	1	18,772.	CASH PAYMENT	0.		
FELLOWSHIP STIPEND	SUB-SAHARAN AFRICA	1	27,000.	CASH PAYMENT	0.		
STIPEND	SUB-SAHARAN AFRICA	2	13,000.	CASH PAYMENT	0.		
STIPEND	SOUTH ASIA	1	500.	CASH PAYMENT	0.		
STIPEND	EAST ASIA & THE PACIFIC	2	4,150.	CASH PAYMENT	0.		

Part IV Foreign Forms

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

Schedule F (Form 990) 2019

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:

GRANT REQUESTS ARE REVIEWED BY THE GRANT REVIEW COMMITTEE AS ESTABLISHED BY THE SIGN COMPLIANCE PROGRAM. MONITORING AWARDS IS A TWO PRONG APPROACH: A) FINANCIAL REPORTS OR RECEIPTS ARE SUBMITTED; AND, B) STATUS UPDATES ARE PROVIDED BY RECIPIENTS.

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		TRI-CITIES BENEFIT	PORTLAND BENEFIT	1		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	340,465.	118,827.		459,292.
	2	Less: Contributions	303,981.	102,875.		406,856.
	3	Gross income (line 1 minus line 2)	36,484.	15,952.		52,436.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	25,494.	6,470.		31,964.
	6	Rent/facility costs	7,105.	7,549.		14,654.
	7	Food and beverages	10,991.	9,483.		20,474.
	8	Entertainment	200.	5,084.		5,284.
	9	Other direct expenses	12,913.	7,669.	630.	21,212.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				93,588.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-41,152.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	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)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes 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? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

13a		%
13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information:
- Name ▶ _____
- Gaming manager compensation ▶ \$ _____
- Description of services provided ▶ _____
- _____
- _____
- Director/officer Employee Independent contractor

- 17 Mandatory distributions:
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

SIGN FRACTURE CARE INTERNATIONAL

Employer identification number

91-1952283

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	<input checked="" type="checkbox"/>
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	<input checked="" type="checkbox"/>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	<input checked="" type="checkbox"/>
b Any related organization?	5b	<input checked="" type="checkbox"/>
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	<input checked="" type="checkbox"/>
b Any related organization?	6b	<input checked="" type="checkbox"/>
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	<input checked="" type="checkbox"/>
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<input checked="" type="checkbox"/>
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JEANNE DILLNER SECRETARY /TREASURER	151,349.	0.	0.	6,119.	7,107.	164,575.	0.
(i)	0.	0.	0.	0.	0.	0.	0.
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
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(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

SIGN FRACTURE CARE INTERNATIONAL

Employer identification number

91-1952283

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1	2,305.	FAIR VALUE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		15,733.	FAIR VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	10	63,846.	FAIR VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	7	3,492.	FAIR VALUE
20 Drugs and medical supplies	X	13	1,761,602.	FAIR VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (OTHER)	X	7	361,991.	FAIR VALUE
26 Other ▶ (TRAVEL EXPENS)	X	16	46,703.	FAIR VALUE
27 Other ▶ (OFFICE SUPPLI)	X	2	9,644.	FAIR VALUE
28 Other ▶ ()				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2019

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

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2019

Open to Public
Inspection

Name of the organization

SIGN FRACTURE CARE INTERNATIONAL

Employer identification number
91-1952283

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SIGN'S MISSION IS TO BUILD ORTHOPAEDIC CAPACITY IN DEVELOPING COUNTRIES BY PROVIDING ONGOING TRAINING AND EDUCATION TO THE LOCAL ORTHOPAEDIC SURGEONS, WHICH IS AUGMENTED BY PROVIDING A SUSTAINABLE SUPPLY OF ORTHOPAEDIC IMPLANTS DESIGNED FOR USE IN PRIMITIVE LOCAL HOSPITAL CONDITIONS. THE MAJORITY OF THE IMPLANTS AND INSTRUMENTS PROVIDED TO PROGRAMS HAVE BEEN DESIGNED AND MANUFACTURED BY SIGN PERSONNEL. IN-KIND DONATIONS OF PRODUCTS NOT MANUFACTURED BY SIGN ARE DISTRIBUTED TO SOME OF THE BUSIER PROGRAMS.

ACCORDING TO THE WORLD HEALTH ORGANIZATION, THE EPIDEMIC OF INJURIES CAUSED BY ROAD TRAFFIC ACCIDENTS, WORK INJURIES, AND CONFLICTS AFFECTS 20 TO 50 MILLION PEOPLE EVERY YEAR. NINETY PERCENT OF THE PEOPLE INJURED LIVE IN DEVELOPING COUNTRIES WHERE ACCESS TO ADEQUATE CARE IS LIMITED. SIGN'S MISSION TO BUILD THE ORTHOPAEDIC CAPACITY WITHIN THESE COUNTRIES WILL SUPPORT THE LOCAL SURGEONS IN PROVIDING APPROPRIATE AND TIMELY CARE TO THE INJURED POOR. THERE ARE APPROXIMATELY 5,000 SURGEONS IN NEARLY 300 HOSPITALS IN 50 DEVELOPING NATIONS WHICH HAVE BENEFITED FROM SIGN TRAINING AND THE PROVISION OF IMPLANTS AND INSTRUMENTS. SIGN ALSO RESPONDS TO DISASTERS IN LOCATIONS WHERE SIGN HAS EXISTING PROGRAMS OR WHERE SIGN PROGRAMS NEED TO BE DEVELOPED.

Name of the organization SIGN FRACTURE CARE INTERNATIONAL	Employer identification number 91-1952283
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

UNDERSTAND THE SURGICAL TECHNIQUE FOR THE SIGN PRODUCTS IN THEIR HOSPITAL; 2) PROVIDE TRAINING ON CURRENT AND RELEVANT ORTHOPAEDIC PRINCIPLES; AND, 3) PROVIDE TRAINING IN ORTHOPAEDIC AND TRAUMA PROCEDURES FOR INJURIES SUCH AS OPEN WOUNDS, LIMB DEFORMITY, PEDIATRIC, AND PELVIC FRACTURES.

EXPAND TRAINING AND EDUCATIONAL OPPORTUNITIES:

THE 2019 SIGN CONFERENCE HELD AT HEADQUARTERS IN RICHLAND, WASHINGTON INCLUDED SIX BIOSKILLS LABS FOR PELVIC FRACTURES, HIP FRACTURES, ELBOW FRACTURES, ANKLE FUSIONS, AND SOFT TISSUE WOUND COVERAGE. THIS ELEVATED THE SURGICAL TRAINING EXPERIENCE FOR ALL SIGN SURGEONS IN ATTENDANCE. WE CONTINUE TO PARTNER WITH IGOT WHICH PROVIDES ADDITIONAL CADAVER TRAINING IN FLAPS AND PELVIC FRACTURES AFTER THE SIGN CONFERENCE. IGOT ALSO PROVIDES REGIONAL TRAINING IN OTHER SURGICAL TECHNIQUES TO SIGN SURGEONS IN EAST AFRICA AND NEPAL.

THE ANNUAL SIGN CONFERENCE IS A TREMENDOUS EXPERIENCE FOR THE SIGN SURGEONS. HOWEVER, THE CONFERENCE IS LIMITED TO 150 PARTICIPANTS. WE HAVE A LONG-TERM GOAL TO ESTABLISH REGIONAL TRAUMA COURSES. IN 2019, A REGIONAL SIGN CONFERENCE WAS HELD IN ADDIS ABABA, ETHIOPIA. IN ADDITION, WE ARE PARTNERING WITH BLACK LION HOSPITAL, IN ADDIS ABABA, ETHIOPIA ON THE FIRST EAST AFRICAN PELVIC FELLOWSHIP PROGRAM.

BOARD MEMBER, RICHARD GELLMAN, MD, IS NOW TRAVELING TO PROVIDE REGIONAL WORKSHOPS ON DEFORMITY CORRECTION. IN 2019, HE HELD TRAINING SESSIONS IN KENYA, NIGERIA, AND THE PHILIPPINES. EACH TRIP INCLUDES DONATION OF APPROPRIATE IMPLANTS.

IN AN EFFORT TO EXPAND OUR EDUCATIONAL OPPORTUNITIES TO THOSE WHO LACK THE ABILITY TO TRAVEL AWAY FROM THEIR HOSPITAL, WE HAVE LAUNCHED A NEW WEBSITE, CALLED THE HUB. THE HUB ALLOWS SIGN SURGEONS TO COLLABORATE

Name of the organization

SIGN FRACTURE CARE INTERNATIONAL

Employer identification number

91-1952283

WITH COLLEAGUES AROUND THE WORLD VIA FORUM POSTS AND PROVIDES EASY ACCESS TO OUR MOST UP TO DATE EDUCATIONAL RESOURCES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

TO REPAIR SEVERE FRACTURES IN THE FEMUR, TIBIA, AND HUMERUS. ONCE A PROGRAM HAS DEMONSTRATED ITS ABILITY TO REPORT THEIR CASES, INCLUDING ADEQUATE FOLLOW-UP THAT CONFIRMS THEIR RESULTS COMPLY WITH OUR EXPECTATIONS, THEY BECOME ELIGIBLE TO RECEIVE ADDITIONAL SIGN PRODUCTS, AS WELL AS IN-KIND DONATIONS RECEIVED FROM FOR-PROFIT ORTHOPAEDIC IMPLANT COMPANIES.

IN 2019, WE DISTRIBUTED 29,177 SIGN NAILS TO 53 COUNTRIES. OUR AIM IS TO ENABLE THE POOR TO GAIN ACCESS TO AFFORDABLE ORTHOPAEDIC SURGERY, WHICH MEANS THAT THE MAJORITY OF OUR IMPLANTS ARE DONATED FREE OF CHARGE TO THE PATIENT.

WE STARTED 22 NEW SIGN PROGRAMS IN 2019. THE BREAKDOWN WAS AS FOLLOWS:

AFRICA: 15 PROGRAMS

ASIA: 4 PROGRAMS

NORTH AMERICA: 2 PROGRAMS

SOUTH AMERICA: 1 PROGRAM

AS OF DECEMBER 31, 2019, THE WORLD BANK INCOME CLASSIFICATIONS BY GNI FOR THE COUNTRIES WITH NEW SIGN PROGRAMS WERE AS FOLLOWS: LOW INCOME 50%, LOWER MIDDLE INCOME 32%, AND UPPER MIDDLE INCOME 0.5%. (17.5% ARE TERRITORIES NOT RECOGNIZED BY THE WORLD BANK.)

DISASTER AND CONFLICT RESPONSE:

WE BELIEVE IN EQUALITY OF FRACTURE CARE FOR ALL, REGARDLESS OF GENDER, RELIGION, POLITICAL AFFILIATION, OR ANY OTHER IDENTITY. IN 2019, SIGN RESPONDED TO AN URGENT REQUEST TO START A PROGRAM IN MUTARE, ZIMBABWE FOLLOWING THE DESTRUCTION OF CYCLONE IDAI. THE SURGEON THERE WAS

Name of the organization

SIGN FRACTURE CARE INTERNATIONAL

Employer identification number

91-1952283

ALREADY TRAINED IN THE SIGN TECHNIQUE AND WE WERE ABLE TO START THE PROGRAM WITHIN TWO WEEKS.

WE ALSO STARTED A SIGN PROGRAM AT ST. JOSEPH HOSPITAL, KITGUM, NEAR THE BORDER OF SOUTH SUDAN AND PALABEK REFUGEE CAMP (NOW HOME TO 36,000 REFUGEES). THIS HOSPITAL SERVES BOTH THE UGANDAN AND REFUGEE POPULATIONS IN THE REGION.

DUE TO THE POLITICAL SITUATION IN VENEZUELA, PATIENTS WERE FACING MANY BARRIERS TO RECEIVING MEDICAL CARE. WE WERE PUT IN TOUCH WITH A SURGEON AT HOSPITAL UNIVERSITARIO DE CARACAS IN VENEZUELA VIA ONE OF OUR BOARD MEMBERS. THE SURGEON WAS ABLE TO RECEIVE SIGN EQUIPMENT AND, ONCE ANESTHESIA BECAME AVAILABLE, HE WAS ABLE TO BEGIN PERFORMING SIGN SURGERIES.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF FORM 990 IS PROVIDED TO SIGN'S CEO. THE FORM 990 IS PRESENTED FOR REVIEW TO THE BOARD OF DIRECTORS. ANY CHANGES ARE THEN DIRECTED TO THE RETURN PREPARER AND ADDRESSED BEFORE THE FINAL RETURN IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS MONITORED AND REVIEWED BY THE CHIEF COMPLIANCE OFFICER. THE CHIEF COMPLIANCE OFFICER REQUESTS ANNUAL CONFLICT OF INTEREST STATEMENTS FROM EACH BOARD MEMBER. THE STATEMENTS ARE REVIEWED WITH THE CEO/SECRETARY AND DISPOSITIONED. THE PRESIDENT IS BRIEFED ON FINDINGS ALONG WITH THE FULL BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

AN ANNUAL PERFORMANCE REVIEW IS CONDUCTED FOR ALL EMPLOYEES INCLUDING THE CEO. THE ENTITY'S SIZE, INDUSTRY, TYPE OF ORGANIZATION, AND POSITION OF

Name of the organization

SIGN FRACTURE CARE INTERNATIONAL

Employer identification number

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RESPONSIBILITIES ARE CONSIDERED IN DETERMINING COMPENSATION ADJUSTMENTS.

ACCORDING TO THE ORGANIZATION'S BY-LAWS, THE PRESIDENT IS AUTHORIZED TO

CONDUCT THE CEO'S ANNUAL REVIEW AND DETERMINE COMPENSATION. THE

ORGANIZATION UTILIZES A SUBSCRIPTION TO PAYSACLE WHICH PROVIDES ACCURATE

SALARY INFORMATION TO ESTABLISH PAY RANGES FOR EMPLOYEES. PAYSACLE ALSO

ALLOWS THE ORGANIZATION TO INPUT PERFORMANCE RANKING DATA IN ORDER TO

OBTAIN "RECOMMENDED RAISES" VIA THOSE RANKS JUXTAPOSED WITH WHERE EACH

INDIVIDUAL'S CURRENT SALARY LANDS IN THE SALARY RANGE FOR THEIR POSITION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CO, DC, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NH, NJ, NM, NV, NY, NC, OH, OK

OR, PA, SC, TN, UT, VA, WA, WI, CT, ME, RI, ND, WV, MO

FORM 990, PART VI, SECTION C, LINE 19:

THE PUBLIC MAY CONTACT THE ORGANIZATION AT IT'S PHYSICAL LOCATION TO

REQUEST COPIES OF ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY,

AND FINANCIAL STATEMENTS.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS NOT CHANGED THEIR OVERSIGHT PROCESS OR SELECTION

PROCESS OF SELECTING AN INDEPENDENT AUDITOR DURING THE TAX YEAR.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. SIGN FRACTURE CARE INTERNATIONAL	Taxpayer identification number (TIN) 91-1952283
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 451 HILLS STREET, SUITE B	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RICHLAND, WA 99354	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

SANDY BROWN

- The books are in the care of ▶ **451 HILLS STREET, SUITE B - RICHLAND, WA 99354**
Telephone No. ▶ **509-371-1107** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.