

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

**A** For the 2012 calendar year, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: **Orthopaedic Research and Education Foundation**  
 Doing Business As **OREF**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**6300 N. River Road 700**  
 City, town, or post office, state, and ZIP code  
**Rosemont, IL 60018-4261**

**D** Employer identification number: **36-6009467**

**E** Telephone number: **847-698-9980**

**F** Name and address of principal officer: **Sharon Mellor same as C above**

**G** Gross receipts \$: **8,525,209.**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶ \_\_\_\_\_

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **www.oref.com**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L** Year of formation: **1955** **M** State of legal domicile: **IL**

**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities: <b>See Schedule O</b>			
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>23</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>23</b>
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) .....	<b>5</b>	<b>21</b>
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>100</b>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	<b>8,034,243.</b>	<b>5,154,975.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>594,931.</b>	<b>2,440,615.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>8,629,174.</b>	<b>7,595,590.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>9,703,802.</b>	<b>6,934,530.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>1,726,469.</b>	<b>1,833,467.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,766,623.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>2,371,139.</b>	<b>1,451,193.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>13,801,410.</b>	<b>10,219,190.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>-5,172,236.</b>	<b>-2,623,600.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>43,586,972.</b>	<b>41,158,671.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>7,910,486.</b>	<b>7,783,681.</b>
		<b>35,676,486.</b>	<b>33,374,990.</b>

**Part II Signature Block**

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

**Sign Here** ▶ *Donna Rebeck* Signature of officer Date **8/14/13**  
 ▶ **Donna Rebeck, Chief Financial Officer** Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: **Wayne Harder** Preparer's signature: *Wayne Harder* Date: **8/14/13** Check if self-employed  PTIN: **P00294296**  
 Firm's name: **MCGLADREY LLP** Firm's EIN: **42-0714325**  
 Firm's address: **1 S. WACKER DRIVE, STE 800 CHICAGO, IL 60606** Phone no.: **312-634-3400**

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 to any question in this Part III

1 Briefly describe the organization's mission:  
The OREF's mission is improving lives by supporting excellence in orthopaedic research. The Foundation's vision is that it will be the leader in supporting orthopaedic research to improve function, eliminate pain and restore mobility.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 2,629,561. including grants of \$ 2,406,932.) (Revenue \$ )  
Grant Program - The purpose of the Foundation is to support research into the causes and treatment of musculoskeletal diseases. OREF's niche is supporting surgeon-researchers across the spectrum of their careers. For established orthopaedic surgeons, many of OREF's grants and awards are the only way to obtain salary support.

4b (Code: ) (Expenses \$ 4,863,282. including grants of \$ 4,451,537.) (Revenue \$ )  
Clinician Development Program - Provides funding to academic institutions for fellowships, residency programs, and CME courses.

4c (Code: ) (Expenses \$ 83,096. including grants of \$ 76,061.) (Revenue \$ )  
For the new surgeon, OREF's grants and awards programs offer a chance to develop their research interests. Through educational programming, OREF mentors emerging talent to help make them competitive for larger funding.

4d Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **7,575,939.**

**Orthopaedic Research and Education  
Foundation**

**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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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 temporarily restricted endowments, permanent endowments, or 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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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?		

Orthopaedic Research and Education  
Foundation

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

		Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		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? <i>If "Yes," complete Schedule J</i>	23	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		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? <i>If "Yes," complete Schedule L, Part I</i>	25b		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part I</i>	33		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X	

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

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	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	
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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
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," provide an explanation in 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
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?		
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		
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?		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> 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		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
b	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		
c	Enter the amount of reserves on hand		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	23	
b	Enter the number of voting members included in line 1a, above, who are independent	23	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **AK, AL, AR, AZ, CA, CT, DC, DE, FL, GA, IL, IN**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Donna Rebeck - 847-698-9980**  
**6300 N. River Road #700, Rosemont, IL 60018-4261**

See Schedule O for full list of states

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Ramon L. Jimenez, M.D. Chairman of the Board/President	5.00	X		X			0.	0.	0.	
(2) Richard J. Haynes, M.D. Secretary & Vice Chair	5.00	X		X			0.	0.	0.	
(3) James G. Borovsky Treasurer	5.00	X		X			0.	0.	0.	
(4) James D. Heckman, M.D. Vice Chair, Research Grants	5.00	X		X			0.	0.	0.	
(5) Frank B. Kelly Jr., M.D. Vice Chair, Educational Grants	5.00	X		X			0.	0.	0.	
(6) Thomas P. Schmalzried, M.D. Vice Chair, Corporate Relations	5.00	X		X			0.	0.	0.	
(7) John J. Callaghan, M.D. Chair-Elect, Effective 2/16/12	5.00	X		X			0.	0.	0.	
(8) S. Terrance Canale, M.D. Past Board Chair	5.00	X		X			0.	0.	0.	
(9) William P. Cooney III, M.D. Past Board Chair	5.00	X		X			0.	0.	0.	
(10) H. Michael Immel Treasurer, Through 2/15/12	5.00	X		X			0.	0.	0.	
(11) James R. Andrews, M.D. Trustee	5.00	X					0.	0.	0.	
(12) R. Tracy Ballock, M.D. Trustee	5.00	X					0.	0.	0.	
(13) Judith F. Baumhauer, M.D., MPH Trustee	5.00	X					0.	0.	0.	
(14) James H. Beaty, M.D. Trustee	5.00	X					0.	0.	0.	
(15) Kevin J. Bozic, M.D. Trustee	5.00	X					0.	0.	0.	
(16) Daryll C. Dykes, M.D., PhD. Trustee	5.00	X					0.	0.	0.	
(17) John H. Healey, M.D. Trustee, Effective 2/16/12	5.00	X					0.	0.	0.	

**Orthopaedic Research and Education  
Foundation**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Shepard R. Hurwitz, M.D. Trustee	5.00	X						0.	0.	0.
(19) David G. Lewallen, M.D. Trustee	5.00	X						0.	0.	0.
(20) Adolph V. Lombardi Jr., M.D., F Trustee, Effective 2/16/12	5.00	X						0.	0.	0.
(21) Richard D. Nikolaev Trustee	5.00	X						0.	0.	0.
(22) E. Anthony Rankin, M.D. Trustee	5.00	X						0.	0.	0.
(23) Richard Santore, M.D. Trustee	5.00	X						0.	0.	0.
(24) Richard R. Tarr Trustee	5.00	X						0.	0.	0.
(25) Jo A. Hannafin, M.D., PhD. Trustee, Through 2/15/12	5.00	X						0.	0.	0.
(26) Kurt P. Spindler, M.D. Trustee, Through 2/15/12	5.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								553,828.	0.	111,677.
<b>d Total (add lines 1b and 1c)</b>								553,828.	0.	111,677.

**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 **4**

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

**Section B. Independent Contractors**

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

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

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

See Part VII, Section A Continuation sheets



Orthopaedic Research and Education  
Foundation

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Sharon Mellor CEO	50.00			X				186,065.	0.	16,728.
(28) Donna Rebeck CFO/COO	50.00			X				142,140.	0.	50,568.
(29) Ed Hoover VP for Development	40.00				X			106,607.	0.	21,034.
(30) Jean McGuire VP of Grants	40.00				X			119,016.	0.	23,347.
Total to Part VII, Section A, line 1c								553,828.		111,677.

**Orthopaedic Research and Education  
Foundation**

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**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question 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, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,154,975.				
	g	Noncash contributions included in lines 1a-1f: \$		21,530.				
	h	<b>Total.</b> Add lines 1a-1f		5,154,975.				
<b>Program Service Revenue</b>	2 a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	<b>Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)		720,388.			720,388.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses			929,619.			
		Gain or (loss)			1,720,227.			
		Net gain or (loss)			1,720,227.			1,720,227.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a								
	b							
	c							
	d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d							
12	<b>Total revenue.</b> See instructions.			7,595,590.	0.	0.	2,440,615.	

**Orthopaedic Research and Education  
Foundation**

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**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response to any question 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 governments and organizations in the United States. See Part IV, line 21	6,272,720.	6,272,720.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	661,810.	661,810.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	395,500.	120,030.	63,286.	212,184.
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	1,010,451.	280,774.	240,123.	489,554.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	160,570.	37,498.	34,003.	89,069.
9 Other employee benefits	169,585.	40,276.	41,483.	87,826.
10 Payroll taxes	97,361.	24,948.	20,959.	51,454.
11 Fees for services (non-employees):				
a Management	74,617.		74,617.	
b Legal	48,016.		48,016.	
c Accounting	29,500.		29,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	85,555.		85,555.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	52,644.			52,644.
12 Advertising and promotion	275,130.	68,384.	15,248.	191,498.
13 Office expenses	109,012.	14,012.	30,795.	64,205.
14 Information technology	44,084.	11,954.	10,264.	21,866.
15 Royalties				
16 Occupancy	85,305.	21,330.	18,773.	45,202.
17 Travel	134,631.	16,207.	72,207.	46,217.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	141,453.	5,687.	28,483.	107,283.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,647.		12,647.	
23 Insurance	29,814.		29,814.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>Life Insurance Premiums</b>	208,232.			208,232.
b <b>Bad Debt Loss</b>	68,500.			68,500.
c <b>Recognition Awards</b>	15,502.	309.	106.	15,087.
d <b>Exhibits</b>	12,480.		3,629.	8,851.
e All other expenses	24,071.		17,120.	6,951.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	10,219,190.	7,575,939.	876,628.	1,766,623.
26 <b>Joint costs.</b> 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)

Orthopaedic Research and Education  
Foundation

Form 990 (2012)

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**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		1		
	<b>2</b> Savings and temporary cash investments .....	7,997,290.	2	9,060,239.	
	<b>3</b> Pledges and grants receivable, net .....	8,965,212.	3	3,928,158.	
	<b>4</b> Accounts receivable, net .....		4		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			5	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			6	
	<b>7</b> Notes and loans receivable, net .....		7		
	<b>8</b> Inventories for sale or use .....		8		
	<b>9</b> Prepaid expenses and deferred charges .....	110,267.	9	36,692.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	276,610.			
	<b>b</b> Less: accumulated depreciation .....	244,572.			
		32,251.	10c	32,038.	
	<b>11</b> Investments - publicly traded securities .....	22,050,376.	11	23,456,013.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
<b>15</b> Other assets. See Part IV, line 11 .....	4,431,576.	15	4,645,531.		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	43,586,972.	16	41,158,671.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	287,723.	17	250,780.	
	<b>18</b> Grants payable .....	5,895,267.	18	5,453,656.	
	<b>19</b> Deferred revenue .....		19		
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	1,727,496.	21	2,079,245.	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> 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		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	7,910,486.	26	7,783,681.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	-4,771,712.	27	-2,870,121.	
	<b>28</b> Temporarily restricted net assets .....	9,618,765.	28	4,453,196.	
	<b>29</b> Permanently restricted net assets .....	30,829,433.	29	31,791,915.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
<b>33</b> Total net assets or fund balances .....	35,676,486.	33	33,374,990.		
<b>34</b> Total liabilities and net assets/fund balances .....	43,586,972.	34	41,158,671.		

Form 990 (2012)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,595,590.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,219,190.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,623,600.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,676,486.
5	Net unrealized gains (losses) on investments	5	228,283.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	93,821.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	33,374,990.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question 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 in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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 in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2012)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization **Orthopaedic Research and Education Foundation** Employer identification number **36-6009467**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
  - (ii) A family member of a person described in (i) above? \_\_\_\_\_
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2012

**Orthopaedic Research and Education**

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4,157,548.	18,494,916.	25,123,804.	8,034,243.	5,154,975.	60,965,486.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4,157,548.	18,494,916.	25,123,804.	8,034,243.	5,154,975.	60,965,486.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						31,265,163.
<b>6 Public support.</b> Subtract line 5 from line 4.						29,700,323.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	4,157,548.	18,494,916.	25,123,804.	8,034,243.	5,154,975.	60,965,486.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	728,181.	543,458.	433,142.	732,310.	720,388.	3,157,479.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						64,122,965.

**12** Gross receipts from related activities, etc. (see instructions) ..... **12**

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

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

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	46.32 %
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	49.81 %

**16a 33 1/3% support test - 2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support test - 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....

**17a 10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

**b 10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2012**

Name of the organization

Orthopaedic Research and Education  
Foundation

Employer identification number

36-6009467

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization <b>Orthopaedic Research and Education Foundation</b>	Employer identification number <b>36-6009467</b>
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**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	DePuy, a Johnson & Johnson Company PO Box 988, 700 Orthopaedic Drive Warsaw, IN 46581	\$ 886,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Medtronic Spinal and Biologics, 1800 Pyramid Place Memphias, TN 38132	\$ 550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	DePuy Spine 325 Paramount Drive Raynham, MA 02767	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Zimmer Holdings, Inc. 345 East Main Street, PO Box 708 Warsaw, IN 46581	\$ 269,796.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Synthes (U.S.A.) and AO/ASIF Foundation 1302 Wrights Lane East West Chester, PA 19380	\$ 165,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Musculoskeletal Transplant Foundation 125 May Street, #300 Edison, NJ 08837	\$ 140,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>Orthopaedic Research and Education Foundation</b>	Employer identification number <b>36-6009467</b>
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**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	John J. Callaghan <hr/> PO Box 2282 <hr/> Iowa City, IA 52244	\$ 106,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>Orthopaedic Research and Education Foundation</b>	Employer identification number <b>36-6009467</b>
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**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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization <b>Orthopaedic Research and Education Foundation</b>	Employer identification number <b>36-6009467</b>
--	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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.) ▶ \$ \_\_\_\_\_  
 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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization **Orthopaedic Research and Education Foundation** Employer identification number **36-6009467**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 .....
- ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X .....
- ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 .....
- ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X .....
- ▶ \$ \_\_\_\_\_

Orthopaedic Research and Education  
Foundation

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to 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?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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	20,816,303.	21,836,981.	20,192,293.	17,293,162.	34,736,780.
b Contributions	2,539,740.	887,174.	863,972.	1,264,815.	1,583,998.
c Net investment earnings, gains, and losses	2,207,080.	-763,804.	2,024,961.	3,574,561.	-9,942,978.
d Grants or scholarships		1,144,048.	1,244,245.	1,940,245.	1,193,096.
e Other expenditures for facilities and programs					7,891,542.
f Administrative expenses					
g End of year balance	25,563,123.	20,816,303.	21,836,981.	20,192,293.	17,293,162.

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

- a Board designated or quasi-endowment  %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  %

The percentages in 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:

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

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

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		22,201.	22,201.	0.
d Equipment		254,409.	222,371.	32,038.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				32,038.

**Orthopaedic Research and Education  
Foundation**

Schedule D (Form 990) 2012

36-6009467 Page 3

**Part VII Investments - Other Securities.** 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) .....		
(I) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Charitable Remainder Trusts Receivable	2,679,138.
(2) Cash Surrender Value of Life Insurance	1,819,378.
(3) Other Receivables	147,015.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	4,645,531.

**Part X Other Liabilities.** 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) .....	
(10) .....	
(11) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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



Orthopaedic Research and Education  
Foundation

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

1 Total revenue, gains, and other support per audited financial statements		<b>1</b>	7,869,077.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains on investments	2a	228,283.	
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d	93,821.	
e Add lines 2a through 2d	2e		322,104.
3 Subtract line 2e from line 1		<b>3</b>	7,546,973.
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	48,617.	
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	4c		48,617.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	7,595,590.

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

1 Total expenses and losses per audited financial statements		<b>1</b>	10,170,573.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d	2e		0.
3 Subtract line 2e from line 1		<b>3</b>	10,170,573.
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	48,617.	
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	4c		48,617.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>	10,219,190.

**Part XIII Supplemental Information**

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

Part IV, line 2b: On behalf of fifty-four orthopaedic organizations, the Foundation solicits contributions which it invests, administers funds, performs recordkeeping and provides grants as requested by those organizations.

Part V, line 4: The endowment funds are invested in a well-diversified portfolio and disbursements are made as outlined in an endowment spending policy to award research and educational grants and to support the

**Part XIII** Supplemental Information (continued)

Foundation's mission.

Part X, Line 2: The Foundation, an Illinois nonprofit corporation, is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and applicable state law, except for taxes pertaining to unrelated business income, if any.

The Foundation follows the accounting standard on accounting for uncertainty in income taxes, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under the guidance, the Foundation may recognize the tax benefits from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. Examples of tax positions include the tax-exempt status of the Foundation and various positions related to potential sources of unrelated business taxable income. As of December 31, 2012, there were no unrecognized tax benefits identified or recorded as liabilities.

The Foundation files Form 990 in the U.S. federal jurisdiction and the State of Illinois. The Foundation is no longer subject to examination by the Internal Revenue Service for years before 2009.

Part XI, Line 2d - Other Adjustments:

Change in Cash Surrender Value of Life Insurance Policies	-11,664.
Change in Value of Charitable Remainder Trusts	105,485.
Total to Schedule D, Part XI, Line 2d	93,821.

**SCHEDULE F**  
**(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2012**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public  
Inspection

Name of the organization  
**Orthopaedic Research and Education  
Foundation**

Employer identification number  
**36-6009467**

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

- 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**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
North America	0	0	Grants	Grants for research at universities.	661,810.
<b>3 a</b> Sub-total .....	0	0			661,810.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			661,810.

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

**Orthopaedic Research and Education  
Foundation**

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Prospective multi-center analysis on 3D factors involved in the	280,000. Check	Check	0.		
		North America	Combining and analyzing datasets from the Epidemiology, Prophylactic Antibiotic Regimens in Tumor Surgery (PARITY)	240,000. Check	Check	0.		
		North America	Comparison of a retrograde intramedullary nail, polyaxial locking	99,960. Check	Check	0.		

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▲ **4**

**3** Enter total number of other organizations or entities ▲

Orthopaedic Research and Education Foundation

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Orthopaedic Research and Education  
Foundation

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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)* .....  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 file Form 5713, International Boycott Report. (see Instructions for Form 5713)* .....  Yes  No

**Part V** Supplemental Information

Complete this part to 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.

Schedule F, Part I, Line 2: One-year research grants receive 50% of the funds upon award announcement and then receive 40% after a six-month financial report is received. Final scientific, lay and financial reports are required 60 days within the end of the grant. Once the Foundation has all reports, the final 10% of the funds are released.

Two- or three-year research grants are paid and spread over the term of the grant. Multi-year grant awardees submit annual scientific progress reports. These reports are reviewed by the original peer review committee members and any issues are flagged for discussion with the researcher. The surgeon-Chair of the Research Grants Committee reads and evaluates all reports.

Institutions receiving educational grants receive full payment after the applications are reviewed and accepted by the Educational Grants Committee.

The Research and Educational Grants Committees, both comprised of orthopaedic surgeons, report all grants and awards to the Board of Trustees.

Part II, Column (d):

Region: North America

(d) Purpose of Grant: Prospective multi-center analysis on 3D factors involved in the decision to perform a selective versus non-selective fusion in AIS

**Part V** Supplemental Information

Complete this part to 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.

Region: North America

(d) Purpose of Grant: Combining and analyzing datasets from the  
Epidemiology, Process, and Outcome of Spine Oncology (EPOS0) and Surgical  
Versus Nonoperative Treatment of Metastatic Epidural Spinal Cord  
Compression (MESCC)

Region: North America

(d) Purpose of Grant: Comparison of a retrograde intramedullary nail,  
polyaxial locking plate, and intramedullary fibular strut allograft with  
polyaxial locking plate for fixation of perioprosthetic distal femur  
fracture post total knee arthroplasty



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization **Orthopaedic Research and Education  
Foundation**

Employer identification number  
**36-6009467**

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

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Academy of Orthopaedic Surgeons - 6300 N. River Road - Rosemont, IL 60018	36-2110592	501(c)3	5,000.	0.			2012 AAOS/OREF/ORS Clinician Scholar Development Program
American Academy of Orthopaedic Surgeons - 6300 N. River Road - Rosemont, IL 60018	36-2110592	501(c)3	40,000.	0.			2012 Annual Unrestricted Educational Grant
American Orthopaedic Association 6300 North River Road Rosemont, IL 60018	13-6118458	501(c)3	10,000.	0.			2012 AOA-OREF Resident Leadership Forum
Anderson Clinic PO Box 7088 Alexandria, VA 22307	54-1632197	501(c)3	46,240.	0.			2012 GME Fellowship Grant in Adult Reconstruction
Andrews Research & Education Institute - 1020 Gulf Breeze Parkway - Gulf Breeze, FL 32561	59-2425151	501(c)3	25,000.	0.			2012 GME Fellowship Grant in Sports Medicine
Barton Health Lake Tahoe PO Box 11889 Zephyr Cove, NV 89448	94-6050274	501(c)3	25,000.	0.			2012 GME Fellowship Grant in Sports Medicine

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **85.**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2012)**

**Orthopaedic Research and Education  
Foundation**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Baylor University College of Medicine - 6620 Main Street, Suite 1325 - Houston, TX 77030	74-1613878	501(c)3	46,240.	0.			2012 GME Fellowship Grant in Adult Reconstruction
Baylor University Medical Center 3500 Gaston Avenue Dallas, TX 75246	75-1921898	501(c)3	25,000.	0.			2012 GME Fellowship Grant in Foot and Ankle
Beaumont Health System 3535 West 13 Mile Road, Suite 604 Royal Oak, MI 48073	38-1459362	501(c)3	34,324.	0.			2012 GME Fellowship Grant in Spine
Beaumont Health System 3535 West 13 Mile Road, Suite 604 Royal Oak, MI 48073	38-1459362	501(c)3	46,240.	0.			2012 GME Fellowship Grant in Adult Reconstruction
Beth Israel Deaconess Medical Center - 330 Brookline Avenue - Boston, MA 02215	04-2103881	501(c)3	45,000.	0.			25-Hydroxy-Vitamin D and Bone Turnover Marker Levels in Patients with Distal Radius Fractures
Beth Israel Deaconess Medical Center - 330 Brookline Avenue - Boston, MA 02215	04-2103881	501(c)3	150,000.	0.			CT-Based Prediction of Vertebral Metastatic Fractures: A Multi-Center Prospective Study
Boston University School of Medicine - Boston Medical Center, Department of Orthopaedic Surgery - Boston, MA 02118	04-3354360	501(c)3	34,324.	0.			2012 GME Fellowship Grant in Spine
Brigham and Women's Hospital 75 Francis Street Boston, MA 02115	04-2312909	501(c)3	26,923.	0.			2012 GME Fellowship Grant in Trauma
Brigham and Women's Hospital 75 Francis Street Boston, MA 02115	04-2312909	501(c)3	50,000.	0.			Patient Willingness to Participate in Total Joint Arthroplasty New Technology Cost, and Risk

**Orthopaedic Research and Education  
Foundation**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Case Western Reserve University School of Medicine - 11100 Euclid Avenue - Cleveland, OH 44106	34-1018992	501(c)3	50,000.	0.			2012-13 Research Residency Grant
Cedars Sinai Medical Center 8797 Beverly Boulevard, #250 Los Angeles, CA 90048	95-1644600	501(c)3	34,324.	0.			2012 GME Fellowship Grant in Spine
Children's Hospital of Los Angeles 4650 Sunset Boulevard, #69 Los Angeles, CA 90027	95-1690977	501(c)3	34,324.	0.			2012 GME Fellowship Grant in Spine
Cincinnati Children's Hospital Medical Center - 3333 Burnet Avenue, MLC2017 - Cincinnati, OH 45229	31-0833936	501(c)3	34,324.	0.			2012 GME Fellowship Grant in Spine
Cleveland Clinic Foundation 9500 Euclid Avenue Cleveland, OH 44195	34-0714585	501(c)3	200,000.	0.			Anatomical Differences and Protective Helmet Design in American Football: Contributions
Colorado Joint Replacement 2535 S. Downing Street, #100 Denver, CO 80210	84-1477771	501(c)3	46,240.	0.			2012 GME Fellowship Grant in Adult Reconstruction
Columbia University Medical Center 622 West 168th Street, PH11 New York, NY 10032	13-5598093	501(c)3	5,000.	0.			Acetabular Component Positioning and Functional Outcomes in Patients with Total Hip
Columbia University Medical Center 622 West 168th Street, PH11 New York, NY 10032	13-5598093	501(c)3	46,240.	0.			2012 GME Fellowship Grant in Adult Reconstruction
Columbia University Medical Center 622 West 168th Street, PH11 New York, NY 10032	13-5598093	501(c)3	49,600.	0.			Satisfaction and Shoulder Function in Patients with Re-tear Following Rotator Cuf Repair: Analysis of

**Orthopaedic Research and Education  
Foundation**

Schedule I (Form 990)

36-6009467

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Duke University 375 MSRB, Research Drive, Box 3093 Durham, NC 27710	56-0532129	501(c)3	25,000.	0.			2012 GME Fellowship Grant in Foot and Ankle
Duke University 375 MSRB, Research Drive, Box 3093 Durham, NC 27710	56-0532129	501(c)3	25,000.	0.			2012 GME Fellowship Grant in Sports Medicine
Duke University 375 MSRB, Research Drive, Box 3093 Durham, NC 27710	56-0532129	501(c)3	46,240.	0.			2012 GME Fellowship Grant in Adult Reconstruction
Emory University School of Medicine - 59 Executive Park South, Suite 3000 - Atlanta, GA 30329	58-0566256	501(c)3	34,324.	0.			2012 GME Fellowship Grant in Spine
Emory University School of Medicine - 59 Executive Park South, Suite 3000 - Atlanta, GA 30329	58-0566256	501(c)3	46,240.	0.			2012 GME Fellowship Grant in Adult Reconstruction
Foundation for Orthopaedic Research and Education, Inc. - 13020 N. Telecom Parkway - Temple Terrace, FL 33637	59-3555349	501(c)3	25,000.	0.			2012 GME Fellowship Grant in Shoulder and Elbow
Foundation for Orthopaedic Research and Education, Inc. - 13020 N. Telecom Parkway - Temple Terrace, FL 33637	59-3555349	501(c)3	26,923.	0.			2012 GME Fellowship Grant in Trauma
Foundation for Orthopaedic Research and Education, Inc. - 13020 N. Telecom Parkway - Temple Terrace, FL 33637	59-3555349	501(c)3	34,324.	0.			2012 GME Fellowship Grant in Spine
Foundation for Orthopaedic Research and Education, Inc. - 13020 N. Telecom Parkway - Temple Terrace, FL 33637	59-3555349	501(c)3	46,240.	0.			2012 GME Fellowship Grant in Adult Reconstruction

Schedule I (Form 990)

**Orthopaedic Research and Education  
Foundation**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Foundation for Orthopedic Athletic and Reconstructive Research - 6410 Fanin, Suite 1535 - Houston, TX 77030	76-0257078	501(c)3	25,000.	0.			2012 GME Fellowship Grant in Shoulder and Elbow
Georgetown University Hospital 3800 Reservoir Road NW Washington, DC 20007	22-7395402	501(c)3	6,334.	0.			2012 Residency Enhancement Grant
Gordon Research Conference 512 Liberty Lane West Kingston, RI 02892	26-0150662	501(c)3	15,000.	0.			2012 Gordon Research Conference on Musculoskeletal Biology and Bioengineering
Hospital for Special Surgery, Cornell University Medical College - 535 East 70th Street - New York, NY 10021	13-1624135	501(c)3	5,000.	0.			The Effect of Diabetes on Bone Quality and Collagen Cross-Links
Hospital for Special Surgery, Cornell University Medical College - 535 East 70th Street - New York, NY 10021	13-1624135	501(c)3	20,000.	0.			The Role of Pro-Inflammatory Cytokines in Fluid Pressure Induced
Hospital for Special Surgery, Cornell University Medical College - 535 East 70th Street - New York, NY 10021	13-1624135	501(c)3	26,923.	0.			2012 GME Fellowship Grant in Trauma
Hospital for Special Surgery, Cornell University Medical College - 535 East 70th Street - New York, NY 10021	13-1624135	501(c)3	34,324.	0.			2012 GME Fellowship Grant in Spine
Hospital for Special Surgery, Cornell University Medical College - 535 East 70th Street - New York, NY 10021	13-1624135	501(c)3	46,240.	0.			2012 GME Fellowship Grant in Adult Reconstruction
Hospital for Special Surgery, Cornell University Medical College - 535 East 70th Street - New York, NY 10021	13-1624135	501(c)3	50,000.	0.			The Effect of Anterior Cruciate Ligament Graft Tension on Graft Healing and Joint Biology

**Orthopaedic Research and Education  
Foundation**

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Indiana University 541 Clinical Drive, Suite 600 Indianapolis, IN 46202	35-6001673	501(c)3	46,240.	0.			2012 GME Fellowship Grant in Adult Reconstruction
Institute for Foot and Ankle Reconstruction at Mercy - 301 St. Paul Place - Baltimore, MD 21202	52-4955113	501(c)3	25,000.	0.			2012 GME Fellowship Grant in Foot and Ankle
Johns Hopkins University 733 North Broadway, Suite 117 Baltimore, MD 21205	52-0595110	501(c)3	5,000.	0.			Distal Clavicle Autograft for Reconstruction of Anterior Glenoid Deficiency due to
Johns Hopkins University 733 North Broadway, Suite 117 Baltimore, MD 21205	52-0595110	501(c)3	34,324.	0.			2012 GME Fellowship Grant in Spine (Adult Spine)
Johns Hopkins University 733 North Broadway, Suite 117 Baltimore, MD 21205	52-0595110	501(c)3	34,324.	0.			2012 GME Fellowship Grant in Spine (Pediatric Spine)
Kerlan Jobe Orthopaedic Foundation 6801 Park Terrace Los Angeles, CA 90045	95-4707606	501(c)3	25,000.	0.			2012 GME Fellowship Grant in Sports Medicine
Loyola University of Chicago Stritch School of Medicine - 2160 South First Avenue, Maguire, Suite 1700 - Maywood, IL 60154	36-1408475	501(c)3	5,000.	0.			The Effects of Nonsteroidal Anti-Inflammatory Drugs on Fracture Healing in a
Loyola University of Chicago Stritch School of Medicine - 2160 South First Avenue, Maguire, Suite 1700 - Maywood, IL 60154	36-1408475	501(c)3	20,000.	0.			Effects of Alcohol Induced Oxidative Stress on Mesenchymal Stem Cell Recruitment for Fracture
Massachusetts General Hospital 32 Fruit Street Boston, MA 02114	04-2697983	501(c)3	25,000.	0.			2012 GME Fellowship Grant in Hand

Schedule I (Form 990)

**Orthopaedic Research and Education  
Foundation**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Massachusetts General Hospital 32 Fruit Street Boston, MA 02114	04-2697983	501(c)3	25,000.	0.			2012 GME Fellowship Grant in Oncology
Massachusetts General Hospital 32 Fruit Street Boston, MA 02114	04-2697983	501(c)3	46,240.	0.			2012 GME Fellowship Grant in Adult Reconstruction
Massachusetts General Hospital 32 Fruit Street Boston, MA 02114	04-2697983	501(c)3	179,654.	0.			Enhanced Bone Formation and Repair by Modification of Allograft Surfaces
Mayo Clinic Medical School 200 First Street, SW Rochester, MN 55905	41-6011702	501(c)3	5,000.	0.			Differentiating Musculoskeletal Tumors Using MicroRNA Expression Profiling
Mayo Clinic Medical School 200 First Street, SW Rochester, MN 55905	41-6011702	501(c)3	25,000.	0.			2012 GME Fellowship Grant in Hand
Mayo Clinic Medical School 200 First Street, SW Rochester, MN 55905	41-6011702	501(c)3	25,000.	0.			2012 GME Fellowship Grant in Oncology
Mayo Clinic Medical School 200 First Street, SW Rochester, MN 55905	41-6011702	501(c)3	25,000.	0.			2012 GME Fellowship Grant in Shoulder and Elbow
Mayo Clinic Medical School 200 First Street, SW Rochester, MN 55905	41-6011702	501(c)3	34,324.	0.			2012 GME Fellowship Grant in Spine
Mayo Clinic Medical School 200 First Street, SW Rochester, MN 55905	41-6011702	501(c)3	46,240.	0.			2012 GME Fellowship Grant in Adult Reconstruction

Schedule I (Form 990)

**Orthopaedic Research and Education  
Foundation**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mississippi Sports Medicine and Orthopaedic Center - 1325 East Fortification Street - Jackson, MS 39202	64-0869099	501(c)3	25,000.	0.			2012 GME Fellowship Grant in Sports Medicine
Mount Sinai School of Medicine Dept of Orthopaedics Box 1188, 1 Gustave L Levy Place - New York, NY 10029	13-6171197	501(c)3	25,000.	0.			2012 GME Fellowship Grant in Shoulder and Elbow
Naval Medical Center San Diego 34800 Bob Wilson Drive, suite 112 San Diego, CA 92134	91-1593913	501(c)3	6,334.	0.			2012 Residency Enhancement Grant
New England Baptist Hospital 125 Parker Hill Avenue Boston, MA 02120	04-2103612	501(c)3	34,324.	0.			2012 GME Fellowship Grant in Spine
New England Baptist Hospital 125 Parker Hill Avenue Boston, MA 02120	04-2103612	501(c)3	46,240.	0.			2012 GME Fellowship Grant in Adult Reconstruction
New York University - Hospital of Joint Diseases - 301 E. 17th Street - New York, NY 10003	13-5562308	501(c)3	6,334.	0.			2012 Residency Enhancement Grant
New York University - Hospital of Joint Diseases - 301 E. 17th Street - New York, NY 10003	13-5562308	501(c)3	25,000.	0.			2012 GME Fellowship Grant in Shoulder and Elbow
New York University - Hospital of Joint Diseases - 301 E. 17th Street - New York, NY 10003	13-5562308	501(c)3	34,324.	0.			2012 GME Fellowship Grant in Spine
New York University - Hospital of Joint Diseases - 301 E. 17th Street - New York, NY 10003	13-5562308	501(c)3	46,240.	0.			2012 GME Fellowship Grant in Adult Reconstruction



**Orthopaedic Research and Education  
Foundation**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Northwestern University Medical School - 676 North St. Clair, Suite 1350 - Chicago, IL 60611	36-2167817	501(c)3	6,084.	0.			2012 Residency Enhancement Grant
Northwestern University Medical School - 676 North St. Clair, Suite 1350 - Chicago, IL 60611 Oregon Health & Science University 3181 SW Sam Jackson Park Road, Mailcode: OP31 - Portland, OR 97239	36-2167817	501(c)3	34,324.	0.			2012 GME Fellowship Grant in Spine
OrthoCarolina Research Institute, Inc. - 1915 Randolph Road - Charlotte, NC 28207	23-7083114	501(c)3	34,324.	0.			2012 GME Fellowship Grant in Spine
OrthoCarolina Research Institute, Inc. - 1915 Randolph Road - Charlotte, NC 28207	01-0648145	501(c)3	25,000.	0.			2012 GME Fellowship Grant in Shoulder and Elbow
Orthopaedic Research Foundation 8450 Northwest Boulevard Indianapolis, IN 46278	01-0648145	501(c)3	46,240.	0.			2012 GME Fellowship Grant in Adult Reconstruction
Orthopaedic Research of Virginia 71501 Maple Avenue, Suite 200, NW, Richmond, VA 23226	35-1691013	501(c)3	34,324.	0.			2012 GME Fellowship Grant in Spine
Orthopaedic Research Society 6300 N. River Road Rosemont, IL 60018	52-1266997	501(c)3	25,000.	0.			2012 GME Fellowship Grant in Sports Medicine
Providence Hospital PO Box 2043 Southfield, MI 48037	36-3180285	501(c)3	12,720.	0.			Grant Writing Workshops, 2012 Comparison of the Effects of Polyethylene Particles to Bacteria at a Weight-Bearing Rat Tibia

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rady Children's Hospital and Health Center - 3030 Children's Way, Suite 410 - San Diego, CA 92123	81-0566710	501(c)3	34,324.	0.		2012 GME Fellowship Grant in Spine	
Rush University Medical Center 1653 West Congress Parkway Chicago, IL 60612	36-2174823	501(c)3	46,250.	0.		2012 GME Fellowship Grant in Adult Reconstruction	
San Diego Center for Spinal Disorders - 4130 La Jolla Village Drive, Suite 300 - La Jolla, CA 92037	20-1863911	501(c)3	34,324.	0.		2012 GME Fellowship Grant in Spine	
Shriners Hospitals for Children, Northern California - 2425 Stockton Boulevard - Sacramento, CA 95819	36-2193608	501(c)3	34,324.	0.		2012 GME Fellowship Grant in Spine	
Shriners Hospitals for Children, Northern California - 2425 Stockton Boulevard - Sacramento, CA 95819	36-2193608	501(c)3	58,965.	0.		Kinematic Analysis of the Thumb for Children with Congenital Thumb Hypoplasia	
Shriners Hospitals for Children, Philadelphia - 3551 North Broad Street - Philadelphia, PA 19140	36-2193608	501(c)3	34,324.	0.		2012 GME Fellowship Grant in Spine	
Southern Illinois University 701 North 1st Street, PO Box 19679 Springfield, IL 62794	37-6005961	501(c)3	34,324.	0.		2012 GME Fellowship Grant in Spine	
Stanford University School of Medicine - 450 Broadway Street, MC 6342 - Redwood City, CA 94063	94-1156365	501(c)3	200,000.	0.		Developing a Patient-Centered Clinical Tool for Assessment of Risk of Perioperative	
SUNY Health Science Center at Stony Brook - Department of Orthopaedics, HSC-T18 - Stony Brook, NY 11794	14-1368361	501(c)3	5,000.	0.		Identification of Systemic Osteogenic Factors in TBI Patients	

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Texas Back Institute 6020 West Parker Road, Suite 200 Plano, TX 75093	75-2050380	501(c)3	34,324.	0.		2012 GME Fellowship Grant in Spine	2012 GME Fellowship Grant in Spine
Texas Scottish Rite Hospital for Children - 2222 Welborn Street - Dallas, TX 75219	75-0818178	501(c)3	34,324.	0.		2012 GME Fellowship Grant in Spine	2012 GME Fellowship Grant in Spine
The Methodist Hospital 6565 Fannin Street, GB240 Houston, TX 77030	74-1180155	501(c)3	46,240.	0.		2012 GME Fellowship Grant in Adult Reconstruction	2012 GME Fellowship Grant in Adult Reconstruction
Twin Cities Orthopedics Foundation 6465 Wayzata Boulevard, Suite 900 St. Louis Park, MN 55426	83-0435069	501(c)3	34,324.	0.		2012 GME Fellowship Grant in Spine	2012 GME Fellowship Grant in Spine
University of Arizona College of Medicine - HSC, PO Box 245064 - Tucson, AZ 85724	74-2652689	501(c)3	5,000.	0.		Bisphosphonate Exposure as a Risk Factor for Stress Reactions in the Proximal Femur	Bone Regeneration Using Engineered Segmental Tissue
University of Arkansas for Medical Sciences - 4301 West Markham, Mail Slot 531 - Little Rock, AR 72205	71-6056774	501(c)3	6,334.	0.		2012 Residency Enhancement Grant	2012 Residency Enhancement Grant
University of California, Davis 4860 Y Street, Suite 3800 Sacramento, CA 95817	94-6038494	501(c)3	26,923.	0.		2012 GME Fellowship Grant in Trauma	2012 GME Fellowship Grant in Trauma
University of California, Davis 4860 Y Street, Suite 3800 Sacramento, CA 95817	94-6038494	501(c)3	34,324.	0.		2012 GME Fellowship Grant in Spine	2012 GME Fellowship Grant in Spine

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of California, Davis 4860 Y Street, Suite 3800 Sacramento, CA 95817	94-6038494	501(c)3	46,240.	0.			2012 GME Fellowship Grant in Adult Reconstruction
University of California, Los Angeles, UCLA School of Med. - 10945 Le Conte Avenue, PVUB3355 - Los Angeles, CA 90095	95-6006143	501(c)3	6,334.	0.			2012 Residency Enhancement Grant
University of California, Los Angeles, UCLA School of Med. - 10945 Le Conte Avenue, PVUB3355 - Los Angeles, CA 90095	95-6006143	501(c)3	50,000.	0.			Perivascular Stem Cells: A Potential Regenerative Therapy for Atrophy and Fatty Infiltration of the
University of California, San Diego, School of Medicine - 200 West Arbor Drive, MC8894 - San Diego, CA 92103	94-3067788	501(c)3	34,324.	0.			2012 GME Fellowship Grant in Spine
University of California, San Francisco, School of Medicine - 500 Parnassus Avenue - San Francisco, CA 94143	94-6036493	501(c)3	5,000.	0.			A Brief Web-Based Screening Questionnaire for Urinary Tract Infections and Bleeding
University of California, San Francisco, School of Medicine - 500 Parnassus Avenue - San Francisco, CA 94143	94-6036493	501(c)3	5,000.	0.			Kinematic MR Imaging Evaluation of ACL Reconstructions Using the Mini-Two Incision Method
University of California, San Francisco, School of Medicine - 500 Parnassus Avenue - San Francisco, CA 94143	94-6036493	501(c)3	6,334.	0.			2012 Residency Enhancement Grant
University of California, San Francisco, School of Medicine - 500 Parnassus Avenue - San Francisco, CA 94143	94-6036493	501(c)3	20,000.	0.			Does Diabetes Mellitus Predispose the Intervertebral Disc to Degeneration?
University of California, San Francisco, School of Medicine - 500 Parnassus Avenue - San Francisco, CA 94143	94-6036493	501(c)3	26,923.	0.			2012 GME Fellowship Grant in Trauma

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of California, San Francisco, School of Medicine - 500 Parnassus Avenue - San Francisco, CA 94143	94-6036493	501(c)3	34,324.	0.			2012 GME Fellowship Grant in Spine
University of California, San Francisco, School of Medicine - 500 Parnassus Avenue - San Francisco, CA 94143	94-6036493	501(c)3	50,000.	0.			Quantitative MR Imaging Evaluation of Articular Cartilage and Kinematic Changes in the Knee After Intramedullary Nailing Versus Plates for Femoral Shaft Fractures in Dar es Salaam, Tanzania with
University of California, San Francisco, School of Medicine - 500 Parnassus Avenue - San Francisco, CA 94143	94-6036493	501(c)3	50,000.	0.			2012-13 Research Residency Grant
University of Colorado School of Medicine @ Denver - 4701 East 9th Avenue, Box E203 - Denver, CO 80262	84-6000555	501(c)3	34,324.	0.			2012 GME Fellowship Grant in Spine
University of Colorado School of Medicine @ Denver - 4701 East 9th Avenue, Box E203 - Denver, CO 80262	84-6000555	501(c)3	46,240.	0.			2012 GME Fellowship Grant in Adult Reconstruction
University of Florida College of Medicine - 3450 Hull Road - Gainesville, FL 32607	59-6002052	501(c)3	6,184.	0.			2012 Residency Enhancement Grant
University of Florida College of Medicine - 3450 Hull Road - Gainesville, FL 32607	59-6002052	501(c)3	25,000.	0.			2012 GME Fellowship Grant in Oncology
University of Florida College of Medicine - 3450 Hull Road - Gainesville, FL 32607	59-6002052	501(c)3	25,000.	0.			2012 GME Fellowship Grant in Shoulder and Elbow

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Florida College of Medicine - 3450 Hull Road - Gainesville, FL 32607	59-6002052	501(c)3	26,923.	0.		2012 GME Fellowship Grant in Trauma	
University of Iowa College of Medicine - 200 Hawkins Drive - Iowa City, IA 52242	42-6004813	501(c)3	5,000.	0.		Wire Navigation-Based Surgical Skills Simulation - A Pilot Study	
University of Iowa College of Medicine - 200 Hawkins Drive - Iowa City, IA 52242	42-6004813	501(c)3	20,000.	0.		Impingement and Dislocation in Total Hip Arthroplasty: Mechanisms and Consequences	
University of Iowa College of Medicine - 200 Hawkins Drive - Iowa City, IA 52242	42-6004813	501(c)3	50,000.	0.		The Effect of Syndesmotic Overcompression on Ankle Joint Mechanics in a Cadaver Model	
University of Louisville School of Medicine - Health Science Center, Building A, Room 1115 - Louisville, KY 40292	61-1029626	501(c)3	46,240.	0.		2012 GME Fellowship Grant in Adult Reconstruction	
University of Minnesota - Minneapolis - 200 Oak Street SE - Minneapolis, MN 55455	41-6007513	501(c)3	26,923.	0.		2012 GME Fellowship Grant in Trauma	
University of Minnesota - Minneapolis - 200 Oak Street SE - Minneapolis, MN 55455	41-6007513	501(c)3	36,450.	0.		An Examination of Patients Excluded from the Study to Prospectively Evaluate	
University of Minnesota - Minneapolis - 200 Oak Street SE - Minneapolis, MN 55455	41-6007513	501(c)3	46,240.	0.		2012 GME Fellowship Grant in Adult Reconstruction	
University of Minnesota - Minneapolis - 200 Oak Street SE - Minneapolis, MN 55455	41-6007513	501(c)3	280,912.	0.		Minimize Implants Maximize Outcomes (MIMO) Clinical Trial	

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Mississippi School of Medicine - 2500 North State Street - Jackson, MS 39216	64-6008520	501(c)3	5,000.	0.			Evaluation of Chondrocytes and Bone Marrow Mesenchymal Stem Cells within a Poly
University of Missouri - Columbia One Hospital Drive, MC213, DC053.00 Columbia, MO 65212	43-6003859	501(c)3	5,334.	0.			2012 Residency Enhancement Grant
University of Missouri - Columbia One Hospital Drive, MC213, DC053.00 Columbia, MO 65212	43-6003859	501(c)3	26,923.	0.			2012 GME Fellowship Grant in Trauma
University of Pennsylvania, McKay Laboratories - 424 Stemmler Hall - Philadelphia, PA 19104	23-1352685	501(c)3	6,334.	0.			2012 Residency Enhancement Grant
University of Pennsylvania, McKay Laboratories - 424 Stemmler Hall - Philadelphia, PA 19104	23-1352685	501(c)3	20,000.	0.			Influence of Locally and Systemically Delivered Ibuprofen on Rotator Cuff Healing in a Rat Model
University of Pennsylvania, McKay Laboratories - 424 Stemmler Hall - Philadelphia, PA 19104	23-1352685	501(c)3	50,000.	0.			2012-13 Research Residency Grant
University of Pittsburgh School of Medicine - 3471 Fifth Avenue, Suite 1010 - Pittsburgh, PA 15213	25-1423657	501(c)3	20,000.	0.			Bone-Tendon-Bone Versus Soft Tissue Autograft Anterior Cruciate Ligament Reconstruction: Mesenchymal Stem Cell Treatment and Prevention of Periprosthetic Joint Infections
University of Pittsburgh School of Medicine - 3471 Fifth Avenue, Suite 1010 - Pittsburgh, PA 15213	25-1423657	501(c)3	21,500.	0.			Clinical Application of Quantitative Assessment of the Pivot Shift - A Multi-Center Study
University of Pittsburgh School of Medicine - 3471 Fifth Avenue, Suite 1010 - Pittsburgh, PA 15213	25-1423657	501(c)3	100,000.	0.			

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Rochester School of Medicine and Dentistry - 601 Elmwood Avenue, Box 665 - Rochester, NY 14642	16-0743209	501(c)3	100,000.	0.			PTH Effects on Intravenously Delivered RMSC During Skeletal Repair
University of Southern California School of Medicine - 1200 North State Street, GNH 3900 - Los Angeles, CA 90033	95-1642394	501(c)3	26,923.	0.			2012 GME Fellowship Grant in Trauma
University of Tennessee, Campbell Clinic - 1211 Union Avenue, Suite 510 - Memphis, TN 38104	62-0548038	501(c)3	6,333.	0.			2012 Residency Enhancement Grant
University of Tennessee, Campbell Clinic - 1211 Union Avenue, Suite 510 - Memphis, TN 38104	62-0548038	501(c)3	34,324.	0.			2012 GME Fellowship Grant in Spine
University of Texas Health Science Center at Houston - 6431 Fannin Street, Room 6.156 - Houston, TX 77030	74-6000203	501(c)3	26,923.	0.			2012 GME Fellowship Grant in Trauma
University of Utah School of Medicine - 590 Wakara Way - Salt Lake City, UT 84108	87-6000525	501(c)3	46,240.	0.			2012 GME Fellowship Grant in Adult Reconstruction
University of Utah School of Medicine - 590 Wakara Way - Salt Lake City, UT 84108	87-6000525	501(c)3	50,000.	0.			GGAA Promoter Microsatellite Repeat Instability in the Oncogenesis of Ewing's
University of Virginia School of Medicine - Department of Orthopaedic Surgery, Box 800159 - Charlottesville, VA 22908	54-6001796	501(c)3	6,333.	0.			2012 Residency Enhancement Grant
University of Virginia School of Medicine - Department of Orthopaedic Surgery, Box 800159 - Charlottesville, VA 22908	54-6001796	501(c)3	20,000.	0.			Human Adipose-Derived Stem Cells in Three-Dimensional Multicellular Aggregates

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Virginia School of Medicine - Department of Orthopaedic Surgery, Box 800159 - Charlottesville, VA 22908	54-6001796	501(c)3	34,331.	0.			2012 GME Fellowship Grant in Spine
University of Washington, School of Medicine - Department of Orthopaedics, Harborview Medical Center - Seattle, WA 98104	91-6001537	501(c)3	26,924.	0.			2012 GME Fellowship Grant in Trauma
Van Andel Research Institute 333 Bostwick Avenue NE Grand Rapids, MI 49503	20-3879278	501(c)3	5,000.	0.		Biomechanical Testing of a Novel Tension Band Plate Construct Compared to Tension Band Wires or	
Vanderbilt University School of Medicine - Vanderbilt Orthopaedic Institute, Medical Center East - Nashville, TN 37232	62-0476822	501(c)3	5,000.	0.		The Etiology of Deep Vein Thrombosis Associated with Severe S.aureus Musculoskeletal	
Vanderbilt University School of Medicine - Vanderbilt Orthopaedic Institute, Medical Center East - Nashville, TN 37232	62-0476822	501(c)3	6,333.	0.			2012 Residency Enhancement Grant
Vanderbilt University School of Medicine - Vanderbilt Orthopaedic Institute, Medical Center East - Nashville, TN 37232	62-0476822	501(c)3	25,000.	0.			2012 GME Fellowship Grant in Oncology
Vanderbilt University School of Medicine - Vanderbilt Orthopaedic Institute, Medical Center East - Nashville, TN 37232	62-0476822	501(c)3	26,923.	0.			2012 GME Fellowship Grant in Trauma
Vanderbilt University School of Medicine - Vanderbilt Orthopaedic Institute, Medical Center East - Nashville, TN 37232	62-0476822	501(c)3	46,240.	0.			2012 GME Fellowship Grant in Adult Reconstruction
Vanderbilt University School of Medicine - Vanderbilt Orthopaedic Institute, Medical Center East - Nashville, TN 37232	62-0476822	501(c)3	207,288.	0.		The Balance of Coagulation is Essential for Postnatal Skeletal Development	

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Virginia Commonwealth University Medical College - 1200 East Broad Street - Richmond, VA 23298	54-1581185	501(c)3	46,240.	0.			2012 GME Fellowship Grant in Adult Reconstruction
Wake Forest University Health Sciences - Medical Center Boulevard, Box 1070 - Winston-Salem, NC 27157	22-3849199	501(c)3	25,000.	0.			Gait Kinematics, Balance, and Functional Outcomes Following Total Knee Arthroplasty: A
Wake Forest University Health Sciences - Medical Center Boulevard, Box 1070 - Winston-Salem, NC 27157	22-3849199	501(c)3	26,923.	0.			2012 GME Fellowship Grant in Trauma
Wake Forest University Health Sciences - Medical Center Boulevard, Box 1070 - Winston-Salem, NC 27157	22-3849199	501(c)3	46,240.	0.			2012 GME Fellowship Grant in Adult Reconstruction
Washington University School of Medicine - Campus Box 8233, 660 S. Euclid - St. Louis, MO 63110	22-3849199	501(c)3	50,000.	0.			2012-13 Research Residency Grant
Washington University School of Medicine - Campus Box 8233, 660 S. Euclid - St. Louis, MO 63110	43-0653611	501(c)3	20,000.	0.			The Role of Hedgehog Signaling in Determining the Osteogenic Response to Mechanical Loading of
Washington University School of Medicine - Campus Box 8233, 660 S. Euclid - St. Louis, MO 63110	43-0653611	501(c)3	25,000.	0.			2012 GME Fellowship Grant in Shoulder and Elbow
Washington University School of Medicine - Campus Box 8233, 660 S. Euclid - St. Louis, MO 63110	43-0653611	501(c)3	34,324.	0.			2012 GME Fellowship Grant in Spine
Washington University School of Medicine - Campus Box 8233, 660 S. Euclid - St. Louis, MO 63110	43-0653611	501(c)3	46,240.	0.			2012 GME Fellowship Grant in Adult Reconstruction

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Western Michigan University School of Medicine - 1000 Oakland Drive, D54G - Kalamazoo, MI 49008	45-4135256	501(c)3	5,000.	0.			2012 Residency Enhancement Grant
Yale University School of Medicine, Dept of Orthopaedics & Rehabilitation - P.O. Box 208071 - New Haven, CT 06520	06-0646973	501(c)3	34,324.	0.			2012 GME Fellowship Grant in Spine

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Schedule I, Part I, Line 2: One-year grants receive 50% of the funds to start, then 40% after a six-month financial report is received. A final scientific and lay report is required within 60 days after the grant ends, and a final financial report. Once OREF has all reports, the final 10% of the funds are released.

One-time award/educational grant/lectureship grants receive full payment after they are approved. There is no need for a report. Documentation is in the file for lectureships and educational programs, and awards would need

**Part IV** Supplemental Information

no follow-up.

Two- or three year research grants are paid and spread over the term of the grant. Multi-year grant awardees submit annual scientific progress reports. These reports are reviewed by the original peer review committee members and any issues are flagged for discussion with the researcher. The surgeon-Chair of the Research Grants Committee reads and evaluates all reports.

Part II, line 1, Column (h):

Name of Organization or Government: Brigham and Women's Hospital

(h) Purpose of Grant or Assistance: Patient Willingness to Participate in Total Joint Arthroplasty New Technology Cost, and Risk Aversement

Name of Organization or Government: Cleveland Clinic Foundation

(h) Purpose of Grant or Assistance: Anatomical Differences and Protective Helmet Design in American Football: Contributions to Head, Neck and Spine Trauma Risk in Adult and Youth Participants

Name of Organization or Government: Columbia University Medical Center

(h) Purpose of Grant or Assistance: Acetabular Component Positioning and Functional Outcomes in Patients with Total Hip Arthroplasties

Name of Organization or Government: Columbia University Medical Center

(h) Purpose of Grant or Assistance: Satisfaction and Shoulder Function in Patients with Re-tear Following Rotator Cuf Repair: Analysis of the Effects of Age and Activity Level

**Part IV** Supplemental Information

Name of Organization or Government:

Hospital for Special Surgery, Cornell University Medical College

(h) Purpose of Grant or Assistance: The Role of Pro-Inflammatory  
Cytokines in Fluid Pressure Induced Osteolysis

Name of Organization or Government: Johns Hopkins University

(h) Purpose of Grant or Assistance: Distal Clavicle Autograft for  
Reconstruction of Anterior Glenoid Deficiency due to Recurrent  
Glenohumeral Instability - A Biomechanical Analysis

Name of Organization or Government:

Loyola University of Chicago Stritch School of Medicine

(h) Purpose of Grant or Assistance: The Effects of Nonsteroidal  
Anti-Inflammatory Drugs on Fracture Healing in a Juvenile Rat Model

Name of Organization or Government:

Loyola University of Chicago Stritch School of Medicine

(h) Purpose of Grant or Assistance: Effects of Alcohol Induced Oxidative  
Stress on Mesenchymal Stem Cell Recruitment for Fracture Healing

Name of Organization or Government: Providence Hospital

(h) Purpose of Grant or Assistance: Comparison of the Effects of  
Polyethylene Particles to Bacteria at a Weight-Bearing Rat Tibia  
Bone-Implant Interface

Name of Organization or Government:

Stanford University School of Medicine

(h) Purpose of Grant or Assistance: Developing a Patient-Centered

**Part IV** Supplemental Information

Clinical Tool for Assessment of Risk of Perioperative Complications in  
Spine Surgery Procedures

Name of Organization or Government:

University of California, Los Angeles, UCLA School of Med.

(h) Purpose of Grant or Assistance: Perivascular Stem Cells: A

Potential Regenerative Therapy for Atrophy and Fatty Infiltration of the  
Rotator Cuff

Name of Organization or Government:

University of California, San Francisco, School of Medicine

(h) Purpose of Grant or Assistance: A Brief Web-Based Screening

Questionnaire for Urinary Tract Infections and Bleeding Disorders in  
Pre-Surgical Arthroplasty Patients: Development and Validation

Name of Organization or Government:

University of California, San Francisco, School of Medicine

(h) Purpose of Grant or Assistance: Kinematic MR Imaging Evaluation of

ACL Reconstructions Using the Mini-Two Incision Method Compared to the  
Anteromedial Portal Technique

Name of Organization or Government:

University of California, San Francisco, School of Medicine

(h) Purpose of Grant or Assistance: Quantitative MR Imaging Evaluation

of Articular Cartilage and Kinematic Changes in the Knee After

Meniscectomy

Name of Organization or Government:

**Part IV** Supplemental Information

University of California, San Francisco, School of Medicine

(h) Purpose of Grant or Assistance: Intramedullary Nailing Versus Plates for Femoral Shaft Fractures in Dar es Salaam, Tanzania with Minimum 1-year Follow-up

Name of Organization or Government: University of Minnesota - Minneapolis

(h) Purpose of Grant or Assistance: An Examination of Patients Excluded from the Study to Prospectively Evaluate Reamed Intramedullary Nails in Patients with Tibial Fractures (SPRINT)

Name of Organization or Government:

University of Mississippi School of Medicine

(h) Purpose of Grant or Assistance: Evaluation of Chondrocytes and Bone Marrow Mesenchymal Stem Cells within a Poly Capro-Lactone (PCL) Scaffold Following Exposure to Pro-Inflammatory Cytokines Subjected to Hypoxic Conditions

Name of Organization or Government:

University of Pittsburgh School of Medicine

(h) Purpose of Grant or Assistance: Bone-Tendon-Bone Versus Soft Tissue Autograft Anterior Cruciate Ligament Reconstruction: Is There a Difference in In-Vivo Graft Performance?

Name of Organization or Government: University of Utah School of Medicine

(h) Purpose of Grant or Assistance: GGAA Promoter Microsatellite Repeat Instability in the Oncogenesis of Ewing's Sarcoma

Name of Organization or Government:



Part IV Supplemental Information

University of Virginia School of Medicine

(h) Purpose of Grant or Assistance: Human Adipose-Derived Stem Cells in Three-Dimensional Multicellular Aggregates as Allograft for Spinal Fusion: An In Vitro and In Vivo Study

Name of Organization or Government: Van Andel Research Institute

(h) Purpose of Grant or Assistance: Biomechanical Testing of a Novel Tension Band Plate Construct Compared to Tension Band Wires or Screws

Name of Organization or Government:

Vanderbilt University School of Medicine

(h) Purpose of Grant or Assistance: The Etiology of Deep Vein Thrombosis Associated with Severe S.aureus Musculoskeletal Infections in Children

Name of Organization or Government:

Wake Forest University Health Sciences

(h) Purpose of Grant or Assistance: Gait Kinematics, Balance, and Functional Outcomes Following Total Knee Arthroplasty: A Prospective, Randomized Study of Cruciate Retaining versus Posterior Stabilized Implants

Name of Organization or Government:

Washington University School of Medicine

(h) Purpose of Grant or Assistance: The Role of Hedgehog Signaling in Determining the Osteogenic Response to Mechanical Loading of Bone

**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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization **Orthopaedic Research and Education Foundation** Employer identification number **36-6009467**

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2012

# Orthopaedic Research and Education Foundation

For each individual whose compensation must be reported in 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 are not 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 reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Sharon Mellor CEO	(i) 185,872. (ii) 0. (iii) 0.	0.	193.	0.	16,728.	202,793.	0.
(2) Donna Rebeck CFO/COO	(i) 141,779. (ii) 0. (iii) 0.	0.	361.	27,373.	23,195.	192,708.	0.
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						

**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.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

Orthopaedic Research and Education  
Foundation

Employer identification number  
36-6009467

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

The Orthopaedic Research & Education Foundation (OREF) is an independent, 501(c)(3) organization whose mission is improving lives by supporting excellence in orthopaedic research. The Foundation's vision is that it will be the leader in supporting orthopaedic research to improve function, eliminate pain and restore mobility.

Form 990, Part VI, Section B, line 11: Trustees have the opportunity to review Form 990 electronically.

Form 990, Part VI, Section B, Line 12c: All Board Members annual submission of disclosure statements are on file with the OREF Chief Executive Officer (CEO). The CEO reviews meeting agendas prior to the meeting and notifies leadership of any issues that need to be addressed before the discussion can take place. Any individual who gives notice of potential conflict is to abstain from participating in any item of business which comes before the Board.

Form 990, Part VI, Section B, Line 15: The Foundation has a formal process to determine the compensation of its CEO. The CEO has ultimate responsibility for implementing the decisions of the Board of Trustees and for supervising the Foundation's management, administration and operations.

The process includes the following elements: (1) Review and approval by the Board of Trustees or Compensation Committee; (2) Use comparable compensation data; and (3) Contemporaneous documentation and recordkeeping.

Name of the organization **Orthopaedic Research and Education Foundation**

Employer identification number  
**36-6009467**

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

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

Form 990, Part VI, Section C, Line 19: The Form 990 is available upon request.

Form 990, Part XI, line 9, Changes in Net Assets:

Change in Cash Surrender Value of Life Insurance Policies	-11,664.
Change in Value of Charitable Remainder Trusts	105,485.
Total to Form 990, Part XI, Line 9	93,821.

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

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>Orthopaedic Research and Education Foundation</b>	Employer identification number (EIN) or <b>36-6009467</b>
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. <b>6300 N. River Road, No. 700</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Rosemont, IL 60018-4261</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

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	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

**Donna Rebeck**

• The books are in the care of ▶ **6300 N. River Road #700 - Rosemont, IL 60018-4261**  
Telephone No. ▶ **847-698-9980** 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 EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2012** 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

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

**Form 8868 (Rev. 1-2013)**