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Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
125 MAY STREET

City or town, state or country, and ZIP + 4
EDISON, NJ 088373264

D Employer identification number
22-2803458

E Telephone number
(732) 661-0202

G Gross receipts $ 385,872,278

F Name and address of principal officer
BRUCE STROEVER
125 MAY STREET
EDISON, NJ 08837

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) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW MTF ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1987 | **M** State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
MTF IS DEDICATED TO PROVIDING QUALITY ALLOGRAFT TISSUE FOR TRANSPLANTATION THROUGH A COMMITMENT TO EXCELLENCE IN EDUCATION, RESEARCH, RECOVERY AND CARE FOR RECIPIENTS, DONORS AND THEIR FAMILIES MTF CONTINUES TO PROMOTE THE HEALTH AND WELFARE OF THE GENERAL PUBLIC BY (1)MAXIMIZING THE AVAILABILITY OF HIGH QUALITY HUMAN TISSUE INCLUDING BONE, SKIN, AND OCULAR TISSUE, 2)SUPPORTING MEDICAL, SCIENTIFIC AND OTHER EDUCATIONAL RESEARCH WITH RESPECT TO TISSUE DONATION, RECOVERY AND TRANSPLANTATION, (3) EDUCATING THE GENERAL PUBLIC WITH RESPECT TO THE IMPORTANCE AND BENEFITS OF TISSUE DONATION AND TRANSPLANTATION, AND (4) OTHERWISE PROMOTING TISSUE DONATION THROUGH A COMMITMENT TO EXCELLENCE IN EDUCATION, RESEARCH, RECOVERY AND CARE FOR DONORS, RECIPIENTS, AND THEIR FAMILIES THE MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC (THE "FOUNDATION") WAS INCORPORATED ON JANUARY 30, 1987, AS A DISTRICT OF COLUMBIA NON-PROFIT MEMBERSHIP ORGANIZATION AND IS A 501(C)(3) ORGANIZATION THERE IS A CRITICAL NE

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of employees (Part V, line 2a)	**5**	1,260
6	Total number of volunteers (estimate if necessary)	**6**	55
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	-1,109,410
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-1,109,410

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	217,644	38,886
9	Program service revenue (Part VIII, line 2g)	347,833,254	374,326,325
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	325,827	123,378
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,184,067	4,763,957
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	347,192,658	379,252,546

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,301,075	2,303,948
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	73,975,350	79,121,797
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	257,121,483	285,047,897
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	333,397,908	366,473,642
19	Revenue less expenses Subtract line 18 from line 12	13,794,750	12,778,904

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	183,839,264	197,348,185
21	Total liabilities (Part X, line 26)	91,712,391	92,442,408
22	Net assets or fund balances Subtract line 21 from line 20	92,126,873	104,905,777

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

****** | 2010-11-10
Signature of officer | Date

MICHAEL J KAWAS EXECUTIVE VICE PRESIDENT/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed	Preparer's identifying number (see instructions)
SCOTT JOHNSTON	2010-11-12	☐	

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | EIN ▶ | Phone no ▶

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

MTF IS DEDICATED TO PROVIDING QUALITY ALLOGRAFT TISSUE FOR TRANSPLANTATION THROUGH A COMMITMENT TO EXCELLENCE IN EDUCATION, RESEARCH, RECOVERY AND CARE FOR RECIPIENTS, DONORS AND THEIR FAMILIES MTF CONTINUES TO PROMOTE THE HEALTH AND WELFARE OF THE GENERAL PUBLIC BY (1)MAXIMIZING THE AVAILABILITY OF HIGH QUALITY HUMAN TISSUE INCLUDING BONE, SKIN, AND OCULAR TISSUE, 2)SUPPORTING MEDICAL, SCIENTIFIC AND OTHER EDUCATIONAL RESEARCH WITH RESPECT TO TISSUE DONATION, RECOVERY AND TRANSPLANTATION, (3) EDUCATING THE GENERAL PUBLIC WITH RESPECT TO THE IMPORTANCE AND BENEFITS OF TISSUE DONATION AND TRANSPLANTATION, AND (4) OTHERWISE PROMOTING TISSUE DONATION THROUGH A COMMITMENT TO EXCELLENCE IN EDUCATION, RESEARCH, RECOVERY AND CARE FOR DONORS, RECIPIENTS, AND THEIR FAMILIES THE MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC (THE "FOUNDATION") WAS INCORPORATED ON JANUARY 30, 1987, AS A DISTRICT OF COLUMBIA NON-PROFIT MEMBERSHIP ORGANIZATION AND IS A 501(C)(3) ORGANIZATION THERE IS A CRITICAL NE

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 328,499,468 including grants of $ 2,248,948) (Revenue $)

MTF PROVIDES ALLOGRAFT TISSUES TO THE MEDICAL AND DENTAL COMMUNITIES IN 2009 MTF RECOVERED APPROXIMATELY 6,300 MUSCULOSKELETAL AND BONE DONORS AND 2,800 DERMAL/SPLIT THICKNESS RECOVERIES OVERALL MTF DISTRIBUTED OVER 411,000 UNITS OF ALLOGRAFT TISSUE IN ADDITION TO THIS SERVICE MTF DONATES ALLOGRAFT TISSUES FOR USE IN THE RESEARCH, MEDICAL AND EDUCATIONAL FIELDS MTF'S RESEARCH AND DEVELOPMENT HAS CONTINUED DEVELOPMENT OF NOVEL TISSUE FORMS FOR ORTHOPAEDIC AND GENERAL SURGICAL APPLICATIONS WE HAVE MET PROJECT MILESTONES IN THE DEVELOPMENT OF ADULT, ALLOGENEIC STEM CELLS, ALLOGRAFT SOLUTIONS FOR THE REPAIR OF ARTICULAR CARTILAGE, AND NEW FORMS OF DEMINERALIZED BONE WE CONTINUE TO SEEK NEW APPLICATIONS FOR THE USE OF THE PRECIOUS GIFT OF ALLOGRAFT TISSUES TO RESOLVE UNMET CLINICAL NEEDS IN 2008 WE COMPLETED A RESEARCH PROJECT TO PROVIDE A NEW TISSUE FORM FOR BONE FORMATION COMPRISING ADULT ALLOGENEIC STEM CELLS AND ALLOGRAFT BONE IN 2009, MTF INTRODUCED A NEW TISSUE FORM CALLED TRINITY EVOLUTION TRINITY EVOLUTION IS A STEM CELL-BASED BONE GROWTH MATRIX DESIGNED TO ADVANCE THE SURGICAL USE OF ALLOGRAFTS BY PROVIDING CHARACTERISTICS SIMILAR TO AN AUTOGRAFT IN SPINAL AND ORTHOPEDIC PROCEDURES

4b (Code) (Expenses $ including grants of $) (Revenue $)

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

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses $ 14,477,590 including grants of $ 55,000) (Revenue $)

4e **Total program service expenses** ▶ $ 342,977,058

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional — **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	Yes	
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 U S ? *If "Yes," complete Schedule F, Part II*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	411		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,260		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
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)?		4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ CA See the instructions for exceptions and 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?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
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?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	13		
b	Enter the number of voting members that are independent	1b	12		
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?		2		No
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?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA , NJ

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

MICHAEL J KAWAS
125 MAY STREET
SUITE 300
EDISON, NJ 088373264
(732) 661-0202

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

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees 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, or 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 the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(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			
See add'l data										

1b Total . . . . . ▶	3,726,141		291,291

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶148

			Yes	No
3	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*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
SYNTHES 1302 WRIGHTS LANE EAST WEST CHESTER, PA 19380	TISSUE PROMOTIO	84,835,428
EHTICON INC RM M21 ROUTE 22 SOMERVILLE, NJ 08876	TISSUE PROMOTIO	12,362,174
ONE LEGACY TISSUE SERVICES 221 S FIGUEROA ST STE 500 LOS ANGELES, CA 90012	RECOVERY PRTNR	9,745,383
LIFECORE BIOMEDICAL 3515 LYMAN BLVD CHASKA, MN 553183051	SUPPLIER	5,934,338
ORTHOFIX INC 1401 ELM ST 5TH FLOOR BA LOCKBOX 842452 DALLAS, TX 08876	TISSUE PROMOTIO	5,630,902
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶197		

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	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 38,886				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	38,886			
Program Service Revenue		Business Code				
	2a	TISSUE PROCESSING & DISTRIB	371,906,403	371,906,403		
	b	DONOR TRIAGE SCREENING	6,180,152	6,180,152		
	c	DISTRIBUTION RIGHTS PAYMENTS	1,624,153	1,624,153		
	d	LESS UBIT REVENUE	-5,384,383	-5,384,383		
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	374,326,325			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	249,317			249,317
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶	333,000			333,000
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses	125,939			
	c	Gain or (loss)	-125,939			
	d	Net gain or (loss) . . . . . ▶	-125,939	-125,939		
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a 5,384,383				
	b	Less cost of goods sold . . b 6,493,793				
	c	Net income or (loss) from sales of inventory . . ▶	-1,109,410		-1,109,410	
		Miscellaneous Revenue / Business Code				
	11a	FREIGHT & FEES REVENUE 812,900	3,289,633			3,289,633
	b	OTHER MISCELLANEOUS REVENUE	775,924			775,924
	c	UNREALIZED FX EXCHG GAIN	763,440			763,440
	d	All other revenue	711,370			711,370
	e	**Total.** Add lines 11a–11d . . . . . ▶	5,540,367			
	12	**Total revenue.** See Instructions . . . ▶	379,252,546	374,200,386	-1,109,410	6,122,684

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) but are not required to complete columns (B), (C), and (D).

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 U S See Part IV, line 21	2,248,948	2,248,948		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	55,000	55,000		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	3,727,141	2,437,550	1,289,591	
7 Other salaries and wages	58,127,973	48,467,104	9,660,869	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,655,770	2,559,366	96,404	
9 Other employee benefits	9,901,684	8,256,024	1,645,660	
10 Payroll taxes	4,709,229	3,926,555	782,674	
11 Fees for services (non-employees)				
a Management				
b Legal	5,433,824	5,100,731	333,093	
c Accounting	374,123		374,123	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	39,633	37,096	2,537	
12 Advertising and promotion	3,158,107	3,096,840	61,267	
13 Office expenses	1,121,793	313,990	807,803	
14 Information technology	214,098	12,097	202,001	
15 Royalties				
16 Occupancy	9,647,224	7,690,767	1,956,457	
17 Travel	2,241,013	1,834,269	406,744	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,931,321	1,456,602	474,719	
20 Interest	848,527	753,577	94,950	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,228,945	8,975,899	1,253,046	
23 Insurance	1,009,754	868,086	141,668	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a STORAGE & DISTRIBUTION	129,056,416	129,056,416		
b PROCESSING COSTS	82,499,795	82,499,795		
c RECOVERY EXPENSES	21,883,353	21,883,353		
d RESEARCH AND DEVELOPMENT	12,055,281	12,055,281		
e CONSULTING FEES	1,676,269	804,777	871,492	
f All other expenses	1,628,421	-1,413,065	3,041,486	
25 **Total functional expenses.** Add lines 1 through 24f	366,473,642	342,977,058	23,496,584	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		23,600	1	8,742
	2	Savings and temporary cash investments		4,892,723	2	7,410,652
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		43,116,408	4	48,203,276
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		73,994,460	8	84,746,000
	9	Prepaid expenses and deferred charges		2,023,878	9	2,958,069
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 71,380,845			
	b	Less accumulated depreciation	10b 38,365,003	33,558,535	10c	33,015,842
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		500,000	12	500,000
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		25,729,660	15	20,505,604
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		183,839,264	16	197,348,185
Liabilities	17	Accounts payable and accrued expenses		52,488,570	17	49,815,610
	18	Grants payable		2,536,117	18	2,570,398
	19	Deferred revenue		10,013,579	19	9,566,927
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		14,100,000	23	23,742,472
	24	Unsecured notes and loans payable to unrelated third parties			24	2,000,000
	25	Other liabilities Complete Part X of Schedule D		12,574,125	25	4,747,001
	26	**Total liabilities.** Add lines 17 through 25		91,712,391	26	92,442,408
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		92,126,873	27	104,905,777
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		92,126,873	33	104,905,777
	34	Total liabilities and net assets/fund balances		183,839,264	34	197,348,185

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated basis			
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

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

2009

Open to Public Inspection

Name of the organization
MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

Employer identification number
22-2803458

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 **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 - Other

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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 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)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** 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—2008.** If the organization did not check the 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—2009.** 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—2008.** 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 IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")		212,487	112,525	217,644	38,886	581,542
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	272,455,028	297,336,689	329,963,832	347,833,254	374,326,325	1,621,915,128
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	272,455,028	297,549,176	330,076,357	348,050,898	374,365,211	1,622,496,670
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						1,622,496,670

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	272,455,028	297,549,176	330,076,357	348,050,898	374,365,211	1,622,496,670
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	536,314	1,355,713	1,273,064	325,827	582,317	4,073,235
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	536,314	1,355,713	1,273,064	325,827	582,317	4,073,235
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	-441,740	126,319	-569,082	-292,662	-1,109,410	-2,286,575
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	322,363	342,000	1,324,839	608,595	5,540,367	8,138,164
13 **Total support** (Add lines 9, 10c, 11 and 12)	272,871,965	299,373,208	332,105,178	348,692,658	379,378,485	1,632,421,494

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	99 390 %
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	99 730 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17	0 %
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2009.** 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—2008.** 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 ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 22-2803458

Name: MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 14,477,590 including grants of $ 55,000) (Revenue $)

MTF PAYS INDEPENDENT RESEARCH EXPERTS TO REVIEW ANY GRANT PROPOSALS SUBMITTED TO THE ORGANIZATION FOR VALIDITY OR MERIT OF THE PROPOSED RESEARCH PROJECT AND ALSO RELATIONSHIP TO MTF'S CORE MISSION OF ADVANCING MUSCULOSKELETAL TRANSPLANT SCIENCE DURING 2009, MTF RECEIVED 75 APPLICATIONS FOR PEER REVIEW AND OTHER GRANTS MTF USED 45 SUCH EXPERTS TO REVIEW PEER-REVIEWED RESEARCH GRANT PROJECTS AND 9 PROJECTS WERE APPROVED FOR FUNDING

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
WILLAM W TOMFORD MD BOD,CHAIRMAN	1 00	X						50,000	0	0
WILLIAM F ENNEKING MD BOD	1 00	X						20,407	0	0
DONALD HACKBARTH MD BOD, MBOT	1 00	X						18,000	0	0
GERALD FINERMAN MD BOD	1 00	X						17,000	0	0
LLOYD JORDAN BOD,MB+DB	1 00	X						17,000	0	0
ALLAN GROSS MD BOD	1 00	X						16,000	0	0
DAN M SPENGLER MD BOD	1 00	X						16,000	0	0
RICHARD NICHOLAS MD BOD,MB+DB	1 00	X						16,000	0	0
HERBERT S SCHWARTZ BOD, MB	1 00	X						10,750	0	0
VICTOR FRANKEL MDPHD BOD	1 00	X						10,000	0	0
JOSEPH A BUCKWALTER MD BOD	1 00	X						9,000	0	0
MARK BOLANDER MD BOD	1 00	X						0	0	0
SUSAN GUNDERSON BOD, DB	1 00	X						0	0	0
BRUCE W STROEVER PRESIDENT/CE	60 00			X				629,887	0	27,358
MICHAEL J KAWAS TREASURER/CF	60 00			X				404,786	0	37,122
GEORGE A ORAM EXECUTIVE VP	60 00				X			426,909	0	33,469
MARTHA ANDERSON EXECUTIVE VP	60 00				X			328,819	0	30,965
JOSEPH YACCARINO EXECUTIVE VP	60 00				X			317,665	0	33,371
MARK H SPILKER VP, R&D	50 00					X		338,738	0	14,420
THOMAS C SHAFFER VP MARKETING	50 00					X		302,427	0	21,583
MARC L JACOBS VP PRD DEV	50 00					X		263,117	0	28,953
DONALD E LARSON VP SALES	50 00					X		259,358	0	31,617
KIMBERLY A FITZGERALD VP MARKETING	50 00					X		254,278	0	32,433

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
STORAGE & DISTRIBUTION	129,056,416	129,056,416		
PROCESSING COSTS	82,499,795	82,499,795		
RECOVERY EXPENSES	21,883,353	21,883,353		
RESEARCH AND DEVELOPMENT	12,055,281	12,055,281		
CONSULTING FEES	1,676,269	804,777	871,492	

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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, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

Employer identification number
22-2803458

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? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☑ 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 170(h)(4)(B)(ii)? ☐ Yes ☑ No

9 In Part XIV, 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, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's 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 XIV

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 XIV 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 XIV

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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,767,468		8,767,468
b Buildings				
c Leasehold improvements		23,306,559	11,039,679	12,266,880
d Equipment		22,403,749	15,994,512	6,409,237
e Other		16,903,069	11,330,812	5,572,257
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				33,015,842

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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should 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
Total. *(Column (b) should 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
AFFILIATE RECEIVABLE	11,502,169
GOODWILL AND OTHER INTANGIBLE ASSETS	5,550,000
OTHER RECEIVABLES	1,488,350
DEFERRED R&D COSTS - L/T	1,067,642
SECURITY DEPOSITS	340,802
RIGHTS PAYMENT RECEIVABLE	333,999
DEFERRED FINANCING COSTS	152,145
OTHER ASSETS	62,500
INTEREST RECEIVABLE	7,997
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	20,505,604

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
OTHER DEFERRED REVENUE	1,965,104
OTHER	1,728,731
CAPITAL LEASE	535,166
LICENSE AGREEMENT PAYMENT	328,000
SWAP LIABILITY	190,000
INTELLECTUAL PROPERTY COSTS	
UCSF TISSUE BANK - ASSET ACQUISITION	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	4,747,001

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	379,252,546
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	366,473,642
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	12,778,904
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	12,778,904

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	379,252,546
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	379,252,546
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	379,252,546

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	366,473,642
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 XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	366,473,642
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	366,473,642

Part XIV 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	MTF IS A NONPROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE CODE AND ACCORDINGLY IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(C)(3) OF THE CODE IN ADDITION, MTF IS A NONPROFIT ORGANIZATION FOR STATE INCOME TAX PURPOSES UNCERTAIN TAX POSITIONS ASC 740-10 (FORMERLY FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES) REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE ORGANIZATION ADOPTED THE PROVISIONS OF ASC 740-10 IN FISCAL 2009 THE ORGANIZATION EVALUATED ITS TAX POSITIONS AND CONCLUDED THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT MEET THE CRITERIA UNDER ASC 740-10 ACCORDINGLY, THE ADOPTION OF ASC 740-10 DID NOT HAVE ANY IMPACT ON THE ORGANIZATION'S 2009 FINANCIAL STATEMENTS

Additional Data

Software ID:

Software Version:

EIN: 22-2803458

Name: MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
AFFILIATE RECEIVABLE	11,502,169
GOODWILL AND OTHER INTANGIBLE ASSETS	5,550,000
OTHER RECEIVABLES	1,488,350
DEFERRED R&D COSTS - L/T	1,067,642
SECURITY DEPOSITS	340,802
RIGHTS PAYMENT RECEIVABLE	333,999
DEFERRED FINANCING COSTS	152,145
OTHER ASSETS	62,500
INTEREST RECEIVABLE	7,997

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

Employer identification number
22-2803458

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

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
EUROPE		1	PROGRAM SERVICES	TISSUE DISTRIBUTION	6,445,423
NORTH AMERICA		1	PROGRAM SERVICES	TISSUE DISTRIBUTION	1,188,101
EAST ASIA AND THE PACIFIC		1	PROGRAM SERVICES	TISSUE DISTRIBUTION	490,023
CENTRAL AMERICA & CARIBBEAN		1	PROGRAM SERVICES	TISSUE SALES/DISTRIB	42,961
EUROPE		1	PROGRAM SERVICES	RESEARCH & DEVELOPMT	232,000
MIDDLE EAST & NORTH AFRICA		1	PROGRAM SERVICES	TISSUE SALES/DISTRIB	2,215
SOUTH AMERICA		1	PROGRAM SERVICES	TISSUE SALES/DISTRIB	102,810
SOUTH ASIA		1	PROGRAM SERVICES	TISSUE SALES/DISTRIB	
SUB-SAHARAN AFRICA		1	PROGRAM SERVICES	TISSUE SALES/DISTRIB	
Totals . . . . . ▶		9			8,503,533

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. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☑
Use Schedule F-1 (Form 990) 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 of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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 . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

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. Use Schedule F-1 (Form 990) 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)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES	SCHEDULE F, PAGE 1, PART I, LINE 2	ALL RECIPIENTS OF MTF GRANT AWARDS WILL RECEIVE 90% OF THEIR SUPPORT MADE IN PAYMENTS DURING THE CALENDAR YEAR A FINAL 10% PAYMENT WILL BE MADE UPON RECEIPT OF A RESEARCH PROGRESS REPORT, WHICH IS DUE DECEMBER 31 OF THE CALENDAR YEAR A DETAILED BUDGET SHOWING USE OF ALL FUNDS AWARDED IS ALSO REQUIRED AS PART OF THE REPORT MADE TO MTF PRIOR TO THE RELEASE OF THE FINAL 10% OF FUNDING TWO 6-MONTH, NO COST EXTENSIONS OF THE GRANT MAY BE REQUESTED FORMALLY IF THE GRANT IS NOT COMPLETED BY THE AGREED COMPLETION DATE, THE GRANTEE WILL LOSE THE REMAINING 10% OF THE GRANTED FUNDS UNUSUAL CIRCUMSTANCES WILL BE CONSIDERED

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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

2009

Open to Public Inspection

Name of the organization
MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

Employer identification number
22-2803458

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. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 73

3 Enter total number of other organizations . . . ▶

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. Use Schedule I-1 (Form 990) 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
STIPENDS FOR GRANT REVIEW	45	55,000			
See Additional Data Table					

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	GRANTEE QUALIFICATIONS GRANTS ARE AWARDED BY THE BOARD OF DIRECTORS IN THE FOLLOWING CATEGORIES 1)ORTHOPAEDIC RESEARCH AWARD GRANT AWARDED THROUGH THE OREF (ORTHOPAEDIC RESEARCH & EDUCATION FOUNDATION) THIS AWARD IS FOR RESEARCH RELATING TO ALLOGRAFT SCIENCE THE PURPOSE IS TO FOSTER, PROMOTE, SUPPORT, AUGMENT, DEVELOP AND ENCOURAGE INVESTIGATIVE KNOWLEDGE OF THE CAUSES, CURE AND PREVENTION OF ORTHOPAEDIC RELATED INJURIES AND CONDITIONS, AND TO ENCOURAGE RESEARCH IN THE FIELD OF ORTHOPAEDIC SURGERY IN THE MUSCULOSKELETAL SYSTEM THROUGH THE AWARDING OF RESEARCH AND EDUCATIONAL GRANTS 100,000 2)PEER-REVIEW GRANTS SCIENTIFIC RESEARCH GRANTS ARE AWARDED FOR THE CONTINUED RESEARCH TO DESIGN AND SUPPORT THE ADVANCEMENT OF ALLOGRAFT SCIENCE TO BOTH MEMBER (50%) AND NON MEMBER ACADEMIC INSTITUTIONS (50%) UP TO 125,000 EACH IN ADDITION, THESE GRANTS ARE SUBJECT TO REVIEW BY INDEPENDENT GRANT REVIEWERS FOR 2009, TOTAL GRANT REVIEW EXPENSE WAS 55,000 3)DIRECT MEMBER ALLOCATIONS ALL ACADEMIC MEMBERS ARE AWARDED GRANTS FOR THEIR ANNUAL PARTICIPATION IN RECOVERIES OF DONOR TISSUE AND PARTICIPATION IN THE FOUNDATION'S DIRECTORSHIP THESE FUNDS ARE USED TO SUPPORT RESIDENT EDUCATION, CLINICAL OR BASIC SCIENCE AT THE BOARD OF TRUSTEE MEMBER'S INSTITUTION UP TO 10,000 EACH 4)ACADEMIC CAREER DEVELOPMENT THIS AWARD IS INTENDED TO FOSTER THE DEVELOPMENT OF OUTSTANDING ORTHOPAEDIC CLINICIANS AND ENABLE THEM TO EXPAND THEIR POTENTIAL TO MAKE SIGNIFICANT RESEARCH CONTRIBUTIONS TO THE FIELD OF ORTHOPAEDICS ONLY APPLICANTS FROM MTF MEMBER INSTITUTIONS ARE ALLOWED UP TO 300,000 EACH 5)HERNDON RESIDENCY AWARD THE AWARD IS AWARDED FOR ORTHOPAEDIC RESIDENT RESEARCH PROJECTS THROUGH THE OREF (ORTHOPAEDIC RESEARCH & EDUCATION FOUNDATION) TWO AWARDS AT 20,000 EACH 6)GRANT REVIEWER STIPENDS GRANT REVIEWER STIPENDS ARE PAID TO INDEPENDENT REVIEWERS FOR REVIEWING THE PEER REVIEW GRANT PROPOSALS 7)MTF BOD DIRECTED RESEARCH PROJECTS DIRECTLY DISCUSSED, AUTHORIZED AND INITIATED BY THE BOARD OF DIRECTORS INDIVIDUAL AMOUNTS BASED ON THE BUDGET NECESSARY TO CONCLUDE THE RESEARCH INITIATIVE ALL RECIPIENTS OF MTF GRANT AWARDS WILL RECEIVE 90% OF THEIR SUPPORT MADE IN PAYMENTS DURING THE CALENDAR YEAR A FINAL 10% PAYMENT WILL BE MADE UPON RECEIPT OF A RESEARCH PROGRESS REPORT, WHICH IS DUE DECEMBER 31, OF THE CALENDAR YEAR A DETAILED BUDGET SHOWING USE OF ALL FUNDS AWARDED IS ALSO REQUIRED AS PART OF THE REPORT MADE TO MTF PRIOR TO THE RELEASE OF THE FINAL 10% OF FUNDING IN ADDITION, THESE GRANTS ARE SUBJECT TO REVIEW BY INDEPENDENT GRANT REVIEWERS FOR 2009, TOTAL GRANT REVIEW EXPENSE WAS 55,000 TWO 6-MONTH, NO COST EXTENSIONS OF THE GRANT MAY BE REQUESTED FORMALLY IF THE GRANT IS NOT COMPLETED BY THE AGREED COMPLETION DATE, THE GRANTEE WILL LOSE THE REMAINING 10% OF THE GRANTED FUNDS UNUSUAL CIRCUMSTANCES WILL BE CONSIDERED

Additional Data Return to Form

Software ID:
Software Version:
EIN: 22-2803458
Name: MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ALBANY MEDICAL COLLEGE ACADEMIC OFFICE-ASSOCIATE PROFESSOR ALBANY MEDICAL CENTER HOSPITAL 1367 WASHINGTON AVENUE ALBANY,NY 12203	14-1338307	3	8,500				RESIDENT EDUCATION
BAYLOR COLLEGE OF MEDICINE PROFESSOR AND CHAIRMAN1709 DRYDEN RD SUITE 1230 HOUSTON,TX 77030	76-0417040	3	7,000				RESIDENT EDUCATION
BOWMAN GRAY SCHOOL OF MEDICINE WAKE FOREST UNIV BAPTIST MED CTRMEDICAL CENTER BOULEVARD DEPT OF ORTHOPAEDICS WINSTON SALEM,NC 271571070	58-1556975	3	10,000				RESIDENT EDUCATION
BROOKE ARMY MEDICAL CENTER BONE & SOFT TISSUE TRAUMA RESEARCH3400 RAWLEY E CHAMBERS AVE RM 292-1 BLDG 3611 FORT SAM HOUSTON,TX 782346315		GOV	7,000				RESIDENT EDUCATION
CASE WESTERN RESERVE UNIVERSITY BIOMED ENG & ORTHOPAEDIC SURGERY 10900 EUCLID AVE SCH OF MED WICKENDEN BLDG RM 206 CLEVELAND,OH 44106	34-1018992	3	112,500				SCIENTIFIC RESEARCH
CASE WESTERN RESERVE UNIVERSITY UNIVERSITY HOSPITALS OF CLEVELAND11100 EUCLID AVENUE HANNA HOUSE 6TH FLOOR CLEVELAND,OH 44106	34-1018992	3	112,500				SCIENTIFIC RESEARCH
CASE WESTERN RESERVE UNIVERSITY MECH & AEROSPACE ENGINEERING10900 EUCLID AVENUE GLENNAN 418 CLEVELAND,OH 441067222	34-1018992	3	111,746				SCIENTIFIC RESEARCH
CASE WESTERN RESERVE UNIVERSITY MECH & AEROSPACE ENGINEERING10900 EUCLID AVENUE GLENNAN 615A CLEVELAND,OH 441067222	34-1018992	3	11,939				RESIDENT EDUCATION
CASE WESTERN RESERVE UNIVERSITY CHAIR CENTER FOR BIOETHICS10900 EUCLID AVE SCH OF MED CLEVELAND,OH 441064976	34-1018992	3	10,000				RESIDENT EDUCATION
CASE WESTERN RESERVE UNIVERSITY UNIVERSITY HOSPITALS OF CLEVELAND11100 EUCLID AVENUE HAN-5043 DEPT OF ORTHOPAEDIC SURGERY CLEVELAND,OH 44106	34-1018992	3	8,500				SCIENTIFIC RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CEDARS SINAI MEDICAL CENTER SURGERY SURGERY8700 BEVERLY BLVD DAVIS BLDG LOS ANGELES,CA 90048	95-1644600	3	112,498				SCIENTIFIC RESEARCH
CHILDREN'S HOSPITAL BOSTON DEPT OF ORTHOPAEDIC SURGERY300 LONGWOOD AVE HUNNEWELLE 2 BOSTON,MA 02115		3	12,150				RESIDENT EDUCATION
COLUMBIA UNIVERSITY BIOMEDICAL ENGINEERING 351 ENGINEERING TERRACE MC 8904 NEW YORK,NY 10027		3	12,500				SCIENTIFIC RESEARCH
DUKE UNIVERSITY DIV OF ORTHOPAEDIC SURGERYDUMC BOX 3312 MUSCULOSKELETAL ONCOLOGY DURHAM,NC 27710		3	8,500				GRANT PROPOSAL REV
DUKE UNIVERSITY-ASST PROFESSOR DIVISION OF ORTHOPAEDIC SURGERY DUKE UNIVERSITY MEDICAL CENTER BOX 3312 DUMC DURHAM,NC 27710		3	7,500				RESIDENT EDUCATION
HENRY FORD HOSPITAL VICE CHAIR DEPT OF ORTHO SURGERY2799 WEST GRAND BLVD DETROIT,MI 48202		3	7,000				RESIDENT EDUCATION
HOSPITAL FOR SPECIAL SURGERY ORTHOPAEDIC SURGERY 535 E 70TH STREET NEW YORK,NY 10021		3	10,000				GRANT PROPOSAL REV
LOUISIANA STATE UNIVERSITY DEPT OF ORTHOPAEDIC SURGERY2020 GRAVIER ST RM 730 NEW ORLEANS,LA 70112		3	7,000				RESIDENT EDUCATION
MASSACHUSETTS GENERAL HOSPITAL THE GENERAL HOSPITAL CORP175 CAMBRIDGE ST BOSTON,MA 02114		3	112,500				SCIENTIFIC RESEARCH
MAYO CLINIC-ORTHOPAEDIC SURGERY DEPT OF ORTHOPEDIC SURGERY200 FIRST STREET SW ROCHESTER,MN 55905	41-6011702	3	112,500				SCIENTIFIC RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MEDICAL COLLEGE OF GEORGIA DIR SPORTS MEDICINE CTR937 15TH STREET SPORTS MEDICINE CTR AUGUSTA,GA 30912	58-2144788	3	8,500				RESIDENT EDUCATION
MEDICAL COLLEGE OF WISCONSIN FROEDERT HOSPITAL - EAST CLINIC9200 WEST WISCONSIN AVE BOX 26099 DEPT OF ORTHOPAEDIC SURGERY MILWAUKEE,WI 532260099		3	8,500				RESIDENT EDUCATION
MEDICAL UNIVERSITY OF SO CAROLINA DEPARTMENT OF ORTHOPAEDIC SURGERY 171 ASHLEY AVENUE CSB 708 CHARLESTON,SC 294252239		3	8,500				RESIDENT EDUCATION
NYU HOSPITAL FOR JOINT DISEASES ORTHOPEDICS SURGERY 301 EAST 17TH STREET NEW YORK,NY 10003		3	7,000				RESIDENT EDUCATION
OCHSNER CLINIC FOUNDATION1201 S CLEARVIEW PKWY SUITE 104 BLDG B NEW ORLEANS,LA 70121	72-0502505	3	8,500				RESIDENT EDUCATION
OHIO STATE UNIVERSITY SPORTS MEDICINE CENTER 2050 KENNY RD STE 3100 CLINICAL ORTHOPAEDICS COLUMBUS,OH 43221		3	8,500				RESIDENT EDUCATION
PURDUE UNIVERSITY WELDON SCHOOF OF BIOMEDICAL ENG206 S MARTIN JISCHKE DRIVE WEST LAFAYETTE,IN 479072032		3	112,500				SCIENTIFIC RESEARCH
STANFORD OUTPATIENT CENTER DEPT OF ORTHOPAEDIC SURGERY450 BROADWAY STREET MC 6342 REDWOOD CITY,CA 94063		3	8,500				RESIDENT EDUCATION
STANFORD UNIVERSITY ORTHOPEDIC SURGERY300 PASTEUR DR EDWARDS BLDG R153 STANFORD,CA 94305		3	8,224				SCIENTIFIC RESEARCH
THE CLEVELAND CLINIC FOUNDATION DEPARTMENT OF ORTHOPAEDIC SURGERY 9500 EUCLID AVENUE A-41 CLEVELAND,OH 44195	34-0714585	3	10,000				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THE QUEENS MEDICAL CENTER BONE AND JOINT CLINIC OF HAWAII1329 LUSITANA ST - STE 501 QUEENS PHYSICIANS OFFICE BLDG II HONOLULU,HI 96813		3	7,000				RESIDENT EDUCATION
THE UNIVERSITY OF CHICAGO DEPARTMENT OF SURGERY 5841 SOUTH MARYLAND AVENUE CHICAGO,IL 60637		3	86,940				SCIENTIFIC RESEARCH
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CNTR1515 HOCOMBE BLVD UNIT 602 PLASTIC SURGERY HOUSTON,TX 77030		3	12,497				RESIDENT EDUCATION
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CNTRPO BOX 301402 DEPT OF ORTHO ONCOLOGY-UNIT408 HOUSTON,TX 77030		3	7,000				RESIDENT EDUCATION
TRIPLER ARMY MEDICAL CENTER CHIEF SPORTS MEDICINE SECTION1 JARRETT WHITE ROAD ORTHOPAEDIC SURGERY SERVICECS HONOLULU,HI 96869		GOV	7,000				RESIDENT EDUCATION
TULANE UNIVERSITY SCHOOL OF MEDICIN ASSOC PROF1430 TULANE AVENUE SL32 NEW ORLEANS,LA 70112		3	8,500				RESIDENT EDUCATION
UMD-NEW JERSEY MEDICAL SCHOOL PROF & CHAIR OF ORTHOPAEDICS140 BERGEN STREET ACC D1765 DEPARTMENT OF ORTHOPAEDICS NEWARK,NJ 07103		GOV	8,500				RESIDENT EDUCATION
UCLA MEDICAL CENTER UCLA DEPT OF ORTHOPAEDIC SURGERY CHIEF-SPORTS MEDICINE 10833 LECONTE AVENUE BOX 956902 LOS ANGELES,CA 900956902		3	10,000				RESIDENT EDUCATION
UMDNJ-ROBERT WOOD JOHNSON MED SCH PROF EMERITUS ORTHOPAEDIC SURGERY DEPARTMENT OF ORTHOPAEDIC SURGERY PO BOX 19 NEW BRUNSWICK,NJ 08903		GOV	7,000				RESIDENT EDUCATION
UNC AT CHAPEL HILL DEPARTMENT OF ORTHOPAEDICSCB7055 BIOINFRAMEDICS BUILDING CHAPEL HILL,NC 27599		3	7,000				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIV OF ARKANSAS-MEDICAL SCIENCES CHAIR OF ORTHOPAEDIC SURGERY4301 W MARKAHM ST 531 LITTLE ROCK,AR 72205		3	10,000				RESIDENT EDUCATION
UNIV OF CA DAVIS MEDICAL CTR ORTHOPAEDIC SURGERY - ADULT RECON4860 Y STREET SUITE 1700 SACRAMENTO,CA 95817		3	8,500				RESIDENT EDUCATION
UNIV OF MOCOLUMBIA UMC HEALTH SCIENCE CTR DEPARTMENT OF ORTHOPEDICS MC213 1 HOSPITAL DRIVE COLUMBIA,MO 65212	43-6003859	3	10,000				RESIDENT EDUCATION
UNIV OF ROCHESTER MEDICAL CTR601 ELMWOOD AVENUE BOX 665 DEPARTMENT OF ORTHOPAEDICS ROCHESTER,NY 14642	16-0743209	3	7,000				RESIDENT EDUCATION
UNIV OF TEXAS HEALTH SCIENCE CTR DEPT OF ORTHOPAEDICS 7703 FLOYD CURL DRIVE ATTN ORTHO ANNEX MAIL CODE 7774 SAN ANTONIO,TX 782293900	74-1761309	3	10,000				RESIDENT EDUCATION
UNIV OF TX SOUTHWESTERN MED CTR DEPT OF ORTHOPEDIC SURGERY5323 HARRY HINES BLVD DALLAS,TX 75390	75-6002868	3	7,000				RESIDENT EDUCATION
UNIVERSITY OF ARIZONA ORTHOPAEDIC SURGERY COLL OF MED1501 N CAMPBELL AVE PO BOX 245064 TUCSON,AZ 85724		3	112,500				SCIENTIFIC RESEARCH
UNIVERSITY OF CA LOS ANGELES53-076 CHS 10833 LE CONTE AVENUE DEPARTMENT OF DENTISTRY LOS ANGELES,CA 900951668	95-3701255	3	112,158				SCIENTIFIC RESEARCH
UNIVERSITY OF CA LOS ANGELES ORTHOPAEDIC SURGERY 76-126 CHS 10833 LE CONTE AVENUE LOS ANGELES,CA 900951668	95-3701255	3	12,480				SCIENTIFIC RESEARCH
UNIVERSITY OF CALIFORNIA DAVIS MECH & AEROSPACE ENG ONE SHIELDS AVENUE DAVIS,CA 95616		3	12,396				SCIENTIFIC RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 FRAN PROFESSOR DIRECTOR OF CORNEA SERVI10 KORET WAY ROOM K-304 DEPARTMENT OF OPTHALMOLOGY SAN FRANCISCO,CA 94143		3	8,500				RESIDENT EDUCATION
UNIVERSITY OF CALIFORNIA SAN FRAN PROFESSOR500 PARNASSUS AVENUE MU320 WEST DEPT OF ORTHOPAEDIC SURGERY SAN FRANCISCO,CA 94143		3	7,000				RESIDENT EDUCATION
UNIVERSITY OF MA MEDICAL SCHOOL DEPT OF ORTHOPEDICS55 LAKE AVE NORTH S4-827 WORCESTER,MA 01655		3	20,000				ORTHOPEDIC RESEARCH
UNIVERSITY OF MINNESOTA ORTHOPAEDIC ONCOLOGY & ADULT RECON2450 RIVERSIDE AVENUE S R200 MINNEAPOLIS,MN 55454		3	7,000				RESIDENT EDUCATION
UNIVERSITY OF MISSISSIPPI MED CTR CHRMN DEPT OF ORTHOPAEDIC SURGERY 2500 NORTH STATE STREET JACKSON,MS 392164505		3	8,500				RESIDENT EDUCATION
UNIVERSITY OF NEBRASKA DEPT OF ORTHOPAEDIC SURGERY981080 NEBRASKA MEDICAL CENTER OMAHA,NE 681981080		3	8,500				RESIDENT EDUCATION
UNIVERSITY OF PITTSBURGH MED CTR SPORTS MEDICINE3200 S WATER STREET PITTSBURGH,PA 15261		3	7,000				GRANT PROPOSAL REV
UNIVERSITY OF ROCHESTER CTR FOR MUSCULOSKELETAL RESEARCH601 ELMWOOD AVENUE BOX 665 ROCHESTER,NY 14642		3	112,320				SCIENTIFIC RESEARCH
UNIVERSITY OF UTAH SCH OF MED DIRECTOR SARCOMA SERVICES-HUNTSMAN2000 CIRCLE OF HOPE SUITE 4260 SALT LAKE CITY,UT 841125550		3	10,000				RESIDENT EDUCATION
UNIVERSITY OF VIRGINIA 400 RAY C HUNT DR STE 330 CHARLOTTESVILLE,VA 22904	54-6001798	3	100,000				ALLOGRAFT RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 PO BOX 800159 400 RAY C HUNT DR STE 330 CHARLOTTESVILLE,VA 22904	54-6001798	3	90,000				SCHOLARSHIP IN ORTHO
UNIVERSITY OF VIRGINIA 400 RAY C HUNT DR STE 330 DEPARTMENT OF ORTHOPAEDICS CHARLOTTESVILLE,VA 22904	54-6001798	3	90,000				SCIENTIFIC RESEARCH
UNIVERSITY OF VIRGINIA ORTHOPAEDIC SURGERY DEPTHOSPITAL HILL DR COBB HALL B039 POBOX 800374 CHARLOTTESVILLE,VA 22908	54-6001798	3	9,600				RESIDENT EDUCATION
UNIVERSITY OF VIRGINIA SCH OF MED ASST PROF OF ORTHPAEDIC SURGERYPO BOX 800159 CHARLOTTESVILLE,VA 22908	54-6001798	3	75,000				RESIDENT EDUCATION
UNIVERSITY OF VIRGINIA SCH OF MED ORTHOPAEDIC RESEARCH LABORATORYPO BOX 800159 CHARLOTTESVILLE,VA 22908	54-6001798	3	60,000				RESIDENT EDUCATION
UNIVERSITY OF VIRGINIA SCH OF MED PROF OF ORTHPAEDIC SURGERYPO BOX 800159 CHARLOTTESVILLE,VA 22908	54-6001798	3	7,500				RESIDENT EDUCATION
UNIVERSITY OF VIRGINIA SCH OF MED ASST PROF OF ORTHPAEDIC SURGERYPO BOX 800159 CHARLOTTESVILLE,VA 22908	54-6001798	3	7,000				RESIDENT EDUCATION
UTHSCSA PROFESSOR DEPT OF PERIODONTICS7703 FLOYD CURL DRIVE-MAIL CODE7894 SAN ANTONIO,TX 782293990		3	7,000				RESIDENT EDUCATION
VANDERBILT UNIV MEDICAL CENTER DEPT OF ORTHOPEDIC AND REHABD-4216 MEDICAL CENTER NORTH NASHVILLE,TN 372322250	62-0476822	3	7,500				RESIDENT EDUCATION
VANDERBILT UNIVERSITY MEDICAL CTR PROFESSOR OF ORTHOPAEDIC SURGERY MED CTR EAST SOUTH TOWER STE 4200 DEPT OF ORTHOPAEDICS AND REHAB NASHVILLE,TN 372328774	62-0476822	3	8,500				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
WAKE FOREST UNIV HEALTH SCIENCES ASSISTANT PROFESSOR MEDICAL CENTER BLVD WINSTON SALEM, NC 27101		3	10,000				GRANT PROPOSAL REV
WASHINGTON UNIVERSITY 1 BARNES JEWISH HOSPITAL PLAZA STE 11300 W PAVILION BOX 89233 ST LOUIS, MO 63110	43-0653611	3	20,000				ORTHOPEDIC RESEARCH
WEST VIRGINIA UNIVERSITY ORTHOPAEDICSONE MEDICAL CENTER DRIVE MORGANTOWN, WV 26506		3	112,500				SCIENTIFIC RESEARCH

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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, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

Employer identification number
22-2803458

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	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			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	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			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	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			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BRUCE W STROEVER	(i) (ii)	514,249	112,550	3,088	14,155	13,203	657,245	
MICHAEL J KAWAS	(i) (ii)	338,146	65,250	1,390	14,700	22,422	441,908	
GEORGE A ORAM	(i) (ii)	353,809	67,000	6,100	14,147	19,322	460,378	
MARTHA ANDERSON	(i) (ii)	272,109	52,450	4,260	14,191	16,774	359,784	
JOSEPH YACCARINO	(i) (ii)	256,885	50,400	10,380	14,700	18,671	351,036	
MARK H SPILKER	(i) (ii)	221,684	116,500	554		14,420	353,158	
THOMAS C SHAFFER	(i) (ii)	241,927	59,800	700	14,208	7,375	324,010	
MARC L JACOBS	(i) (ii)	209,626	52,800	691	13,570	15,383	292,070	
DONALD E LARSON	(i) (ii)	211,808	46,850	700	12,418	19,199	290,975	
KIMBERLY A FITZGERALD	(i) (ii)	202,134	51,450	694	8,928	23,505	286,711	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

Employer identification number
22-2803458

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (TISSUE FORMS)	X			
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶ ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	SCHEDULE M, PAGE 2, PART II	FORM 990 SCHEDULE M - ALLOGRAFT TISSUE DONATION THE MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC (THE "FOUNDATION") RECOVERS, PROCESSES AND DISTRIBUTES DONATED HUMAN TISSUES FOR TRANSPLANT, EDUCATION AND RESEARCH THESE TISSUES INCLUDE MUSCULOSKELETAL TISSUES (E G , BONE, TENDON, LIGAMENT AND CARTILAGE), CARDIOVASCULAR TISSUES(E G HEART VALVES AND VEINS), SKIN AND OCULAR TISSUES(E G , CORNEAS AND SCLERA), AND NON-TRANSPLANTABLE ORGANS(E G , LIVERS, HEARTS, LUNGS) WHICH ARE USED SOLELY FOR RESEARCH PURPOSES ALL ORGANS AND TISSUES ARE DONATED ACCORDING TO ESTABLISHED STATE AND FEDERAL LAWS AND REGULATIONS, INCLUDING THE NATIONAL ORGAN TRANSPLANT ACT AND UNIFORM ANATOMICAL GIFT ACT NO REMUNERATION IS PROVIDED TO THE DONOR OR HIS/HER FAMILY FOR THE DONATION TISSUES ARE RECOVERED EITHER DIRECTLY BY THE FOUNDATION OR BY AFFILIATED ORGANIZATIONS (E G , ORGAN PROCUREMENT ORGANIZATIONS, EYE AND TISSUE BANKS) WITH WHICH THE FOUNDATION HAS FORMAL WRITTEN AGREEMENTS COSTS ASSOCIATED WITH THE RECOVERY PROCESS ARE REIMBURSED BY THE FOUNDATION TO THE AFFILIATED ORGANIZATIONS NO VALUE IS ASSIGNED TO THE DONATED TISSUES OR ORGANS THE COSTS ASSOCIATED WITH RECOVERY, PROCESSING AND DISTRIBUTION ARE CAPITALIZED WHEN INCURRED THIS VALUE IS THE BASIS OF INVENTORY AVAILABLE FOR TRANSPLANTATION AND /OR RESEARCH THE FOUNDATION THEN CHARGES A SERVICE FEE TO REIMBURSE FOR THE COSTS ASSOCIATED WITH THE PREPARATION , STORAGE AND DISTRIBUTION OF THE TISSUES

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

Employer identification number
22-2803458

Identifier	Return Reference	Explanation

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	MTF IS DEDICATED TO PROVIDING QUALITY ALLOGRAFT TISSUE FOR TRANSPLANTATION THROUGH A COMMITMENT TO EXCELLENCE IN EDUCATION, RESEARCH, RECOVERY AND CARE FOR RECIPIENTS, DONORS AND THEIR FAMILIES MTF CONTINUES TO PROMOTE THE HEALTH AND WELFARE OF THE GENERAL PUBLIC BY (1)MAXIMIZING THE AVAILABILITY OF HIGH QUALITY HUMAN TISSUE INCLUDING BONE, SKIN, AND OCULAR TISSUE, 2)SUPPORTING MEDICAL, SCIENTIFIC AND OTHER EDUCATIONAL RESEARCH WITH RESPECT TO TISSUE DONATION, RECOVERY AND TRANSPLANTATION, (3) EDUCATING THE GENERAL PUBLIC WITH RESPECT TO THE IMPORTANCE AND BENEFITS OF TISSUE DONATION AND TRANSPLANTATION, AND (4) OTHERWISE PROMOTING TISSUE DONATION THROUGH A COMMITMENT TO EXCELLENCE IN EDUCATION, RESEARCH, RECOVERY AND CARE FOR DONORS, RECIPIENTS, AND THEIR FAMILIES THE MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC (THE "FOUNDATION") WAS INCORPORATED ON JANUARY 30, 1987, AS A DISTRICT OF COLUMBIA NON-PROFIT MEMBERSHIP ORGANIZATION AND IS A 501(C)(3) ORGANIZATION THERE IS A CRITICAL NEED FOR, AND SHORT SUPPLY OF, MUSCULOSKELETAL, CARDIOVASCULAR, SKIN AND OCULAR TISSUE AVAILABLE FOR TRANSPLANTATION IN ORDER TO ACCOMPLISH MTF'S MISSION AND THESE ACTIVITIES, THE FOUNDATION MAINTAINS A DONOR RECOVERY NETWORK, CONDUCTS DONOR AWARENESS PROGRAMS FOR THE PUBLIC, DONATES BONE AND OTHER TISSUE FOR RESEARCH,PROVIDES RESEARCH GRANTS, AND OTHERWISE SUPPORTS BONE, SKIN, CARDIOVASCULAR AND OCULAR TISSUE TRANSPLANTATION, RESEARCH AND EDUCATIONAL PROGRAMS THE FOUNDATION'S MEMBERSHIP IS COMPRISED OF 501(C)(3) NON-PROFIT ORGANIZATIONS THE MEMBERSHIP CONSISTS OF FORTY-FOUR ACADEMIC MEMBERS (ORTHOPAEDIC TEACHING INSTITUTIONS),THIRTY-THREE RECOVERY ORGANIZATIONS MEMBERS (ORGAN, EYE AND TISSUE PROCUREMENT ORGANIZATIONS) AND FIVE REFERRING RECOVERY ORGANIZATIONS AND ORGAN PROCUREMENT ORGANIZATIONS,("OPO'S") THROUGHOUT THE UNITED STATES BIOCON, INC , A NON PROFIT 501(C)(3) ORGANIZATION SERVES AS THE SOLE CORPORATE MEMBER OF THE FOUNDATION THE FOUNDATION IS RESPONSIBLE FOR THE MAINTENANCE OF A NATIONWIDE DONOR RECOVERY NETWORK THAT IS BASED ON ITS AFFILIATION WITH ITS RECOVERY AND REFERRING MEMBERS THIS NATIONAL NETWORK ALLOWS THE PUBLIC TO QUICKLY ACCESS NEEDED ALLOGRAFT TISSUE BONE AND OTHER ALLOGRAFT TISSUED RECOVERED THROUGH THIS NETWORK IS SUBJECT TO STANDARDIZED SCREENING CRITERIA FOR DONATION ESTABLISHED BY THE FOUNDATION'S MEDICAL BOARD OF TRUSTEES AND DONATION BOARD OF TRUSTEES(DESCRIBED BELOW) THE FOUNDATION ALSO MAINTAINS A QUALITY ASSURANCE PROGRAM WITH RESPECT TO BONE AND OTHER ALLOGRAFT TISSUES RECOVERED THROUGH THE NETWORK THIS PROGRAM IS BASED ON THE POLICIES ADOPTED BY THE AMERICAN ASSOCIATION OF TISSUE BANKS AND THE REGULATIONS PUBLISHED BY THE FOOD & DRUG ADMINISTRATION THE FOUNDATION PROVIDES RECOVERY ORGANIZATION MEMBERS AND THE GENERAL COMMUNITY THEY SERVE WITH FUNDING FOR HOSPITAL DEVELOPMENT AND DONOR AWARENESS SERVICES THESE SERVICES ALSO INCLUDE PROVIDING TRAINING TO RECOVERY ORGANIZATION MEMBERS, EDUCATIONAL SYMPOSIUMS TO BOTH RECOVERY ORGANIZATION MEMBERS AND HOSPITAL STAFF, AND EDUCATIONAL MATERIALS FOR USE IN SEMINARS TO HOSPITAL PROFESSIONALS AND THE GENERAL PUBLIC AS INDICATED IN ARTICLE III OF THE FOUNDATION'S BYLAWS, A MEMBER OF THE FOUNDATION CAN BE AN ACADEMIC MEDICAL INSTITUTION WITH AN ACCREDITED RESIDENCY TRAINING PROGRAM, A FEDERALLY CHARTERED OPO, OR AN EYE/TISSUE BANK ALL MEMBERS AGREE TO SUPPORT THE FOUNDATION'S MISSION EITHER THROUGH A SERVICES AND SUPPLY AGREEMENT OR SERVICES AND RECOVERY AGREEMENT SOME MEMBERS ARE ELIGIBLE FOR RESEARCH FUNDING FROM THE FOUNDATION UPON RECOMMENDATION AND/OR APPROVAL OF EITHER THE BOARD OF DIRECTORS OR THE MEDICAL BOARD OF TRUSTEES ALTHOUGH ALL OF THE FOUNDATION'S MEMBERS ARE NON-PROFIT 501(C)(3)ORGANIZATIONS, THE FOUNDATION MAKES ITS TRANSPLANTATION TISSUE NETWORK AND PROGRAMS AVAILABLE TO ANY PERSON OR ORGANIZATION (TYPICALLY THROUGH THEIR HOSPITALS AND PHYSICIANS) IN NEED OF ALLOGRAFT TISSUE THE FOUNDATION FUNDS ALL COSTS ASSOCIATED WITH THE RECOVERY OF DONOR TISSUES IT SUPPORTS THESE COSTS WITH FEES INTENDED TO COVER ITS EXPENSES(INCLUDING FUNDING FOR RESEARCH) FROM THE USER OF THE TISSUE THE FOUNDATION WILL MAKE SUCH TISSUE AVAILABLE AT A REDUCED FEE OR NO CHARGE FOR VARIOUS CAUSES INCLUDING TRANSPLANTATION AND FOR PURPOSES OF RESEARCH BY 501(C)(3) ORGANIZATIONS ALL FUNDS REALIZED BY THE FOUNDATION ARE USED TO COVER THE COSTS OF ITS PROGRAM ACTIVITIES (INCLUDING OVERHEAD) WITH ANY SURPLUS APPLIED TOWARDS SUBSIDIZING THE COSTS OF THOSE IN NEED OF TISSUE WHO ARE UNABLE TO AFFORD IT, TO FUND EDUCATION AND RESEARCH, TO MAINTAIN THE APPROPRIATE INFRASTRUCTURE AND/OR TO BUILD UP RESERVES NEEDED TO MAINTAIN AND EXPAND THE FOUNDATION'S PROGRAMS WHILE THE FOUNDATION'S ACTIVITIES ARE MONITORED BY ITS MEMBERS, THE FOUNDATION HAS A THIRTEEN PERSON BOARD OF DIRECTORS THIS BOARD IS COMPRISED PRIMARILY OF WORLD RENOWN EXPERTS FROM THE NON-PROFIT HEALTH CARE COMMUNITY HAVING VARIOUS SCIENTIFIC, TRANSPLANT AND MEDICAL SPECIALTIES THE BOARD OF DIRECTORS HAS ULTIMATE RESPONSIBILITY TO MANAGE THE FOUNDATION OF THE BOARD'S 13 MEMBERS THERE ARE TWO MEMBERS EACH FROM THE MEDICAL AND THE DONATION BOARD OF TRUSTEES SERVING IN TANDEM WITH OTHER BOARD OF DIRECTORS, THE FOUNDATION HAS A MEDICAL BOARD OF TRUSTEES (THE "MEDICAL BOARD") AND A DONATION BOARD OF TRUSTEES ("DONATION BOARD") THE MEDICAL BOARD IS COMPRISED OF RESPECTIVE PHYSICIANS FROM ORTHOPAEDIC DEPARTMENTS OF THE ACADEMIC INSTITUTION MEMBERS OF THE FOUNDATION, PLUS THREE ADDITIONAL PERSONS WHO HAVE SPECIFIC EXPERTISE PERTAINING TO TRANSPLANTATION ETHICS AND RESEARCH ACTIVITIES WITHIN THE INDUSTRY WHILE THE SPECIFIC POWERS AND RESPONSIBILITIES OF THE MEDICAL BOARD ARE DETAILED AT ARTICLE IV, SECTION 2 OF THE FOUNDATION'S BYLAWS, IN GENERAL IT PROVIDES THAT THE MEDICAL BOARD SHALL ADVISE THE FOUNDATION WITH RESPECT TO OPTIMIZING THE DISTRIBUTION OF RESEARCH GRANTS, THE CHOICE OF AREAS MERITING RESEARCH FUNDING, AND ESTABLISHING THE STANDARD POLICIES AND PROTOCOLS RELATING TO THE SCREENING, RECOVERY, TRANSPORT, TESTING, PROCESSING, STORAGE AND DISTRIBUTION OF TRANSPLANTABLE BONE AND TISSUE THE DONATION BOARD IS COMPRISED OF INDIVIDUALS KNOWLEDGEABLE IN THE FIELD OF TISSUE TRANSPLANTATION AND ARE LEADERS OF THE FOUNDATION'S RECOVERY ORGANIZATION MEMBERSHIP WHILE THE SPECIFIC POWERS AND RESPONSIBILITIES OF THE DONATION BOARD ARE DETAILED IN ARTICLE VI, SECTION 2 OF THE FOUNDATION'S BYLAWS, IN GENERAL, THE DONATION BOARD PROVIDES THE BOARD OF DIRECTORS AND SENIOR MANAGEMENT OF THE FOUNDATION WITH RECOMMENDATIONS WITH REGARD TO TISSUE DONATION PRACTICES SUCH AS SCREENING, RECOVERY AND TESTING CRITERIA THE FOUNDATION SUPPORTS EDUCATIONAL, SCIENTIFIC AND RESEARCH PROJECTS BY DISTRIBUTING FUNDS AND MAKING AVAILABLE, AT NO CHARGE A SIGNIFICANT AMOUNT OF DONATED TISSUE FOR RESEARCH THE FOUNDATION FUNDS MANY TYPES OF PROJECTS RELATED TO ADVANCING TRANSPLANT SCIENCE ACCORDINGLY, GRANTS ARE PROVIDED FOR PROJECTS IN TISSUE DONATION AND APPLICATION IN SUM, ALL OF THE ACTIVITIES OF THE FOUNDATION(PAST, PRESENT AND FUTURE) HAVE BEEN AND WILL BE DIRECTED AT MEETING THE NEEDS OF THE GENERAL PUBLIC FOR ALLOGRAFT TISSUE AND/OR IMPROVING THE MANNER IN WHICH TRANSPLANT TISSUE IS MADE AVAILABLE TO THE GENERAL PUBLIC IN JANUARY 2005, THE FOUNDATION ACQUIRED CERTAIN ASSETS OF AMERICAN RED CROSS TISSUE SERVICES UNIT THIS ENABLED THE FOUNDATION TO EXPAND IT'S OPERATION OVER SEVERAL STATES AND THEREBY, INCREASE THE AVAILABLITY OF QUALITY TISSUE THE ACQUISITION ENABLED THE FOUNDATION TO RECOVER, PROCESS AND DISTRIBUTE SKIN FOR USE IN VARIOUS APPLICATIONS INCLUDING BURN VICTIMS AS WELL AS IN GENERAL SURGERY APPLICATIONS ADDITIONALLY, THE FOUNDATION SUPPORTS RESEARCH TO ADVANCE THE SCIENCE OF MUSCULOSKELETAL TISSUE APPLICATION IN 2009, THE FOUNDATION PROVIDED RESEARCH GRANTS TO ACADEMIC INSTITUTIONS TO PERFORM THIS TYPE OF RESEARCH THE FOUNDATION OFFERS EDUCATIONAL SERVICE TO SURGEONS AND NURSES BY WAY OF CONTINUING MEDICAL EDUCATION(CME) AND CONTACT HOUR PROGRAMS ON TOPICS SUCH AS "THE ART AND SCIENCE OF ALLOGRAFTING", "TISSUE BANKING WHAT IT TAKES TO GET IT RIGHT", AND "WHAT ARE THE FACTS REGARDING TISSUE SAFETY, INFECTIOUS DISEASE TESTING AND REGULATION" IN ADDITION THE FOUNDATION PROVIDES EDUCATION THROUGH A SPEAKER PROGRAM IN CONJUNCTION WITH ORTHOPAEDIC TEACHING HOSPITALS ACROSS THE UNITED STATES THE FOUNDATION DONATES RESEARCH ALLOGRAFT TISSUE FOR USE IN TRAINING AND EDUCATION OF SURGEONS HELD THROUGHOUT THE YEAR AT THE ORTHOPAEDIC LEARNING CENTER, ROSEMONT IL TOGETHER WITH VARIOUS ORTHOPAEDIC ORGANIZATIONS SURGEONS UTILIZE THE FOUNDATION'S ALLOGRAFT FORMS DURING PROCEDURAL TRAINING ON CADAVERIC SPECIMENS DURING CME COURSES FINALLY, THE FOUNDATION OFFERS GRANTS TO ITS RECOVERY PARTNERS TO EDUCATE THE PUBLIC AND HEALTHCARE PROFESSIONAL INVOLVED IN THE DONATION PROCESS THESE GRANTS PROVIDE FOR PROGRAMS TO INCREASE TISSUE DONATION SIMILAR TO MANY FEDERAL GOVERNMENT PROGRAMS

EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS FORM 990, PAGE 1, PART I, LINE 6 DONOR FAMILY SERVICES VOLUNTEER ROLES CLERICAL PACKET DEVELOPMENT, PHOTOCOPYING, STOCKING SUPPLIES, ASSISTING WITH MAILINGS, ORGANIZING MATERIALS, FILING, FACILITATING COMMUNICATION BETWEEN DONOR FAMILIES AND TRANSPLANT RECIPIENTS, PREPARATION AND MAILING OF SYMPATHY, BIRTHDAY AND THINKING OF YOU CARDS, ETC DATA ENTRY DOCUMENTATION OF ALL SUPPORT PROVIDED TO FAMILIES, SURVEY DATA ENTRY, SUPPORT GROUP MANUALS, MAINTAINING VOLUNTEER INFORMATION SPECIAL PROJECTS REVIEW OF MATERIALS, PROGRAM DEVELOPMENT, RESEARCH, PUBLIC RELATIONS, RECOGNITION COMMITTEES , WEB DESIGN AND INFORMATION, NEWSLETTER DESIGN AND INFORMATION, ETC SPEAKERS BUREAU PARTICIPATION WITH MTF STAFF TO EDUCATE THE PUBLIC AND PROFESSIONALS, MEDIA INTERVIEWS, HEALTH FAIRS, ETC DONOR FAMILY COUNCIL PARTICIPATION ON COUNCIL WITH OTHER DONOR FAMILIES THROUGH TELEPHONE CALLS, EMAIL AND OTHER WRITTEN COMMUNICATION FOR THE FOLLOWING DONOR FAMILY PROGRAM DEVELOPMENT AND IMPLEMENTATION, INCLUDING ANNUAL RECOGNITION CHILDRENS ACTIVITIES GREETING AND HOSPITALITY PROGRAM PROGRAM TRIBUTE BOOK FOLLOW-UP BEREAVEMENT PROGRAM FOR FAMILIES REVIEW PROCESS REVIEW LETTER AND BROCHURES REVIEW SURVEYS REVIEW BEREAVEMENT MATERIALS ETHICAL ISSUES FIRST ACHIEVEMENT DESCRIPTION FORM 990, PAGE 2, PART III, LINE 4A REPAIR OF ARTICULAR CARTILAGE, AND NEW FORMS OF DEMINERALIZED BONE WE CONTINUE TO SEEK NEW APPLICATIONS FOR THE USE OF THE PRECIOUS GIFT OF ALLOGRAFT TISSUES TO RESOLVE UNMET CLINICAL NEEDS IN 2008 WE COMPLETED A RESEARCH PROJECT TO PROVIDE A NEW TISSUE FORM FOR BONE FORMATION COMPRISING ADULT ALLOGENEIC STEM CELLS AND ALLOGRAFT BONE IN 2009, MTF INTRODUCED A NEW TISSUE FORM CALLED TRINITY EVOLUTION TRINITY EVOLUTION IS A STEM CELL-BASED BONE GROWTH MATRIX DESIGNED TO ADVANCE THE SURGICAL USE OF ALLOGRAFTS BY PROVIDING CHARACTERISTICS SIMILAR TO AN AUTOGRAFT IN SPINAL AND ORTHOPEDIC PROCEDURES ALL OTHER ACHIEVEMENTS DESCRIPTION FORM 990, PAGE 2, PART III, LINE 4D MTF PAYS INDEPENDENT RESEARCH EXPERTS TO REVIEW ANY GRANT PROPOSALS SUBMITTED TO THE ORGANIZATION FOR VALIDITY OR MERIT OF THE PROPOSED RESEARCH PROJECT AND ALSO RELATIONSHIP TO MTF'S CORE MISSION OF ADVANCING MUSCULOSKELETAL TRANSPLANT SCIENCE DURING 2009, MTF RECEIVED 75 APPLICATIONS FOR PEER REVIEW AND OTHER GRANTS MTF USED 45 SUCH EXPERTS TO REVIEW PEER-REVIEWED RESEARCH GRANT PROJECTS AND 9 PROJECTS WERE APPROVED FOR FUNDING EXPLANATION FOR WHY FORM 990-T NOT FILED FORM 990, PAGE 5, PART V, LINE 3B MTF IS NOT REQUIRED TO FILE FORM 990-T BECAUSE MTF'S GROSS INCOME FROM UNRELATED BUSINESS ACTIVITIES IS LESS THAN 1,000 MTF MAY FILE A 990-T IN ORDER TO ESTABLISH NET OPERATING LOSS CARRY FORWARDS TO FUTURE FILINGS FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES FORM 990, PART V, LINE 4B CANADA, POLAND CLASSES OF MEMBERS OR STOCKHOLDERS FORM 990, PAGE 6, PART VI, LINE 6 MTF IS ORGANIZED WITH TWO CLASSES OF MEMBERSHIP WHICH ARE (1) NON-CORPORATE MEMBERSHIP AND (2) CORPORATE MEMBERSHIP THE NON-CORPORATE MEMBERS INCLUDE ACADEMIC MEMBERS, RECOVERY MEMBERS, AND RESEARCH MEMBERS THE SOLE CORPORATE MEMBER OF MTF IS BIOCON, INC ELECTION OF MEMBERS AND THEIR RIGHTS FORM 990, PAGE 6, PART VI, LINE 7A THE SOLE CORPORATE MEMBER MAY APPOINT ALL DIRECTORS SUBJECT TO THE FOLLOWING THE CURRENT CHAIRPERSON AND VICE CHAIR OF MTF'S "MEDICAL BOARD OF TRUSTEES" WILL BE APPOINTED TO THE BOARD ALSO, THE CURRENT CHAIRPERSON AND VICE CHAIR OF MTF'S "DONATION BOARD OF TRUSTEES" WILL BE APPOINTED MEMBERS OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	ANY CHANGES TO THE MATERIAL GOVERNING DOCUMENTS OF THE FOUNDATION (EX BY-LAWS OR ARTICLES OF INCORPORATION) MUST BE APPROVED BY THE MEMBERS OF THE FOUNDATION'S MEDICAL BOARD OF TRUSTEES AND THE DONOR BOARD OF TRUSTEES

ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 FORM 990, PAGE 6, PART VI, LINE 11 MEMBERS OF THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS WERE PROVIDED WITH A PAPER COPY OF FORM 990 AND IT WAS REVIEWED WITH THEM AT AN OPEN MEETING OF THE AUDIT COMMITTEE SUBSEQUENT TO MODIFICATIONS, IF ANY, BEING MADE AS A RESULT OF THE AUDIT COMMITTEE MEETING, THE FORM 990 IS THEN CIRCULATED TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR FINAL APPROVAL BEFORE FILING ENFORCEMENT OF CONFLICTS POLICY FORM 990, PAGE 6, PART VI, LINE 12C MTF SENDS A QUESTIONNAIRE ANNUALLY TO BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES REQUESTING DISCLOSURE OF ANY CONFLICTS OF INTEREST THE LETTER INCLUDES THE FOLLOWING QUESTIONNAIRE 1 DO YOU OR MEMBERS OF YOUR FAMILY HAVE FAMILY OR BUSINESS RELATIONSHIPS (AS DEFINED BELOW) WITH ANY OF THE FOLLOWING PERSONS OR ORGANIZATIONS LISTED IN ATTACHMENT A IF YES, PLEASE IDENTIFY THE INDIVIDUAL AND EXPLAIN THE RELATIONSHIP FAMILY RELATIONSHIPS INCLUDE AN INDIVIDUAL'S SPOUSE, CHILDREN, GRANDCHILDREN, SIBLINGS AND THE SPOUSES OF CHILDREN, GRANDCHILDREN AND SIBLINGS BUSINESS RELATIONSHIPS INCLUDE EMPLOYMENT AND CONTRACTUAL RELATIONSHIPS AND COMMON OWNERSHIPS OF A BUSINESS WHERE ANY OFFICERS, DIRECTORS OR TRUSTEES, INDIVIDUALLY OR TOGETHER, POSSESS MORE THAN 35% OWNERSHIP INTEREST IN COMMON EXPLANATION _____ 2 DO YOU RECEIVE COMPENSATION FROM ANY ORGANIZATIONS, WHETHER TAX EXEMPT OR TAXABLE, THAT ARE RELATED TO MTF IF YES, ATTACH A STATEMENT THAT EXPLAINS THE RELATIONSHIP BETWEEN MTF AND THE OTHER ORGANIZATION, DESCRIBE THE COMPENSATION ARRANGEMENT, INCLUDING AMOUNTS PAID TO YOU BY THE RELATED ORGANIZATION COMPENSATION INCLUDES SALARY, FEES, BONUSES, CONTRIBUTIONS TO EMPLOYEE BENEFIT PLAN, DEFERRED COMPENSATION PLANS, EXPENSE ALLOWANCES, THE VALUE OF THE PERSONAL USE OF HOUSING, AUTOMOBILES OR OTHER ASSETS OWNED OR LEASED BY THE ORGANIZATION DEFINITION OF RELATED ORGANIZATION ORGANIZATIONS MAY BE RELATED IN SEVERAL WAYS, THE RELATIONSHIPS ARE NOT MUTUALLY EXCLUSIVE RELATED ORGANIZATIONS ARE TAX-EXEMPT OR TAXABLE ORGANIZATIONS RELATED TO THE TAX-EXEMPT ORGANIZATION IN ONE OR MORE OF THE FOLLOWING WAYS "RELATIONSHIP 1 ONE ORGANIZATION OWNS OR CONTROLS THE OTHER ORGANIZATION "RELATIONSHIP 2 THE SAME PERSON(S) OWNS OR CONTROLS BOTH ORGANIZATIONS "RELATIONSHIP 3 THE ORGANIZATIONS HAVE A RELATIONSHIP AS SUPPORTING AND SUPPORTED ORGANIZATIONS "RELATIONSHIP 4 THE ORGANIZATIONS USE A COMMON PAYMASTER "RELATIONSHIP 5 THE OTHER ORGANIZATION PAYS PART OF THE COMPENSATION THAT THE ORGANIZATION WOULD OTHERWISE BE CONTRACTUALLY OBLIGATED TO PAY "RELATIONSHIP 6 THE ORGANIZATIONS CONDUCT JOINT PROGRAMS OR SHARE FACILITIES OR EMPLOYEES OWNERSHIP THE TERM OWNERSHIP IS HOLDING (DIRECTLY OR INDIRECTLY) 50% OR MORE OF THE VOTING POWER IN A CORPORATION, PROFITS INTEREST IN A PARTNERSHIP, OR BENEFICIAL INTEREST IN A TRUST CONTROL THE TERM CONTROL IS HAVING 50% OR MORE OF THE VOTING POWER IN A GOVERNING BODY, OR THE POWER TO APPOINT 50% OR MORE OF AN ORGANIZATION'S GOVERNING BODY, OR THE POWER TO APPROVE AN ORGANIZATION'S BUDGETS OR EXPENDITURES (AN EFFECTIVE VETO POWER OVER THE ORGANIZATION'S BUDGETS AND EXPENDITURES) ALSO, CONTROL CAN BE INDIRECT BY OWNING OR CONTROLLING ANOTHER ORGANIZATION WITH SUCH POWER COMMON PAYMASTER IN GENERAL A COMMON PAYMASTER OF A GROUP OF RELATED CORPORATIONS IS ANY MEMBER THEREOF THAT DISBURSES REMUNERATION TO EMPLOYEES OF TWO OR MORE OF THOSE CORPORATIONS ON THEIR BEHALF AND THAT IS RESPONSIBLE FOR KEEPING BOOKS AND RECORDS FOR THE PAYROLL WITH RESPECT TO THOSE EMPLOYEES COMPENSATION PROCESS FOR TOP OFFICIAL FORM 990, PAGE 6, PART VI, LINE 15A EXECUTIVE COMPENSATION REVIEW EACH YEAR, MTF REVIEWS AND ASSESSES THE REASONABLENESS OF TOTAL COMPENSATION ARRANGEMENTS FOR OUR EXECUTIVE TEAM, INCLUDING THE CEO THE ANALYSIS INCORPORATES COMPENSATION SURVEY DATA, FORM 990S OF COMPANIES OF RELATED INDUSTRIES AND SIMILAR SIZE A BLEND OF BOTH FOR-PROFIT AND NOT-FOR-PROFIT COMPANIES IS USED EVERY THIRD YEAR, MTF RETAINS THE SERVICES OF AN INDEPENDENT COMPENSATION CONSULTANT TO ASCERTAIN AND DETERMINE THAT MTF IS PAYING AND PROVIDING A REASONABLE TOTAL COMPENSATION PACKAGE TO THEIR EXECUTIVES AND TO PROVIDE AN OPINION LETTER OF THEIR FINDINGS COMPENSATION COMMITTEE REVIEW MTF'S BOARD OF DIRECTORS ESTABLISHED A COMPENSATION COMMITTEE IN 1996 THE RESPONSIBILITY OF THE COMMITTEE WAS TO INITIALLY REVIEW AND RECOMMEND TO THE BOARD APPROVAL OF EXECUTIVE AND STAFF COMPENSATION AND CHANGES TO BENEFITS IN 2000, THE AUTHORITY OF THE COMMITTEE WAS EXPANDED TO INCLUDE THE APPROVAL OF SUCH COMPENSATION AND BENEFITS AND REPORTING SUCH APPROVALS TO THE BOARD THE COMPENSATION COMMITTEE TYPICALLY MEETS SEMI-ANNUALLY TO REVIEW MERIT AND BONUS RECOMMENDATIONS A COPY OF THE COMPENSATION COMMITTEE AGENDA, MEETING MATERIALS, AND MEETING MINUTES ARE MAINTAINED COMPENSATION PROCESS FOR OFFICERS FORM 990, PAGE 6, PART VI, LINE 15B YES GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FORM 990, PAGE 6, PART VI, LINE 19 UPON REQUEST, MTF WILL PROVIDE PUBLIC DOCUMENTS THROUGH EMAIL, MAILINGS OR OFFICE VISITS ADDITIONAL INFORMATION SCHEDULE O FORM 990, PART V, 7H NO CONTRIBUTIONS OF CARS, BOATS, AIRPLANES OR OTHER VEHICLES WERE RECEIVED BY MTF DURING 2009 THERE WERE NO 1098-C'S REQUIRED OR ACTUALLY FILED THUS, THE QUESTION WAS ANSWERED "NO" FORM 990, PART III, LINE 4A - INDIGENT CARE MTF INCURRED COSTS IN THE AMOUNT OF 150,000 ASSOCIATED WITH THE DISTRIBUTION OF ALLOGRAFT TISSUE THAT MTF DONATED FOR INDIGENT CARE PURPOSES, THOSE DISTRIBUTION COSTS HAD AN APPROXIMATE MARKET VALUE TO MTF IN THE AMOUNT OF 750,000 SCHEDULE N DISCLOSURE IN PRIOR YEARS, MTF HAD ESTABLISHED AN AUSTRALIAN SUBSIDIARY COMPANY CALLED MUSCULOSKELETAL TRANSPLANT FOUNDATION PTY LTD THAT ENTITY NEVER CONDUCTED ANY ACTUAL OPERATIONS AND WAS DISSOLVED EFFECTIVE JUNE 9, 2009 NOTE REGARDING FINANCIAL STATEMENT VS TAX RETURN PRESENTATION AMOUNTS SHOWN ON THE TAX RETURN MAY DIFFER FROM SPECIFIC AMOUNTS ON THE FINANCIAL STATEMENTS DUE TO RECLASSIFICATIONS NECESSARY FOR REQUIRED TAX RETURN DISCLOSURES OR NETTING OF OFFSETTING AMOUNTS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

Employer identification number
22-2803458

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
BIOCON INC 125 MAY STREET EDISON, NJ 08837 22-3619257	HOLDING CO	DC	501	11B	NA
DEUTSCHES INSTITUT FUR ZELL-UND GEWEBEERSATZ GMBH DBA DIZG INNOVATIONS PARK WUHLHEIDE MANFRED-VON ARDENNE BLDG 42 BERLIN, BERLIN GM	TISSUE DIS	GM			BIOCON INC
MUSCULOSKELETAL TRANSPLANT FDN PTY LTD SUITE 205 4 BRIDGE STREET SYDNEY, NEW SOUTH WALES 2000 AS	INACTIVE	AS			MTF INC
MAY STREET MEDICAL LLC 125 MAY STREET EDISON, NJ 08837 22-3751785	RENTAL	DE	501	11B	BIOCON INC

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**No**
e	Loans or loan guarantees by other organization(s)	**1e**	**No**
f	Sale of assets to other organization(s)	**1f**	**No**
g	Purchase of assets from other organization(s)	**1g**	**No**
h	Exchange of assets	**1h**	**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**Yes**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**Yes**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**No**
n	Sharing of paid employees	**1n**	**No**
o	Reimbursement paid to other organization for expenses	**1o**	**Yes**
p	Reimbursement paid by other organization for expenses	**1p**	**No**
q	Other transfer of cash or property to other organization(s)	**1q**	**Yes**
r	Other transfer of cash or property from other organization(s)	**1r**	**No**

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	MAY STREET MEDICAL LLC	J	2,515,194
(2)	MAY STREET MEDICAL LLC	K	674,190
(3)	DIZG	Q	871,590
(4)	DIZG	O	232,000
(5)	MAY STREET MEDICAL LLC	K	589,310
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No