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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

AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

6300 NORTH RIVER ROAD

Room/suite

City or town, state or country, and ZIP + 4

ROSEMONT, IL 600184262

D Employer identification number

36-2110592

E Telephone number

(847) 823-7186

G Gross receipts \$ 60,450,648

F Name and address of principal officer

KAREN L HACKETT
6300 NORTH RIVER ROAD
ROSEMONT, IL 600184262

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 AAOS ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1948

M State of legal domicile

IL

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities SERVE THE PROFESSION OF ORTHOPAEDIC SURGERY, CHAMPION THE INTERESTS OF PATIENTS, AND ADVANCE THE HIGHEST QUALITY MUSCULOSKELETAL HEALTH		
	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	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of employees (Part V, line 2a)	5	276
Revenue	6	Total number of volunteers (estimate if necessary)	6	2,474
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	1,555,902
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	175,618
Expenses	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	7,247,159	8,603,438
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,281,343	24,404,379
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-426,970	-174,746
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,314,632	425,420
			31,416,164	33,258,491
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	132,800	93,448
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
Net Assets or Fund Balances	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	16,206,874	15,321,829
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ☒ 18,150		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	17,628,908	17,165,637
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	33,968,582	32,580,914
	19	Revenue less expenses Subtract line 18 from line 12	-2,552,418	677,577
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	64,719,530	74,811,570
	21	Total liabilities (Part X, line 26)	17,202,266	15,902,612
	22	Net assets or fund balances Subtract line 21 from line 20	47,517,264	58,908,958

Part II

Signature Block

Sign Here

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

Signature of officer

2010-11-10

Date

KAREN L HACKETT CHIEF EXECUTIVE OFFICER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature LU ANN TRAPP

Date 2010-10-22

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

BLACKMAN KALLICK LLP
10 S RIVERSIDE PLAZA 9TH FLOOR
CHICAGO, IL 60606

EIN

Phone no (312) 207-1040

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission

SERVE THE PROFESSION OF ORTHOPAEDIC SURGERY, CHAMPION THE INTERESTS OF PATIENTS, AND ADVANCE THE HIGHEST QUALITY MUSCULOSKELETAL HEALTH

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 \$ 7,413,578 including grants of \$) (Revenue \$ 15,644,811)
	ANNUAL MEETING - PRESENTATION OF LECTURES AND SYMPOSIA ON ORTHOPAEDIC SURGERY AND RELATED TOPICS 2009 ATTENDANCE 30,772

4b	(Code) (Expenses \$ 4,054,568 including grants of \$ 6,744) (Revenue \$ 3,349,455)
	COURSE EDUCATION - COURSES PROVIDED TO ORTHOPAEDIC PROFESSIONALS TO KEEP THEM ABREAST OF THE LATEST ADVANCES IN ORTHOPAEDIC SURGERY AND CARE AND TO PROVIDE CME 40 COURSES OFFERED IN 2009

4c	(Code) (Expenses \$ 2,485,000 including grants of \$) (Revenue \$ 2,696,158)
	SPECIALTY SOCIETY MANAGEMENT - PROVIDE MEETING MANAGEMENT SERVICES FOR ORTHOPAEDIC SPECIALTY SOCIETIES AND PROMOTE ORTHOPAEDIC UNITY AMONG SOCIETIES 15 SPECIALTY SOCIETIES

4d	Other program services (Describe in Schedule O) See also Additional Data for Description
	(Expenses \$ 6,679,189 including grants of \$ 74,750) (Revenue \$)

4e	Total program service expenses \$ 20,632,335
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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	Yes
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	
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	Yes
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, line 10? 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	No
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	No
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	Yes
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		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, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	137	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	276	
	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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
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		No
b If "Yes," enter the name of the foreign country: 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	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
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	16	
b	Enter the number of voting members that are independent	1b	13	
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		No
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▶IL
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 ▶ MR RICHARD STEWART CFO 6300 NORTH RIVER ROAD ROSEMONT, IL 600184262 (847) 384-4255

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

• 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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

[illegible]

1b Total	4,031,932	0	530,863
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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 **33**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
AUGUST LANG & HUSAK 4630 MONTGOMERY AVENUE SUITE 400 BETHESDA, MD 20889	PUBLIC RELATIONS CONSULTANTS	373,207
WELLS FARGO BANK NW 5159 PO BOX 1450 MINNEAPOLIS, MN 55845	INVESTMENT MANAGEMENT	241,741
PHARMACEUTICAL MEDIA INC 30 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 10016	ADVERTISING CONSULTANT	172,518
EASTRIDGE PERSONNEL OF LAS VEGAS PO BOX 515078 LOS ANGELES, CA 90051	TEMPORARY WORKERS	169,262
SECURITAS SECURITY SERVICES USA INC 12672 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	SECURITY SERVICES	156,906

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 **11**

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	6,000,000				
	e	Government grants (contributions)	1e	200,000				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,403,438				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f		8,603,438				
Program Service Revenue			Business Code					
	2a	ANNUAL MEETING	541,900	15,839,488	15,644,811	194,677		
	b	COURSE EDUCATION	541,900	3,349,455	3,349,455			
	c	SPECIALTY SOCIETY MANA	541,900	2,696,158	2,696,158			
	d	PUBLICATIONS ADVERTISI	541,800	1,216,139		1,216,139		
	e	RENTAL INCOME FROM ORT	531,120	1,175,753		17,700	1,158,053	
	f	All other program service revenue		127,386		127,386		
	g	Total. Add lines 2a-2f		24,404,379				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		935,896			935,896	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties		2,216,500			2,216,500	
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) O ther				
			15,259,708					
			16,370,350					
			-1,110,642					
	d	Net gain or (loss)		-1,110,642			-1,110,642	
	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	9,030,727					
b	Less cost of goods sold	b	10,821,807					
c	Net income or (loss) from sales of inventory . . .		-1,791,080	-1,791,080				
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions		33,258,491	19,899,344	1,555,902	3,199,807		

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	81,494	81,494		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	11,954	11,954		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,624,312	2,058,926	1,565,386	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,324,132	5,406,805	2,905,327	12,000
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	713,058	464,411	248,647	
9	Other employee benefits	1,890,452	162,292	1,728,160	
10	Payroll taxes	769,875	542,027	227,848	
11	Fees for services (non-employees)				
a	Management				
b	Legal	156,051	1,951	154,100	
c	Accounting	52,190		52,190	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	293,785		293,785	
g	Other	736,516	322,801	413,715	
12	Advertising and promotion	780,476	739,726	40,750	
13	Office expenses	485,729	208,356	276,623	750
14	Information technology	315,335	113,694	201,641	
15	Royalties				
16	Occupancy	532,962		532,962	
17	Travel	2,737,278	2,021,138	711,640	4,500
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,810,697	5,354,898	455,799	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,480,800		1,480,800	
23	Insurance	163,859	45,327	118,532	
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	UNRELATED BUSINESS INCO	87,578	82,398	5,180	
b	EQUIPMENT RENTAL	1,623,838	1,501,093	122,745	
c	OUTSIDE SERVICES	1,234,463	1,090,554	143,909	
d	PRINTING AND PUBLICATIO	678,867	678,386	-419	900
e	REPAIRS AND MAINTENANCE	306,890	220	306,670	
f	All other expenses	-311,677	-256,116	-55,561	
25	Total functional expenses. Add lines 1 through 24f	32,580,914	20,632,335	11,930,429	18,150
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)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing					1	
	2	Savings and temporary cash investments				6,152,703	2	6,254,843
	3	Pledges and grants receivable, net				392,638	3	879,810
	4	Accounts receivable, net				2,872,918	4	2,541,496
	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				725,654	8	778,908
	9	Prepaid expenses and deferred charges				2,330,838	9	1,973,000
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	25,239,072				
	b	Less accumulated depreciation	10b	10,978,575	14,506,249	10c	14,260,497	
	11	Investments—publicly traded securities				37,158,252	11	47,659,689
	12	Investments—other securities See Part IV, line 11					12	
	13	Investments—program-related See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11				580,278	15	463,327
	16	Total assets. Add lines 1 through 15 (must equal line 34)				64,719,530	16	74,811,570
Liabilities	17	Accounts payable and accrued expenses				6,100,912	17	5,291,198
	18	Grants payable					18	
	19	Deferred revenue				11,101,354	19	10,611,414
	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					23	
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities Complete Part X of Schedule D					25	
	26	Total liabilities. Add lines 17 through 25				17,202,266	26	15,902,612
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				46,329,695	27	56,888,827
	28	Temporarily restricted net assets				1,187,569	28	2,020,131
	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				47,517,264	33	58,908,958
	34	Total liabilities and net assets/fund balances				64,719,530	34	74,811,570

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? . . .		No
b Were the organization's financial statements audited by an independent accountant?	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	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?		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 . . .		

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 AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS	Employer identification number 36-2110592
--	--

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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
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 IIISupport 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,218,846	7,276,795	15,649,227	7,247,159	8,603,438	43,995,465
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	24,227,715	27,454,753	29,471,506	33,121,400	33,435,106	147,710,480
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	29,446,561	34,731,548	45,120,733	40,368,559	42,038,544	191,705,945
7aAmounts included on lines 1, 2, and 3 received from disqualified persons	3,000,000	4,500,000	13,900,000	6,000,000	6,000,000	33,400,000
bAmounts 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						0
cAdd lines 7a and 7b	3,000,000	4,500,000	13,900,000	6,000,000	6,000,000	33,400,000
8Public Support (Subtract line 7c from line 6)						158,305,945

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6	29,446,561	34,731,548	45,120,733	40,368,559	42,038,544	191,705,945
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,911,140	2,850,614	1,874,063	3,547,303	3,165,735	14,348,855
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	2,911,140	2,850,614	1,874,063	3,547,303	3,165,735	14,348,855
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	808,989	386,362	7,089	60,618	176,618	1,439,676
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	3,776,635	4,383,211	4,498,555			12,658,401
13Total support (Add lines 9, 10c, 11 and 12)	36,943,325	42,351,735	51,500,440	43,976,480	45,380,897	220,152,877
14First 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

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	71.910 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	70.420 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	6.520 %
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	5.580 %
19a33 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	☒	
b33 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	☐	
20Private 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: 36-2110592
Name: AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

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

4d. Other program services				
(Code	) (Expenses \$	6,679,189	including grants of \$	74,750) (Revenue \$
OTHER PROGRAM SERVICES - INCLUDING PUBLIC RELATIONS, BOARD OF COUNCILORS, ADVOCACY, EDUCATION PROGRAMS, INTERNATIONAL ACTIVITIES, AND RESEARCH AND SCIENTIFIC AFFAIRS				

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			
Joseph D Zuckerman MD President	20 00	X		X				127,622	0	0
John J Callaghan MD First Vice-President	10 00	X		X				70,958	0	0
Daniel J Berry MD Second Vice-President	5 00	X		X				46,420	0	0
Frederick M Azar MD Treasurer	5 00	X		X				2,452	0	0
E Anthony Rankin MD Past President	5 00	X						68,168	0	0
Thomas C Barber MD Board of Councilors Chair	1 00	X						7,476	0	0
Richard J Barry MD BOC Chair-Elect	1 00	X						8,932	0	0
David D Teuscher MD BOC Secretary	1 00	X						2,614	0	0
William J Robb III MD Board of Spec Soc Chair	1 00	X						4,917	0	0
M Bradford Henley MD BOS Chair-Elect	1 00	X						1,709	0	0
Jeffrey O Anglen MD BOS Secretary	1 00	X						10,806	0	0
Michael F Schafer MD Member-at-large	1 00	X						1,675	0	0
G Zachary Wilhoit Lay Member	1 00	X						1,524	0	0
Leesa Galatz MD member-at-large	1 00	X						0	0	0
Michael L Parks MD member-at-large	1 00	X						0	0	0
PAUL TORNETTA III MD MEMber-at-large	1 00	X						0	0	0
Karen L Hackett Chief Exec Officer	70 00			X				468,073	0	50,713
Richard J Stewart Chief Financial Officer	60 00			X				265,736	0	34,213
Mark W Wieting Chief Education Officer	60 00			X				244,716	0	34,185
Robert Haralson MD Medical Director	60 00			X				242,774	0	33,990
Marilyn L Fox Director, Publications	50 00				X			214,147	0	31,128
Sandra R Gordon Director, Public Relations	50 00				X			179,387	0	27,652
Lewis W Jenkins Director, Marketing	50 00				X			157,206	0	25,434
David A Lovett Director, Govt Affairs	50 00				X			239,466	0	33,660
Susan A McSorley Dir , Conv & Meeting Se	50 00				X			153,254	0	25,038

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			
Howard Mevis Director, DEMECOPM	50 00				X			200,950	0	29,808
James A Ogle Director, Information Sv	50 00				X			180,478	0	27,761
Charles Turkelson Director, Research	50 00				X			150,556	0	24,769
Richard Peterson General Counsel	50 00				X			270,402	0	34,213
Robert Jasak Sr Regulatory Rep	50 00					X		154,699	0	25,183
Marita Powell Director, Human Resource	50 00					X		146,973	0	24,410
Lynne Dowling Director, International	50 00					X		139,947	0	23,708
Jeffrey Kramer Director, Education Prog	50 00					X		131,997	0	22,913
Laura Stanton Sr Mgr, Software Devel	50 00					X		123,718	0	22,085
James H Beaty MD FORMER PAST PRESIDENT	2 00						X	12,180	0	0

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
ANNUAL MEETING	541,900	15,839,488	15,644,811	194,677	
COURSE EDUCATION	541,900	3,349,455	3,349,455		
SPECIALTY SOCIETY MANA	541,900	2,696,158	2,696,158		
PUBLICATIONS ADVERTISI	541,800	1,216,139		1,216,139	
RENTAL INCOME FROM ORT	531,120	1,175,753		17,700	1,158,053

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
UNRELATED BUSINESS INCO	87,578	82,398	5,180	
EQUIPMENT RENTAL	1,623,838	1,501,093	122,745	
OUTSIDE SERVICES	1,234,463	1,090,554	143,909	
PRINTING AND PUBLICATIO	678,867	678,386	-419	900
REPAIRS AND MAINTENANCE	306,890	220	306,670	

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS	Employer identification number 36-2110592
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1

Provide a description of the organization's direct and indirect political campaign activities in Part IV

2

Political expenditures

▶ \$

3

Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1

Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$

2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$

3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No

4a

Was a correction made?

☐ Yes

☐ No

b

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$

2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities

▶ \$

3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

▶ \$

4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No

5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		463,810													
c Total lobbying expenditures (add lines 1a and 1b)		463,810													
d Other exempt purpose expenditures		42,645,126													
e Total exempt purpose expenditures (add lines 1c and 1d)		43,108,936													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-		0													
i Subtract line 1f from line 1c If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	431,907	453,928	440,831	463,810	1,790,476
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?			
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	c Media advertisements?			
	d Mailings to members, legislators, or the public?			
	e Publications, or published or broadcast statements?			
	f Grants to other organizations for lobbying purposes?			
	g Direct contact with legislators, their staffs, government officials, or a legislative body?			
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	i Other activities? If "Yes," describe in Part IV			
	j Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D
(Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS	Employer identification number 36-2110592
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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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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
1c	
1d	
1e	
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	4,169,877	5,076,503		
b	Contributions				
c	Investment earnings or losses	612,509	-862,794		
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses	38,556	43,832		
g	End of year balance	4,743,830	4,169,877		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 100 000 % %

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

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

No

No

b

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

3b

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		1,161,007		1,161,007
b Buildings		17,435,021	6,920,692	10,514,329
c Leasehold improvements				
d Equipment		6,643,044	4,057,883	2,585,161
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				14,260,497

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)	133,258,491
2	Total expenses (Form 990, Part IX, column (A), line 25)	232,580,914
3	Excess or (deficit) for the year Subtract line 2 from line 1	3677,577
4	Net unrealized gains (losses) on investments	410,714,117
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	910,714,117
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1011,391,694

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	168,145,060
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a10,714,117	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d30,466,237	
e	Add lines 2a through 2d2e41,180,354	
3	Subtract line 2e from line 1326,964,706	
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 7b4a293,785	
b	Other (Describe in Part XIV)4b6,000,000	
c	Add lines 4a and 4b4c6,293,785	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)533,258,491	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	154,216,103
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d21,928,974	
e	Add lines 2a through 2d2e21,928,974	
3	Subtract line 2e from line 1332,287,129	
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 7b4a293,785	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c293,785	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)532,580,914	

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
Part V, Line 4	Description of Intended Use of Endowment Funds	The purpose of the endowment fund is to finance orthopaedic medical education.
Part X	Description of Uncertain Tax Positions Under FIN 48	The Academy and Association's adoption of the Income Tax Topic regarding uncertain tax positions of GAAPUSA on January 1, 2009 had no effect on its financial position as management believes the Academy and Association has no material unrecognized income tax benefits, including any potential risk of loss of its not-for-profit tax status. The Academy and Association would account for any potential interest or penalties related to possible future liabilities for unrecognized income tax benefits as income tax expense. The Academy and Association are no longer subject to examination by federal, state or local tax authorities for periods before 2006. Prior to adoption of the Income Tax Topic, the Academy and Association accounted for tax positions under a contingent loss model, requiring recognition of a tax liability when it was both (1) probable that it had been incurred as of year-end and (2) the amount could be reasonably estimated.
Part XII, Line 2d - Other Adjustments		REVENUE OF AFFILIATES 19644430 COST OF GOODS SOLD 10821807
Part XII, Line 4b - Other Adjustments		CONTRIBUTION FROM AFFILIATE 6000000
Part XIII, Line 2d - Other Adjustments		EXPENSES OF AFFILIATES 11107167 COST OF GOODS SOLD 10821807

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
AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

Employer identification number
36-2110592

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
AFRICA	0	0	PROGRAM SERVICES	INTERNATIONAL EDUCATION PROGRAMS	2,903
ASIA	0	0	PROGRAM SERVICES	INTERNATIONAL EDUCATION PROGRAMS	33,298
CENTRAL AMERICA	0	0	PROGRAM SERVICES	INTERNATIONAL EDUCATION PROGRAMS	484
EUROPE	0	0	PROGRAM SERVICES	INTERNATIONAL EDUCATION PROGRAMS	51,271
SOUTH AMERICA	0	0	PROGRAM SERVICES	INTERNATIONAL EDUCATION PROGRAMS	19,912
AFRICA	0	0	GRANTS TO RECIPIENTS FROM THESE REGIONS	SCHOLARSHIPS	3,480
CENTRAL EUROPE	0	0	GRANTS TO RECIPIENTS FROM THESE REGIONS	SCHOLARSHIPS	1,853
EASTERN EUROPE	0	0	GRANTS TO RECIPIENTS FROM THESE REGIONS	SCHOLARSHIPS	2,300
EURASIA	0	0	GRANTS TO RECIPIENTS FROM THESE REGIONS	SCHOLARSHIPS	2,154
SOUTHEAST EUROPE	0	0	GRANTS TO RECIPIENTS FROM THESE REGIONS	SCHOLARSHIPS	2,167
Totals ►	0	0			119,822

[illegible]**Schedule F (Form 990) 2009**

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)
SCHOLARSHIP	AFRICA	2	3,480	CASH			
SCHOLARSHIP	CENTRAL EUROPE	1	1,853	CASH			
SCHOLARSHIP	EASTERN EUROPE	1	2,300	CASH			
SCHOLARSHIP	EURASIA	1	2,154	CASH			
SCHOLARSHIP	SOUTHEAST EUROPE	1	2,167	CASH			

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

Schedule F (Form 990) 2009

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
AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

Employer identification number
36-2110592

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
ORTHOPAEDIC LEARNING CENTER6300 N RIVER RD ROSEMONT,IL 60018	363999836	501(C)(3)	6,744				GENERAL SUPPORT
UNITED STATES BONE & JOINT DECADE6300 N RIVER RD ROSEMONT,IL 60018	134223933	501(c)(3)	45,000				GENERAL SUPPORT
American College of Sports Medicine401 W Michigan Street Indianapolis,IN 46202	311096390	501(C)(3)	6,500				GENERAL SUPPORT
American College of Surgeons633 N Saint Clair St Chicago CHICAGO,IL 60018	362192800	501(C)(3)	6,000				GENERAL SUPPORT

2

Enter total number of section 501(c)(3) and government organizations

4

3

Enter total number of other organizations

0

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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.

Name of the organization

AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

Employer identification number

36-2110592

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 or provision of all the expenses described above? If "No," complete Part III to explain	Yes	
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?	Yes	
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?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		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?		No
b	Any related organization?		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?		No
b	Any related organization?		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		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

[illegible]

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
	Part I, Line 1a	First Class Travel is provided to the Board of Directors for all Board-related activities and 15 people received this benefit. Travel for companions is provided to the Board of Directors and Executive Team members (CEO, CFO, Chief Education Officer, Medical Director) and the amount of spousal travel was treated as taxable compensation to all. The Board of Directors receive gross-up payments for this compensation and that is also treated as taxable compensation (19 people).
	Part I, Line 4a	KAREN HACKETT, CHIEF EXECUTIVE OFFICER ACCRUED A 457F SUPPLEMENTAL RETIREMENT BENEFIT OF \$16,500 WHICH IS INCLUDED IN SCHEDULE J, PART II, DEFERRED COMPENSATION.

Software ID:

Software Version:

EIN: 36-2110592

Name: AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) 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 compensation					
Karen L Hackett	(i) (ii)390,000 0	77,000 0	1,073 0		41,000 0	9,713 0	518,786 0	0 0
Richard J Stewart	(i) (ii)216,723 0	44,064 0	4,949 0		24,500 0	9,713 0	299,949 0	0 0
Mark W Wieting	(i) (ii)219,690 0	22,160 0	2,866 0		24,472 0	9,713 0	278,901 0	0 0
Robert Haralson MD	(i) (ii)236,446 0	6,328 0	0 0		24,277 0	9,713 0	276,764 0	0 0
Marilyn L Fox	(i) (ii)198,795 0	13,445 0	1,907 0		21,415 0	9,713 0	245,275 0	0 0
Sandra R Gordon	(i) (ii)165,980 0	13,407 0	0 0		17,939 0	9,713 0	207,039 0	0 0
Lewis W Jenkins	(i) (ii)145,143 0	9,235 0	2,828 0		15,721 0	9,713 0	182,640 0	0 0
David A Lovett	(i) (ii)229,853 0	9,613 0	0 0		23,947 0	9,713 0	273,126 0	0 0
Susan A McSorley	(i) (ii)132,738 0	17,928 0	2,588 0		15,325 0	9,713 0	178,292 0	0 0
Howard Mevis	(i) (ii)191,656 0	5,587 0	3,707 0		20,095 0	9,713 0	230,758 0	0 0
James A Ogle	(i) (ii)167,561 0	12,917 0	0 0		18,048 0	9,713 0	208,239 0	0 0
Charles Turkelson	(i) (ii)141,036 0	6,752 0	2,768 0		15,056 0	9,713 0	175,325 0	0 0
Richard Peterson	(i) (ii)248,429 0	17,198 0	4,775 0		24,500 0	9,713 0	304,615 0	0 0
Robert Jasak	(i) (ii)149,627 0	5,072 0	0 0		15,470 0	9,713 0	179,882 0	0 0
Marita Powell	(i) (ii)136,362 0	10,611 0	0 0		14,697 0	9,713 0	171,383 0	0 0
Lynne Dowling	(i) (ii)130,186 0	7,233 0	2,528 0		13,995 0	9,713 0	163,655 0	0 0
Jeffrey Kramer	(i) (ii)123,988 0	6,509 0	1,500 0		13,200 0	9,713 0	154,910 0	0 0
James H Beaty MD	(i) (ii)0 0	0 0	12,180 0		0 0	0 0	12,180 0	0 0

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS	Employer identification number 36-2110592
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		As a membership association, the organization currently has 36,000 members All fellow s and members of the American Academy of Orthopaedic Surgeons (ACADEMY), shall also be considered fellow s and members of the same classification of the American Association of Orthopaedic Surgeons (Association), a related organization There are tw o categories of membership in the Academy and the Association Fellow s and Members Only Fellow s shall have the right to vote and hold office
Form 990, Part VI, Section A, line 7a		ELECTIONS OF THE OFFICERS AND THE AT-LARGE MEMBERS OF THE ASSOCIATION AND ACADEMY BOARD OF DIRECTORS SHALL BE DETERMINED BY THE ADOPTION OF THE REPORT OF THE NOMINATING COMMITTEE OR BY THE VOICE, WRITTEN, OR ELECTRONIC BALLOT OF THOSE FELLOWS PRESENT AT THE BUSINESS MEETING OF THE ANNUAL MEETING EACH FELLOW WHO IS PRESENT AT THE BUSINESS MEETING OF THE ANNUAL MEETING SHALL BE ENTITLED TO ONE (1) VOTE FOR EACH OFFICER OF THE ASSOCIATION AND ACADEMY , MEMBER OF THE BOARD OF DIRECTORS, MEMBER OF THE MEMBERSHIP COMMITTEE, AND NOMINEES TO THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY TO BE ELECTED THOSE INDIVIDUALS RECEIVING THE GREA TEST NUMBER OF VOTES SHALL BE CONSIDERED ELECTED, EVEN IF THEY DO NOT RECEIVE A MAJORITY OF THE VOTES CAST
Form 990, Part VI, Section B, line 11		THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE ORGANIZATION'S FORM 990 MANAGEMENT REVIEWS THE COMPLETED FORM 990 AND PROVIDES A FULL COPY TO ALL VOTING MEMBERS OF THE GOVERNING BODY VIA A SECURE SECTION OF ITS WEBSITE PRIOR TO FILING A CONFERENCE CALL IS SCHEDULED FOR THE CPA FIRM AND ORGANIZATION MANAGEMENT TO DISCUSS THE FORM 990 WITH THE FINANCE COMMITTEE AND TO ANSWER ANY QUESTIONS PRIOR TO FILING FORM 990 WITH THE IRS THE FINANCE COMMITTEE HAS BEEN DELEGATED THE AUTHORITY TO REVIEW AND APPROVE THE FORM 990 BY THE VOTING MEMBERS OF THE GOVERNING BODY
Form 990, Part VI, Section B, line 12c		BOARD MEMBERS, KEY VOLUNTEERS, AND KEY STAFF ARE NOTIFIED IN WRITING TWICE A YEAR TO UPDATE THEIR WRITTEN DISCLOSURES THE DISCLOSURE DATABASE IS MAINTAINED ELECTRONICALLY AND ANY ONE WHO HAS NOT UPDATED THEIR RECORD IS NOTIFIED UNTIL THEY HAVE DONE SO ADDITIONALLY , BEFORE EVERY BOARD AND COMMITTEE MEETING PARTICIPANTS ARE ASKED IF THEY HAVE ANY THING NEW TO DISCLOSE
Form 990, Part VI, Section B, line 15		A COMPENSATION COMMITTEE IS DESIGNATED BY THE VOTING MEMBERS OF THE GOVERNING BODY AND IS CHARGED WITH DEVELOPING AND NEGOTIATING THE TERMS OF EMPLOYMENT AND ESTABLISHING THE TOTAL COMPENSATION PACKAGE FOR DESIGNATED POSITIONS AN EVALUATION PROCESS IS COMPLETED ANNUALLY AND A RECOMMENDATION IS MADE REGARDING COMPENSATION THAT IS THEN SENT TO THE BOARD FOR APPROVAL THIS PROCESS INCLUDES THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, CHIEF EDUCATION OFFICER, MEDICAL DIRECTOR, AND GENERAL COUNSEL
Form 990, Part VI, Section C, line 19		GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE WHICH IS OPEN TO THE PUBLIC FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE APPLICABLE GOVERNMENTAL AGENCIES

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?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	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
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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 organization 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	Yes	
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		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
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	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
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)	AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS	C	6,000,000
(2)	AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS	P	4,368,170
(3)			
(4)			
(5)			
(6)			

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?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No