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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.

A For the 2009 calendar year, or tax year beginning

and ending

B <input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN ASSOCIATION OF HIP & KNEE SURGEONS		D Employer identification number 36-3832205	
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address) 6300 N. RIVER ROAD		Room/suite 615	
	City or town, state or country, and ZIP + 4 ROSEMONT, IL 60018-4237			
	F Name and address of principal officer ROBERT HALL SAME AS C		E Telephone number 847-698-1200	
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 1,879,479.	
	J Website: WWW.AAHKS.ORG		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)		
		H(c) Group exemption number ►		

Part I | Summary

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities	TO PROVIDE LEADERSHIP IN ADVOCACY, EDUCATION AND RESEARCH TO ACHIEVE EXCELLENCE IN HIP AND		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11	
	5 Total number of employees (Part V, line 2a)	5	5	
	6 Total number of volunteers (estimate if necessary)	6	60	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	184,333.	384,285.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,123,352.	1,187,125.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<201,869.>	44,206.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	247,692.	263,863.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,353,508.	1,879,479.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	62,000.	50,000.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	395,003.	443,803.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)			
	b Total fundraising expenses (Part IX, column (D), line 25)	► RECEIVED	860,367.	885,535.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,317,370.	1,379,338.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	36,138.	500,141.		
19 Revenue less expenses Subtract line 18 from line 12	Beginning of Current Year	End of Year		
20 Total assets (Part X, line 16)	2,533,632.	3,367,880.		
21 Total liabilities (Part X, line 26)	129,433.	303,353.		
22 Net assets or fund balances Subtract line 21 from line 20	2,404,199.	3,064,527.		

Part II **Signature Block**

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

Sign
Here

Signature of officer

Date

ROBERT HALL, EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► <i>Mary Sternlie</i>	Date 6/8/10	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► MANN WEITZ & ASSOCIATES L.L.C. 111 DEER LAKE ROAD, SUITE 125 DEERFIELD, IL 60015			EIN ►

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

Yes No

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

TO PROVIDE LEADERSHIP IN ADVOCACY, EDUCATION AND RESEARCH TO ACHIEVE EXCELLENCE IN HIP AND KNEE PATIENT CARE.

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

ANNUAL MEETING - MEETING IN WHICH MEMBERS ORGANIZE FOR EDUCATIONAL SESSIONS AND LECTURES ON HIP AND KNEE DISEASES AND TREATMENTS.

APPROXIMATELY 710 PEOPLE ATTENDED THE 2009 ANNUAL MEETING MAKING IT THE LARGEST MEETING IN THE ASSOCIATION'S HISTORY.

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

HEALTH POLICY ACTIVITIES - POLICY MAKERS IN WASHINGTON WERE PROVIDED INFORMATION ON AN ON-GOING BASIS ABOUT THE PRACTICE OF TOTAL JOINT ARTHROPLASTY, ALLOWING THEM TO MAKE BETTER DECISIONS ON HEALTH CARE, TO THE BENEFIT OF THOUSANDS OF PATIENTS.

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

JOURNAL - PROVIDES THE APPROXIMATE 1,350 MEMBERS WITH A SUBSCRIPTION TO THE JOURNAL OF ARTHROPLASTY, A TRADE JOURNAL. THERE ARE 8 ISSUES OF THE JOURNAL, WHICH CONTAINED PEER REVIEWED CLINICAL ARTICLES ON THE LATEST TECHNIQUES AND ISSUES IN TOTAL JOINT ANTHROPLASTY, BENEFITING NOT ONLY THE MEMBERS, BUT THOUSANDS OF THEIR PATIENTS.

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ► \$

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Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

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

- 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

12A Was the organization included in consolidated, independent audited financial statements for the tax year?
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

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

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

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

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1		X
2	X	
3		X
4		
5	X	
6		X
7		X
8		X
9		X
10	X	
11	X	
12	X	
12A		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27 X	
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b X	
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31 X	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32 X	
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33 X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34 X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35 X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37 X	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 X	

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	7
1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<input checked="" type="checkbox"/>
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)</i>		<input checked="" type="checkbox"/>
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	<input checked="" type="checkbox"/>
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	<input checked="" type="checkbox"/>
7 Organizations that may receive deductible contributions under section 170(c).	7a	
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?	7b	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d If "Yes," indicate the number of Forms 8282 filed during the year		<input checked="" type="checkbox"/>
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
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.	9a	
a Did the organization make any taxable distributions under section 4966?	9b	
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter	10a	
a Initiation fees and capital contributions included on Part VIII, line 12	10b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter	11a	
a Gross income from members or shareholders	11b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
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	

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body 1a 11
 b Enter the number of voting members that are independent 1b 11

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 X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 X

5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 X

6 Does the organization have members or stockholders? 6 X

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a X
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X
 a The governing body? 8b X
 b Each committee with authority to act on behalf of the governing body?

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 X

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

10a Does the organization have local chapters, branches, or affiliates? 10a X
 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 X

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 X

11A Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X
 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 X

13 Does the organization have a written whistleblower policy? 13 X

14 Does the organization have a written document retention and destruction policy? 14 X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X
 a The organization's CEO, Executive Director, or top management official 15b X
 b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)

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 X
 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 X

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 Forms 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► ROBERT A. HALL - 847-698-1200
6300 NORTH RIVER ROAD, # 615, ROSEMONT, IL 60018-4206

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee".

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

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

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

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

Check the box if the organization did not compensate any current officer, director, or trustee.

Check this box if the

(A) (B) (C) (D)

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

1b Total

162,650. 0. 22,835.

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 ►

1

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

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 **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

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 ► 0

0

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					
1 a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	384,285.			
g Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f		384,285.			
Program Service Revenue					
2 a DUES	Business Code				
	900099	615,604.	615,604.		
b ANNUAL MEETING	611430	487,686.	196,910.		290,776.
c SPECIALTY DAY	611430	83,835.	83,835.		
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		1,187,125.			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		44,206.			44,206.
4 Income from investment of tax-exempt bond proceeds					
5 Royalties		245,396.			245,396.
6 a Gross Rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less. cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
8 a 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					
9 a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11 a MISCELLANEOUS	900099	18,467.	18,467.		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		18,467.			
12 Total revenue. See instructions.		1,879,479.	914,816.	0.	580,378.

**AMERICAN ASSOCIATION OF HIP & KNEE
SURGEONS**

Form 990 (2009)

36-3832205 Page 10

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	50,000.			
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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	185,485.			
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	163,216.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,801.			
9 Other employee benefits	63,887.			
10 Payroll taxes	21,414.			
11 Fees for services (non-employees)				
a Management				
b Legal	7,421.			
c Accounting	17,708.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	600.			
13 Office expenses	46,335.			
14 Information technology	13,281.			
15 Royalties				
16 Occupancy	57,469.			
17 Travel	4,415.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	439,809.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,601.			
23 Insurance				
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 JOURNAL SUBSCRIPTIONS	109,416.			
b HEALTH POLICY	97,855.			
c BOARD OF DIRECTORS	32,906.			
d FELLOWSHIP MATCH PROGRAM	15,593.			
e NOLC/AMA/COMSS/RUC MEET	11,898.			
f All other expenses	26,228.			
25 Total functional expenses Add lines 1 through 24f	1,379,338.			
26 Joint costs. Check here ► <input type="checkbox"/> 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				

**AMERICAN ASSOCIATION OF HIP & KNEE
SURGEONS**

Form 990 (2009)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,229,368.	2	1,076,622.
	3 Pledges and grants receivable, net	221,899.	3	175,276.
	4 Accounts receivable, net	1,161.	4	4,878.
	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		8	
	9 Prepaid expenses and deferred charges	15,901.	9	3,138.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a	29,483.	
	b Less accumulated depreciation	10b	16,710.	15,632.
			10c	12,773.
	11 Investments - publicly traded securities		11	1,045,212.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
Liabilities	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	4,459.
	16 Total assets. Add lines 1 through 15 (must equal line 34)		16	2,533,632.
	17 Accounts payable and accrued expenses		17	39,933.
	18 Grants payable		18	
	19 Deferred revenue		19	89,500.
	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	
Net Assets or Fund Balances	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		26	129,433.
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	2,182,300.
	28 Temporarily restricted net assets		28	221,899.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> 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		33	2,404,199.
	34 Total liabilities and net assets/fund balances		34	2,533,632.

Form 990 (2009)

AMERICAN ASSOCIATION OF HIP & KNEE
SURGEONS

Form 990 (2009)

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Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	<input type="checkbox"/> 2a	<input checked="" type="checkbox"/> X
b Were the organization's financial statements audited by an independent accountant?	<input type="checkbox"/> 2b	<input checked="" type="checkbox"/> X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	<input type="checkbox"/> 2c	<input checked="" type="checkbox"/> X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
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		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate 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?	<input type="checkbox"/> 3a	<input checked="" type="checkbox"/> X
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	<input type="checkbox"/> 3b	

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

- Complete if the organization is described below.
- Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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), then

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

Name of organization	AMERICAN ASSOCIATION OF HIP & KNEE SURGEONS	Employer identification number 36-3832205
----------------------	--	---

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?
4a Was a correction made?
 b If "Yes," describe in Part IV.

Yes No
 Yes No

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 function 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 Enter 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

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

Schedule C (Form 990 or 990-EZ) 2009

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**AMERICAN ASSOCIATION OF HIP & KNEE
SURGEONS**

36-3832205 Page 2

Schedule C (Form 990 or 990-EZ) 2009

**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.)**

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c. If zero or less, enter -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 nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

**AMERICAN ASSOCIATION OF HIP & KNEE
SURGEONS**

Schedule C (Form 990 or 990-EZ) 2009

36-3832205 Page 3

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. Add 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	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	X

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	615,604.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	25,000.
b Carryover from last year	2b	<36,192.>
c Total	2c	<11,192.>
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	61,560.
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	<72,752.>

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 1. Also, complete this part for any additional information

Schedule D

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009Open to Public
InspectionName of the organization **AMERICAN ASSOCIATION OF HIP & KNEE SURGEONS** Employer identification number **36-3832205****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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 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)	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
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? ►	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ►	<input type="checkbox"/> Yes <input type="checkbox"/> 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

1b 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 ► \$ _____

**AMERICAN ASSOCIATION OF HIP & KNEE
SURGEONS**

Schedule D (Form 990) 2009

36-3832205 Page 2

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items
(check all that apply)

<input type="checkbox"/> a Public exhibition	<input type="checkbox"/> d Loan or exchange programs
<input type="checkbox"/> b Scholarly research	<input type="checkbox"/> e Other _____
<input type="checkbox"/> c Preservation for future generations	

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 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

c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

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

	Amount
1c	
1d	
1e	
1f	

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	517,825.	517,825.			
b Contributions	200,000.				
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	717,825.	517,825.			

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

a Board designated or quasi-endowment ► 100.00 %

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
(ii) related organizations

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

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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				
b Buildings				
c Leasehold improvements				
d Equipment		29,483.	16,710.	12,773.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c.)) ► 12,773.

Schedule D (Form 990) 2009

**AMERICAN ASSOCIATION OF HIP & KNEE
SURGEONS**

Schedule D (Form 990) 2009

36-3832205 Page 3

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		

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

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

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

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

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

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

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

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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Schedule D (Form 990) 2009

**AMERICAN ASSOCIATION OF HIP & KNEE
SURGEONS**

Schedule D (Form 990) 2009

36-3832205 Page 4

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

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,879,479.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	1,379,338.
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	500,141.
4 Net unrealized gains (losses) on investments	4	160,187.
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 through 8	9	160,187.
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	660,328.

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

1 Total revenue, gains, and other support per audited financial statements	1	2,039,666.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	160,187.
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	160,187.
3 Subtract line 2e from line 1	3	1,879,479.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,879,479.

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

1 Total expenses and losses per audited financial statements	1	1,379,338.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	1,379,338.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,379,338.

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, line 2, 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

PART V, LINE 4: OPERATING RESERVES

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Use Part IV and Schedule 1-1 (Form 990) if additional space is needed

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

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REQUERED TO WRITE A REPORT ON THE RESULTS OF THEIR PROJECT. SOME REPORTS

ARE PUBLISHED IN THE AAKS NEWSLETTER. SOME RECIPIENTS PRESENT AT BOARD

MEETINGS OR BUSINESS MEETINGS:

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

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Part I Questions Regarding Compensation

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

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

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.

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Yes No

1b

2

4a X

4b X

4c X

5a

5b

6a

6b

7

8

9

Only section 501(c)(3) and 501(c)(4) organizations 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?

b Any related organization?

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?

b Any related organization?

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2009

Supplemental Information to Form 990

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

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

KNEE PATIENT CARE. SIGNIFICANT ACTIVITIES INCLUDE THE ANNUAL
CONFERENCE, SPECIALTY DAY, THE JOURNAL, SUPPORT FOR RESEARCH EFFORTS
AND ADVOCACY FOR SURGEONS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

FELLOWSHIP MATCH PROGRAM - SEE DESCRIPTION ON SCHEDULE O UNDER PART
III, LINE 4D

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RESEARCH GRANTS - GRANT GIVEN IN SUPPORT OF STARTING A NATIONAL JOINT
REGISTRY.

SPECIALTY DAY

FELLOWSHIP MATCH PROGRAMS - THE ADULT RECONSTRUCTIVE HIP AND KNEE
FELLOWSHIP MATCH PROGRAM AND THE MUSCULOSKELETAL ONCOLOGY FELLOWSHIP
PROGRAM ASSIST ORTHOPAEDIC RESIDENTS TO OBTAIN FELLOWSHIPS IN ADULT
RECONSTRUCTION OR MUSCULOSKELETAL ONCOLOGY IN AN ORDERLY WAY. THE
AMERICAN ASSOCIATION OF HIP AND KNEE SURGEONS, THE HIP SOCIETY, THE
KNEE SOCIETY AND THE MUSCULOSKELETAL TUMOR SOCIETY HAVE ESTABLISHED
THIS FELLOWSHIP MATCH PROGRAM. RESIDENTS APPLY TO HOSPITALS THAT HAVE
FELLOWSHIP PROGRAMS, AND ARE BLINDLY MATCHED TO PROGRAMS IN ORDER TO
PURSUE THEIR FELLOWSHIPS.

FORM 990, PART VI, SECTION A, LINE 6: FELLOWS

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932211
02-03-10

Schedule O (Form 990) 2009

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1. ELIGIBILITY FOR FELLOW MEMBERSHIP

- A. SHALL BE BOARD-CERTIFIED IN ORTHOPAEDIC SURGERY BY THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY, THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA, OR SUCH ADDITIONAL CERTIFICATION BOARD AS THE BOARD OF DIRECTORS MAY DESIGNATE.
- B. SHALL HAVE AN INTEREST IN THE ADVANCEMENT OF ORTHOPAEDIC KNOWLEDGE OF THE HIP AND KNEE JOINT IN HEALTH AND/OR ARTHRITIC DISORDERS.
- C. SHALL BE A FELLOW OF THE AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS OR BE A FELLOW OF THE ROYAL COLLEGE OF SURGEONS OF ORTHOPAEDICS IN CANADA.
- D. SHALL PERFORM A MINIMUM OF FIFTY (50) TOTAL HIP AND/OR KNEE ARTHROPLASTIES OR OSTEOTOMIES ABOUT THE HIP AND/OR KNEE EACH CALENDAR YEAR.
- E. SHALL HAVE A LETTER OF RECOMMENDATION FROM EACH OF TWO FELLOW MEMBERS OF THE ASSOCIATION FAMILIAR WITH THE APPLICANT'S PRACTICE.

2. RIGHTS AND DUTIES OF FELLOWS

- A. MAY VOTE.
- B. MAY SERVE AS CHAIR OR AS A MEMBER OF COMMITTEES OF THE ASSOCIATION.
- C. MAY HOLD OFFICE IN THE ASSOCIATION AS A DIRECTOR OR OFFICER.
- D. MUST PAY ANNUAL DUES.
- E. MUST MAINTAIN GOOD PROFESSIONAL AND ETHICAL STANDING.
- F. SHALL ATTEND THE ANNUAL MEETING OF THE ASSOCIATION AS FREQUENTLY AS PROFESSIONAL OBLIGATIONS PERMIT.

Supplemental Information to Form 990

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G. SHALL MAINTAIN A SURGICAL FOCUS ON HIP AND KNEE SURGERY.

H. UPON ADOPTION OF THIS BYLAW CHANGE PROVIDING FOR FELLOW MEMBERS, ALL
CURRENT ACTIVE MEMBERS OF THE ASSOCIATION SHALL BECOME FELLOWS. THEREAFTER
THIS SECTION SHALL BE AUTOMATICALLY DELETED FROM THESE BYLAWS.

ASSOCIATE MEMBERS

1. ELIGIBILITY FOR ASSOCIATE MEMBERSHIP

A. AN ORTHOPAEDIC SURGEON WHO DOES NOT QUALIFY FOR FELLOW STATUS, WHO HAS
AN INTEREST IN THE ADVANCEMENT OF ORTHOPAEDIC KNOWLEDGE OF THE HIP AND KNEE
JOINT IN HEALTH AND/OR ARTHRITIC DISORDERS.

B. SHALL REGULARLY PERFORM TOTAL HIP AND/OR KNEE ARTHROPLASTIES OR
OSTEOTOMIES ABOUT THE HIP AND/OR KNEE EACH CALENDAR YEAR.

C. DOCTORS OF OSTEOPATHIC MEDICINE (DO) WHO DO NOT COMPLETE ALLOPATHIC
RESIDENCY PROGRAMS AND ARE NOT ELIGIBLE FOR ABOS CERTIFICATION, BUT WHO DO
COMPLETE HIP AND/OR KNEE ADULT RECONSTRUCTION FELLOWSHIP PROGRAMS, SHALL BE
ELIGIBLE FOR ASSOCIATE MEMBERSHIP, IF THEY FULFILL ALL OTHER MEMBERSHIP
REQUIREMENTS.

2. RIGHTS AND DUTIES OF ASSOCIATE MEMBERS:

A. MAY VOTE.

B. MAY SERVE ON COMMITTEES OF THE ASSOCIATION, BUT NOT AS CHAIR.

C. MAY NOT HOLD OFFICE IN THE ASSOCIATION AS A DIRECTOR OR OFFICER.

D. MUST PAY ANNUAL DUES.

E. MUST MAINTAIN GOOD PROFESSIONAL AND ETHICAL STANDING IN THEIR

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COMMUNITY.

HONORARY MEMBERS

1. ELIGIBILITY FOR HONORARY MEMBERSHIP. HONORARY MEMBERS SHALL BE
INDIVIDUALS WHOM THE ASSOCIATION DEEMS WORTHY OF SPECIAL ACKNOWLEDGMENT DUE
TO NOTABLE CONTRIBUTIONS IN THE ADVANCEMENT OF KNOWLEDGE OF THE HIP AND
KNEE JOINT IN HEALTH AND/OR DISEASE, OR BECAUSE OF LONG-STANDING OR SPECIAL
INTEREST IN OR SERVICE TO THE ASSOCIATION

2. RIGHTS AND DUTIES OF HONORARY MEMBERS:

A. MAY NOT VOTE.

B. MAY NOT HOLD OFFICE IN THE ASSOCIATION.

C. MAY NOT SERVE ON COMMITTEES OF THE ASSOCIATION OR ATTEND BUSINESS
MEETINGS OF THE ASSOCIATION.

D. MAY ATTEND EDUCATIONAL OR SCIENTIFIC MEETINGS OF THE ASSOCIATION.

E. MAY, BUT ARE NOT REQUIRED TO, PAY DUES, AN INITIATION FEE, OR
ASSESSMENTS.

EMERITUS MEMBERS

1. ELIGIBILITY FOR EMERITUS MEMBERSHIP. FELLOWS, ASSOCIATE MEMBERS OR
AFFILIATE MEMBERS WHO HAVE CURTAILED CLINICAL AND/OR SCIENTIFIC ACTIVITIES
DUE TO ILLNESS, DISABILITY, AND/OR RETIREMENT MAY REQUEST EMERITUS STATUS,
SUBJECT TO THE APPROVAL OF THE BOARD OF DIRECTORS.

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2. RIGHTS AND DUTIES OF EMERITUS MEMBERS:

- A. MAY NOT VOTE.
- B. MAY NOT HOLD OFFICE IN THE ASSOCIATION.
- C. MAY SERVE ON COMMITTEES OF THE ASSOCIATION, BUT NOT AS CHAIR.
- D. MAY ATTEND BUSINESS MEETINGS OF THE ASSOCIATION AS A NON-VOTING PARTICIPANT.
- E. MAY ATTEND EDUCATIONAL AND SCIENTIFIC MEETINGS OF THE ASSOCIATION.
- F. MAY, BUT ARE NOT REQUIRED TO, PAY DUES OR ASSESSMENTS.

AFFILIATE MEMBERS

1. ELIGIBILITY FOR AFFILIATE MEMBERSHIP. INDIVIDUALS WHO DO NOT QUALIFY FOR FELLOW OR ASSOCIATE MEMBERSHIP MAY APPLY FOR AFFILIATE MEMBERSHIP.

2. AN APPLICANT FOR AFFILIATE MEMBERSHIP:

- A. SHALL BE INTIMATELY INVOLVED WITH HIP AND KNEE SURGEONS (E.G., RESEARCHERS, ENGINEERS, SCIENTISTS OR INDUSTRY LEADERS WHO HAVE AN INTEREST IN HIP AND KNEE ARTHROPLASTY).
- B. SHALL BE NOTABLE FOR CONTRIBUTIONS IN ADVANCEMENT OF KNOWLEDGE OF HIP AND KNEE JOINTS IN HEALTH AND DISEASE OR SHALL HAVE DEMONSTRATED LONG-STANDING SPECIAL INTEREST OR SERVICE TO THE ASSOCIATION.
- C. SHALL HAVE AN INTEREST IN THE ADVANCEMENT OF ORTHOPAEDIC KNOWLEDGE OF THE HIP AND KNEE JOINT IN HEALTH AND/OR ARTHRITIC DISORDERS.

3. RIGHTS AND DUTIES OF AFFILIATE MEMBERS:

- A. MAY NOT VOTE.

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B. MAY NOT HOLD OFFICE IN THE ASSOCIATION.

C. MAY SERVE ON COMMITTEES OF THE ASSOCIATION, BUT NOT AS CHAIR.

D. MAY ATTEND BUSINESS MEETINGS OF THE ASSOCIATION AS A NON-VOTING PARTICIPANT.

E. MUST PAY AN INITIATION FEE AND ANNUAL DUES.

F. MUST MAINTAIN GOOD PROFESSIONAL AND ETHICAL STANDARDS.

G. UPON ADOPTION OF THIS BYLAW CHANGE PROVIDING FOR AFFILIATE MEMBERS WHO ARE NOT SURGEONS, ALL CURRENT ASSOCIATE MEMBERS OF THE ASSOCIATION WHO ARE NOT SURGEONS SHALL BECOME AFFILIATE MEMBERS. THEREAFTER THIS SECTION SHALL BE AUTOMATICALLY DELETED FROM THESE BYLAWS.

CANDIDATE MEMBERS

1. ELIGIBILITY FOR CANDIDATE MEMBERSHIP:

MEMBERSHIP IN THIS CATEGORY SHALL BE FOR NO MORE THAN THREE YEARS, AFTER WHICH THE CANDIDATE MEMBER MUST APPLY TO BECOME A FELLOW OR ASSOCIATE MEMBER AND FULFILL THE REQUIREMENTS OF THAT CATEGORY IN ORDER TO CONTINUE MEMBERSHIP IN THE ASSOCIATION.

2. AN APPLICANT FOR CANDIDATE MEMBERSHIP:

A. SHALL BE BOARD-QUALIFIED IN ORTHOPAEDIC SURGERY.

B. SHALL HAVE AN INTEREST IN THE ADVANCEMENT OF ORTHOPAEDIC KNOWLEDGE OF THE HIP AND KNEE JOINT IN HEALTH AND/OR ARTHRITIC DISORDERS.

C. SHALL BE A MEMBER OF, OR QUALIFIED FOR MEMBERSHIP IN, THE AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS OR BE A MEMBER OF, OR QUALIFIED FOR

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MEMBERSHIP IN, THE ROYAL COLLEGE OF SURGEONS OF ORTHOPAEDICS IN CANADA.

D. SHALL HAVE A LETTER OF REFERENCE FROM THE APPLICANT'S FELLOWSHIP PROGRAM DIRECTOR, OR FROM AN AAHKS FELLOW MEMBER.

3. RIGHTS AND DUTIES OF CANDIDATE MEMBERS

A. MAY NOT VOTE.

B. MAY NOT SERVE ON COMMITTEES OF THE ASSOCIATION.

C. MAY ATTEND BUSINESS MEETINGS OF THE ASSOCIATION AS A NON-VOTING PARTICIPANT.

D. MAY NOT HOLD OFFICE IN THE ASSOCIATION.

E. MUST PAY DISCOUNTED ANNUAL DUES. ELIGIBILITY FOR DISCOUNTED ANNUAL DUES MAY CONTINUE FOR UP TO THREE YEARS, UNTIL THE CANDIDATE MEMBER IS ABLE TO GENERATE ENOUGH CASES TO QUALIFY (AND APPLY FOR) FELLOW OR ASSOCIATE MEMBERSHIP STATUS IN THE ORGANIZATION. THE BOARD OF DIRECTORS MAY WAIVE OR FURTHER REDUCE DUES FOR APPLICANTS FROM FELLOWSHIP PROGRAMS THAT PARTICIPATE IN A UNIVERSAL FELLOWSHIP MATCH APPROVED BY THE ASSOCIATION.

F. MUST MAINTAIN GOOD PROFESSIONAL AND ETHICAL STANDING IN THE COMMUNITY.

G. ARE ENCOURAGED TO ATTEND THE ANNUAL EDUCATIONAL AND SCIENTIFIC MEETING OF THE ASSOCIATION AT A DISCOUNTED REGISTRATION FEE.

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS ELECT THE OFFICERS AND BOARD AT THE ANNUAL MEETING.

FORM 990, PART VI, SECTION B, LINE 11: THE CPA, EXECUTIVE DIRECTOR AND TREASURER REVIEW THE 990.

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
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AMERICAN ASSOCIATION OF HIP & KNEE
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36-3832205FORM 990, PART VI, SECTION B, LINE 12C: ALL OFFICERS, COMMITTEE MEMBERS.OTHER VOLUNTEERS AND THE EXECUTIVE DIRECTOR ARE REQUIRED TO COMPLETE A
CONFLICT OF INTEREST POLICY. COPIES OF THE COMPLETED CONFLICT OF INTEREST
FORMS ARE AVAILABLE TO ALL VOLUNTEERS.FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR'S
COMPENSATION WAS ESTABLISHED BY THE BOARD. A CONSULTANT REVIEWED THE
AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES AND THE ASSOCIATION FORUM OF
CHICAGO'S COMPENSATION AND BENEFITS SURVEYS, AND ESTABLISHED A SALARY AT
AROUND THE MIDPOINT FOR ASSOCIATIONS WITH THE BUDGET SIZE OF AAHKS.
SALARIES ARE REVIEWED BY THE FINANCE COMMITTEE AND EXECUTIVE COMMITTEE FOR
ALL EMPLOYEES AND APPROVED BY THE BOARD AS PART OF THE BUDGETING PROCESS.FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS ARE
MAINTAINED IN THE ASSOCIATION'S OFFICE AND ARE AVAILABLE FOR PUBLIC
INSPECTION, AS REQUIRED. THE ASSOCIATION DOES NOT CHARGE FOR MAKING
COPIES, AND WILL MAIL COPIES OF PUBLIC RECORDS TO ANYONE WHO REQUESTS THEM.
THE FORM 990 IS ALSO AVAILABLE ON THE GUIDESTAR.COM WEBSITE.