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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)

OMB No. 1545-0047

2009

Open to Public Inspection

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 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 ORTHOPAEDIC SURGEONS Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6300 NORTH RIVER ROAD City or town, state or country, and ZIP + 4 ROSEMONT, IL 60018	D Employer identification number 36-4241052
	F Name and address of principal officer: KAREN L. HACKETT SAME AS C ABOVE	E Telephone number 847-823-7186
	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 \$ 18,061,122.
	J Website: WWW.AAOS.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 type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1999 M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE ASSOCIATION CARRIES ON THE ORTHOPAEDIC COMMUNITY'S ADVOCACY ACTIVITIES RELATED TO HEALTHCARE																																							
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)	16																																						
4 Number of independent voting members of the governing body (Part VI, line 1b)	13																																						
5 Total number of employees (Part V, line 2a)	0																																						
6 Total number of volunteers (estimate if necessary)	2474																																						
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	0.																																						
b Net unrelated business taxable income from Form 990-T, line 34	0.																																						
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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 KAREN L. HACKETT, CHIEF EXECUTIVE OFFICER Type or print name and title	Date 11/11/10		
Paid Preparer's Use Only Preparer's signature LU ANN TRAPP Firm's name (or yours if self-employed), address, and ZIP + 4 BLACKMAN KALLICK, LLP 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, ILLINOIS 60606	Date 10/22/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN Phone no. (312) 207-1040

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

SCANNED DEC 16 2010

AMERICAN ASSOCIATION OF ORTHOPAEDIC
SURGEONS

Form 990 (2009)

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

**THE ASSOCIATION CARRIES ON THE ORTHOPAEDIC COMMUNITY'S ADVOCACY
ACTIVITIES RELATED TO HEALTHCARE ISSUES ON BEHALF OF PATIENTS AND
PROFESSIONALS.**

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 \$)

**THE ASSOCIATION CARRIES ON THE ORTHOPAEDIC COMMUNITY'S ADVOCACY
ACTIVITIES RELATED TO HEALTH CARE ISSUES ON BEHALF OF PATIENTS AND
PROFESSIONALS.**

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

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

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

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

4e Total program service expenses ► \$

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**AMERICAN ASSOCIATION OF ORTHOPAEDIC
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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)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i>	X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Form **990** (2009)

**AMERICAN ASSOCIATION OF ORTHOPAEDIC
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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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		
25b 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>		
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>		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? <i>If "Yes," complete Schedule L, Part III</i>		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).		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
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>	X	
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>	X	
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>		
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	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	10	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
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, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
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	X
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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X
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	
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	
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	
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.		
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	

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**AMERICAN ASSOCIATION OF ORTHOPAEDIC
SURGEONS**

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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

	Yes	No
1a Enter the number of voting members of the governing body	16	
b Enter the number of voting members that are independent	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	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:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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	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	
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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
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	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

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: **MR. RICHARD STEWART - 847-823-7186**
6300 NORTH RIVER ROAD, ROSEMONT, IL 60018-4262

Form **990** (2009)

**AMERICAN ASSOCIATION OF ORTHOPAEDIC
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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 this box if the organization did not compensate any current officer, director, or trustee.

(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				0.	127,622.	0.
JOHN J. CALLAGHAN, MD FIRST VICE-PRESIDENT	10.00	X		X				0.	70,958.	0.
DANIEL J. BERRY, MD SECOND VICE-PRESIDENT	5.00	X		X				0.	46,420.	0.
FREDERICK M. AZAR, MD TREASURER	5.00	X		X				0.	2,452.	0.
E. ANTHONY RANKIN, MD PAST PRESIDENT	5.00	X						0.	68,168.	0.
THOMAS C. BARBER, MD BOARD OF COUNCILORS CHAIR	1.00	X						0.	7,476.	0.
RICHARD J. BARRY, MD BOC CHAIR-ELECT	1.00	X						0.	8,932.	0.
DAVID D. TEUSCHER, MD BOC SECRETARY	1.00	X						0.	2,614.	0.
WILLIAM J. ROBB, III, MD BOARD OF SPEC SOC CHAIR	1.00	X						0.	4,917.	0.
M. BRADFORD HENLEY, MD BOS CHAIR-ELECT	1.00	X						0.	1,709.	0.
JEFFREY O. ANGLIN, MD BOS SECRETARY	1.00	X						0.	10,806.	0.
MICHAEL F. SCHAFER, MD MEMBER-AT-LARGE	1.00	X						0.	1,675.	0.
G. ZACHARY WILHOIT LAY MEMBER	1.00	X						0.	1,524.	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				0.	468,073.	50,713.

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SURGEONS**

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

(A) Name and title	(B) Average hours per week	(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			
RICHARD J. STEWART CHIEF FINANCIAL OFFICER	60.00			X				0.	265,736.	34,213.
MARK W. WIETING CHIEF EDUCATION OFFICER	60.00			X				0.	244,716.	34,185.
ROBERT HARALSON, MD MEDICAL DIRECTOR	60.00			X				0.	242,774.	33,990.
MARILYN L FOX DIRECTOR, PUBLICATIONS	50.00				X			0.	214,147.	31,128.
SANDRA R GORDON DIRECTOR, PUBLIC RELATIO	50.00				X			0.	179,387.	27,652.
LEWIS W JENKINS DIRECTOR, MARKETING	50.00				X			0.	157,206.	25,434.
DAVID A LOVETT DIRECTOR, GOVT AFFAIRS	50.00				X			0.	239,466.	33,660.
SUSAN A MCSORLEY DIR. CONV. & MEETING SER	50.00				X			0.	153,254.	25,038.
HOWARD MEVIS DIRECTOR, DEMECOPM	50.00				X			0.	200,950.	29,808.
JAMES A OGLE DIRECTOR, INFORMATION SV	50.00				X			0.	180,478.	27,761.
1b Total								0.	4,031,932.	530,863.

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 **0**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
SAIBER, LLC, 18 COLUMBIA TURNPIKE, STE 200, FLORHAM PARK, NJ 07932	LEGAL SERVICES	1,036,215.
NATIONAL CAPITAL TELESERVICES, LLC 300 FIFTH STREET, NW, WASHINGTON, DC 20002	FUNDRAISING	305,206.
CAVAROCCHI RUSCIO DENNIS ASSOC, LLC 600 MARYLAND AVE, WASHINGTON, DC 20024	LOBBYING	296,028.
BECKNER, INC 8306 RIDING RIDGE PLACE, MCLEAN, VA 22102	PUBLIC RELATIONS	200,000.

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 **4**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

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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	489,607.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		489,607.			
Program Service Revenue	2 a MEMBERSHIP REVENUE	Business Code 541900	16945314.	16945314.		
	b OTHER PROGRAM REVENUE	541900	185,366.	185,366.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		17130680.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		401,812.		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties			39,023.			39,023.
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						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		18061122.	17130680.	0.	440,835.	

**AMERICAN ASSOCIATION OF ORTHOPAEDIC
SURGEONS**

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) 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	6,497,864.			
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				
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	3,144,718.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	275,515.			
9 Other employee benefits	317,311.			
10 Payroll taxes	262,063.			
11 Fees for services (non-employees):				
a Management				
b Legal	445,292.			
c Accounting	8,991.			
d Lobbying	312,213.			
e Professional fundraising services. See Part IV, line 17	276,339.			
f Investment management fees	13,339.			
g Other	295,489.			
12 Advertising and promotion	24,043.			
13 Office expenses	267,814.			
14 Information technology	104,390.			
15 Royalties				
16 Occupancy	91,816.			
17 Travel	491,627.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	296,334.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	28,229.			
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 DUES AND SUBSCRIPTIONS	1,978,347.			
b OUTSIDE SERVICES	611,902.			
c EQUIPMENT RENTAL	279,747.			
d PRINTING	166,545.			
e REPAIRS & MAINTENANCE	56,876.			
f All other expenses	193,918.			
25 Total functional expenses. Add lines 1 through 24f	16,440,722.			
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 ORTHOPAEDIC
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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	6,974,722.	2	7,447,804.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	138,837.	4	1,348,339.
	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	499,564.	9	473,550.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	5,044,330.	11	5,412,589.
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,657,453.	16	14,682,282.	
Liabilities	17 Accounts payable and accrued expenses	57,364.	17	394,204.
	18 Grants payable		18	
	19 Deferred revenue	4,359,217.	19	4,506,373.
	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	232,397.	25	152,830.
	26 Total liabilities. Add lines 17 through 25	4,648,978.	26	5,053,407.
Net Assets or Fund Balances	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	7,983,089.	27	9,620,819.
	28 Temporarily restricted net assets	25,386.	28	8,056.
	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	8,008,475.	33	9,628,875.
	34 Total liabilities and net assets/fund balances	12,657,453.	34	14,682,282.

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**AMERICAN ASSOCIATION OF ORTHOPAEDIC
SURGEONS**

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Part XI Financial Statements and Reporting

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?

b Were the organization's financial statements audited by an independent accountant?

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?

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:

☐ Separate basis ☒ Consolidated basis ☐ 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?

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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2009)

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

OMB No 1545-0047

2009

Open to Public
Inspection

► **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 ORTHOPAEDIC SURGEONS	Employer identification number 36-4241052
---	---

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 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

(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-.

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

Schedule C (Form 990 or 990-EZ) 2009

**AMERICAN ASSOCIATION OF ORTHOPAEDIC
SURGEONS**

Schedule C (Form 990 or 990-EZ) 2009

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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)														
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														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </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)														
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 ORTHOPAEDIC
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Schedule C (Form 990 or 990-EZ) 2009

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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?		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	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	14,365,544.
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	2,522,100.
b Carryover from last year	2b	2,414,239.
c Total	2c	4,936,339.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	2,570,998.
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	2,365,341.
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.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization **AMERICAN ASSOCIATION OF ORTHOPAEDIC
SURGEONS**

Employer identification number
36-4241052

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

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

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

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

<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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part 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	▶ \$ _____

**AMERICAN ASSOCIATION OF ORTHOPAEDIC
SURGEONS**

Schedule D (Form 990) 2009

36-4241052 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):

- a ☐ Public exhibition d ☐ Loan or exchange programs
b ☐ Scholarly research e ☐ Other _____
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

	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	5,044,330.				
b Contributions		5,000,000.			
c Net investment earnings, gains, and losses	381,598.	44,330.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	13,339.				
g End of year balance	5,412,589.	5,044,330.			

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

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

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

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				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 0.

Schedule D (Form 990) 2009

**AMERICAN ASSOCIATION OF ORTHOPAEDIC
SURGEONS**

Schedule D (Form 990) 2009

36-4241052 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	18,061,122.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,440,722.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,620,400.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,620,400.

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	68,145,060.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	50,097,277.
e	Add lines 2a through 2d	2e	50,097,277.
3	Subtract line 2e from line 1	3	18,047,783.
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	13,339.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	13,339.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	18,061,122.

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

1	Total expenses and losses per audited financial statements	1	54,216,103.
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	43,788,720.
e	Add lines 2a through 2d	2e	43,788,720.
3	Subtract line 2e from line 1	3	10,427,383.
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	13,339.
b	Other (Describe in Part XIV.)	4b	6,000,000.
c	Add lines 4a and 4b	4c	6,013,339.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	16,440,722.

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: THE PURPOSE OF THE ENDOWMENT FUND IS TO FINANCE

ADVOCACY ACTIVITIES.

PART X: 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

Schedule D (Form 990) 2009

Part XIV Supplemental Information (continued)

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: 50097277.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF AFFILIATES: 43788720.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTION TO AFFILIATED ORGANIZATION: 6000000.

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open To Public Inspection

Employer identification number
36-4241052

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- a ☒ Mail solicitations
b ☐ Internet and email solicitations
c ☒ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- ☒
- Yes
- ☐
- No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
NATIONAL CAPITAL TELESERVICES, INC.	FUNDRAISING SOLICITATIONS		X	1,534,793.	276,339.	1,258,454.
Total				1,534,793.	276,339.	1,258,454.

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**AMERICAN ASSOCIATION OF ORTHOPAEDIC
SURGEONS**

Schedule G (Form 990 or 990-EZ) 2009

36-4241052 Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
Revenue				
1 Gross receipts				
2 Less: Charitable contributions				
3 Gross income (line 1 minus line 2)				
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary. Add lines 4 through 9 in column (d)				()
11 Net income summary. Combine line 3, column (d), and line 10				

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()
8 Net gaming income summary. Combine line 1, column (d), and line 7				

- 9** Enter the state(s) in which the organization operates gaming activities: _____
- a** Is the organization licensed to operate gaming activities in each of these states?
- b** If "No," explain: _____
- 10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
- b** If "Yes," explain: _____
- 11** Does the organization operate gaming activities with nonmembers?
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

**AMERICAN ASSOCIATION OF ORTHOPAEDIC
SURGEONS**

Schedule G (Form 990 or 990-EZ) 2009

36-4241052 Page **3**

		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a _____ %		
b An outside facility	13b _____ %		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ► _____			
Address ► _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.			
c If "Yes," enter name and address of the third party.			
Name ► _____			
Address ► _____			
16 Gaming manager information.			
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____ _____ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____			

Schedule G (Form 990 or 990-EZ) 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" on 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 ASSOCIATION OF ORTHOPAEDIC
SURGEONS**

Employer identification number
36-4241052

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. 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 ▶ ☐

Part II **Grants and Other Assistance to Governments and Organizations in the United States**

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA ORTHOPAEDIC ASSOCIATION 5380 ELVAS AVE. - SUITE 221 SACRAMENTO, CA 95819	95-3141127	501(C)6	15,000.	0.			STATE SOCIETY ASSISTANCE
COLORADO ORTHOPAEDIC SOCIETY 23 POLE COURT ESTES PARK, CO 80517	74-2401276	501(C)6	14,500.	0.			STATE SOCIETY ASSISTANCE
FLORIDA ORTHOPAEDIC SOCIETY 17503 MALLARD COURT LUTZ, FL 33559	59-6142215	501(C)6	20,000.	0.			STATE SOCIETY ASSISTANCE
HAWAII ORTHOPAEDIC ASSOCIATION PO BOX 612007 HONOLULU, HI 96839	99-0171322	501(C)6	47,800.	0.			STATE SOCIETY ASSISTANCE
IDAHO ORTHOPAEDIC SOCIETY PO BOX 2668 BOISE, ID 83701	82-0403116	501(C)6	15,000.	0.			STATE SOCIETY ASSISTANCE
IOWA ORTHOPAEDIC SOCIETY 3817 CHIPPEWA COURT SIOUX CITY, IA 51104	42-1200574	501(C)6	6,700.	0.			STATE SOCIETY ASSISTANCE
2 Enter total number of section 501(c)(3) and government organizations							2.
3 Enter total number of other organizations							20.

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

Schedule I (Form 990) 2009

AMERICAN ASSOCIATION OF ORTHOPAEDIC

Schedule I (Form 990) 2009 **36-4241052** Page **2**

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

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

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

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION MAKES CONTRIBUTIONS TO OTHER ORGANIZATIONS WITH SIMILAR ORTHOPAEDIC RELATED MISSIONS FOR THE GENERAL SUPPORT OF THESE ORGANIZATIONS. SINCE THE FUNDS ARE TO BE USED FOR THE GENERAL SUPPORT OF THEIR MISSION, WE DO NOT REQUIRE THESE ORGANIZATIONS TO SUBSTANTIATE THEIR EXPENDITURES RELATED TO THESE CONTRIBUTIONS.

STATE ORTHOPAEDIC SOCIETIES ARE GRANTED ASSISTANCE TO IMPROVE THEIR ORGANIZATIONAL DEVELOPMENT OR TO COMPLETE A PROJECT SUCH AS BUILDING A WEBSITE OR TRAINING ADMINISTRATIVE PERSONNEL ON FINANCIAL MATTERS OR

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047
2009
Open to Public
Inspection

Name of the organization **AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS**

Employer identification number
36-4241052

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA ORTHOPAEDIC ASSOCIATION PO BOX 80053 BATON ROUGE, LA 70898	72-0888676	501(C)6	6,500.	0.			STATE SOCIETY ASSISTANCE
MARYLAND ORTHOPAEDIC ASSOCIATION 110 WEST ROAD, SUITE 227 TOWSON, MD 21204	52-1979179	501(C)6	58,500.	0.			STATE SOCIETY ASSISTANCE
MICHIGAN ORTHOPAEDIC SOCIETY PO BOX 475 NORTHVILLE, MI 48167	38-3237300	501(C)6	7,500.	0.			STATE SOCIETY ASSISTANCE
MISSOURI STATE ORTHOPAEDIC ASSOCIATION - PO BOX 2124 - JEFFERSON CITY, MO 65102	43-1336681	501(C)6	22,000.	0.			STATE SOCIETY ASSISTANCE
MONTANA ORTHOPAEDIC SOCIETY 1190 WESTWOOD DR. HAMILTON, MT 59840	81-0306722	501(C)6	6,100.	0.			STATE SOCIETY ASSISTANCE
NORTH CAROLINA ORTHOPAEDIC ASSOCIATION - PO BOX 27167 - RALEIGH, NC 27611	58-1433163	501(C)6	20,000.	0.			STATE SOCIETY ASSISTANCE
OKLAHOMA STATE ORTHOPAEDIC SOCIETY 2817 N OAKRIDGE DRIVE BETHANY, OK 73008	73-1370645	501(C)6	8,400.	0.			STATE SOCIETY ASSISTANCE
PENNSYLVANIA ORTHOPAEDIC SOCIETY 500 N THIRD STREET, 11TH FLOOR HARRISBURG, PA 17101	23-2184602	501(C)6	22,000.	0.			STATE SOCIETY ASSISTANCE

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

Schedule I-1 (Form 990) 2009

Name of the organization **AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS**

Employer identification number
36-4241052

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUERTO RICO ORTHOPAEDIC SOCIETY P.O. BOX 9387 SAN JUAN, PR	66-0567480	501(C)6	46,200.	0.			STATE SOCIETY ASSISTANCE
SOUTH CAROLINA ORTHOPAEDIC ASSOCIATION - 146 TURNBUCKLE COURT - CLEMSON, NC 27012	57-0743252	501(C)6	56,000.	0.			STATE SOCIETY ASSISTANCE
VIRGINIA ORTHOPAEDIC SOCIETY 2209 DICKENS ROAD RICHMOND, VA 23230	54-1233714	501(C)6	9,500.	0.			STATE SOCIETY ASSISTANCE
WASHINGTON DC ORTHOPAEDIC SOCIETY 1635 N GEORGE MASON DRIVE, STE 310 ARLINGTON, VA 22205	52-0909993	501(C)6	6,300.	0.			STATE SOCIETY ASSISTANCE
WASHINGTON STATE ORTHOPAEDIC ASSOCIATION - 2033 SIXTH AVE, SUITE 1100 - SEATTLE, WA 98121	91-1274377	501(C)6	61,000.	0.			STATE SOCIETY ASSISTANCE
WEST VIRGINIA ORTHOPAEDIC SOCIETY PO BOX 13604 CHARLESTON, WV 25360	55-0667004	501(C)6	7,000.	0.			STATE SOCIETY ASSISTANCE
ORTHOPAEDIC RESEARCH AND EDUCATION FOUNDATION - 6300 N RIVER RD - ROSEMONT, IL 60018	36-6009467	501(C)(3)	10,000.	0.			GENERAL SUPPORT
AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS - 6300 N RIVER RD - ROSEMONT, IL 60018	36-2110592	501(C)(3)	6,000,000.	0.			GENERAL SUPPORT

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

Schedule I-1 (Form 990) 2009

Part IV Supplemental Information

MEMBERSHIP DRIVES. A FINAL PROJECT SUMMARY IS PROVIDED TO AAOS AT THE
COMPLETION OF THE PROJECT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS	Employer identification number 36-4241052
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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.		
<input checked="" type="checkbox"/> First-class or charter travel		
<input checked="" type="checkbox"/> Travel for companions		
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (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	1b	X
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X
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 checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) 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?	5a	
b Any related organization?	5b	
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	
b Any related organization?	6b	
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	
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	8	
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2009

**AMERICAN ASSOCIATION OF ORTHOPAEDIC
SURGEONS**

Schedule J (Form 990) 2009

36-4241052

Page 2

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KAREN L. HACKETT	(i)	0.	0.	0.	0.	0.	0.
	(ii)	390,000.	77,000.	1,073.	41,000.	518,786.	0.
RICHARD J. STEWART	(i)	0.	0.	0.	0.	0.	0.
	(ii)	216,723.	44,064.	4,949.	24,500.	299,949.	0.
MARK W. WIETING	(i)	0.	0.	0.	0.	0.	0.
	(ii)	219,690.	22,160.	2,866.	24,472.	278,901.	0.
ROBERT HARALSON, MD	(i)	0.	0.	0.	0.	0.	0.
	(ii)	236,446.	6,328.	0.	24,277.	276,764.	0.
MARILYN L. FOX	(i)	0.	0.	0.	0.	0.	0.
	(ii)	198,795.	13,445.	1,907.	21,415.	245,275.	0.
SANDRA R. GORDON	(i)	0.	0.	0.	0.	0.	0.
	(ii)	165,980.	13,407.	0.	17,939.	207,039.	0.
LEWIS W. JENKINS	(i)	0.	0.	0.	0.	0.	0.
	(ii)	145,143.	9,235.	2,828.	15,721.	182,640.	0.
DAVID A. LOVETT	(i)	0.	0.	0.	0.	0.	0.
	(ii)	229,853.	9,613.	0.	23,947.	273,126.	0.
SUSAN A. MCSORLEY	(i)	0.	0.	0.	0.	0.	0.
	(ii)	132,738.	17,928.	2,588.	15,325.	178,292.	0.
HOWARD MEVIS	(i)	0.	0.	0.	0.	0.	0.
	(ii)	191,656.	5,587.	3,707.	20,095.	230,758.	0.
JAMES A. OGLE	(i)	0.	0.	0.	0.	0.	0.
	(ii)	167,561.	12,917.	0.	18,048.	208,239.	0.
CHARLES TURKELSON	(i)	0.	0.	0.	0.	0.	0.
	(ii)	141,036.	6,752.	2,768.	15,056.	175,325.	0.
RICHARD PETERSON	(i)	0.	0.	0.	0.	0.	0.
	(ii)	248,429.	17,198.	4,775.	24,500.	304,615.	0.
ROBERT JASAK	(i)	0.	0.	0.	0.	0.	0.
	(ii)	149,627.	5,072.	0.	15,470.	179,882.	0.
MARITA POWELL	(i)	0.	0.	0.	0.	0.	0.
	(ii)	136,362.	10,611.	0.	14,697.	171,383.	0.
LYNNE DOWLING	(i)	0.	0.	0.	0.	0.	0.
	(ii)	130,186.	7,233.	2,528.	13,995.	163,655.	0.

Schedule J (Form 990) 2009

AMERICAN ASSOCIATION OF ORTHOPAEDIC
SURGEONS

Schedule J (Form 990) 2009

36-4241052

Page 3

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.

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 4B: KAREN L. HACKETT, CHIEF EXECUTIVE OFFICER, ACCRUED A 457F SUPPLEMENTAL RETIREMENT BENEFIT OF \$16,500 FROM THE AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS, A RELATED ORGANIZATION. THIS AMOUNT IS INCLUDED ON SCHEDULE J, PART II, DEFERRED COMPENSATION.

SCHEDULE J, PART 1, QUESTION 3 - COMPENSATION REVIEW

PROCEDURES:

COMPENSATION REVIEW PROCEDURES ARE PERFORMED BY A RELATED ORGANIZATION, THE AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS.

AMERICAN ASSOCIATION OF ORTHOPAEDIC
SURGEONS

Schedule J (Form 990) 2009

36-4241052

Page 3

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.

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 SENT TO THE BOARD FOR
APPROVAL. THIS PROCESS INCLUDES THE CHIEF EXECUTIVE OFFICER, CHIEF
FINANCIAL OFFICER, CHIEF EDUCATION OFFICER, MEDICAL DIRECTOR, AND GENERAL
COUNSEL.

Continuation Sheet for Schedule J (Form 990)

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.

Name of the organization

**AMERICAN ASSOCIATION OF ORTHOPAEDIC
SURGEONS**

Employer identification number

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)
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[illegible]

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

Open to Public Inspection

Employer Identification number
36-4241052

[illegible]

[illegible]

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS - 336-2110592, 6300 NORTH RIVER ROAD, ROSEMONT, IL 60018	SERVE THE PROFESSION OF ORTHOPAEDIC SURGERY	ILLINOIS	501(C)(3)	509(A)(2)	
POLITICAL ACTION COMMITTEE OF AAOS - 26-217172, 317 MASSACHUSETTS AVE., NE, WASHINGTON, DC 20002	POLITICAL CAMPAIGN ACTIVITIES	DISTRICT OF COLUMBIA	527		
CENTER FOR ORTHOPAEDIC ADVANCEMENT, NFP (COA) - 26-3164922, 6300 NORTH RIVER ROAD, ROSEMONT, IL 60018	SUPPORT EDUCATIONAL ACTIVITIES OF AMER. ACADEMY ORTHOPAEDIC SURGEONS	ILLINOIS	501(C)(3)	509(A)(3)	

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

Schedule R (Form 990) 2009

(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) Disproportion- ate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No
							Yes No		Yes No

[illegible]

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

[illegible]

**AMERICAN ASSOCIATION OF ORTHOPAEDIC
SURGEONS**

36-4241052 Page 3

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

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

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)		<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)		<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)		<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)		<input checked="" type="checkbox"/>
h Exchange of assets		<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)		<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)		<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets		<input checked="" type="checkbox"/>
n Sharing of paid employees		<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses		<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses		<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)		<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)		<input checked="" type="checkbox"/>

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(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS	B	6,000,000.
(2) AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS	O	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.

[illegible]

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009Open to Public
Inspection

Name of the organization

**AMERICAN ASSOCIATION OF ORTHOPAEDIC
SURGEONS**

Employer identification number

36-4241052**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:****ISSUES ON BEHALF OF PATIENTS AND PROFESSIONALS.**

**FORM 990, PART VI, SECTION A, LINE 6: AS A MEMBERSHIP ASSOCIATION, THE
ORGANIZATION CURRENTLY HAS 36,000 MEMBERS. ALL FELLOWS AND MEMBERS OF THE
AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS (ASSOCIATION), SHALL ALSO BE
CONSIDERED FELLOWS AND MEMBERS OF THE SAME CLASSIFICATION OF THE AMERICAN
ACADEMY OF ORTHOPAEDIC SURGEONS (ACADEMY), A RELATED ORGANIZATION.**

**THERE ARE TWO CATEGORIES OF MEMBERSHIP IN THE ACADEMY AND THE ASSOCIATION:
FELLOWS AND MEMBERS.**

ONLY FELLOWS 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 GREATEST NUMBER OF VOTES SHALL BE CONSIDERED ELECTED, EVEN IF THEY DO
NOT RECEIVE A MAJORITY OF THE VOTES CAST.**

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

**AMERICAN ASSOCIATION OF ORTHOPAEDIC
SURGEONS**

Employer identification number

36-4241052

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 FORM 990 WITH THE FINANCE COMMITTEE AND TO ANSWER ANY QUESTIONS PRIOR TO FILING THE 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 ANYONE 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 ANYTHING NEW TO DISCLOSE.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION REVIEW PROCEDURES ARE PERFORMED BY A RELATED ORGANIZATION, THE AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS.

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 SENT TO THE BOARD FOR

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

**AMERICAN ASSOCIATION OF ORTHOPAEDIC
SURGEONS**

Employer identification number

36-4241052

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
APPLICABLE GOVERNMENTAL AGENCIES.

SCHEDULE G, PART I, LINE 2B, COLUMN (V): THE ORGANIZATION HAS AN
AGREEMENT WITH A FUNDRAISING ORGANIZATION WHICH INCLUDES SOLICITING
CONTRIBUTIONS ON BEHALF OF A RELATED POLITICAL ACTION COMMITTEE. THESE
CONTRIBUTIONS ARE SENT DIRECTLY TO THE POLITICAL ACTION COMMITTEE.

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

OMB No 1545-1709

▶ File a separate application for each return.

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

Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ ☐

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS	Employer identification number 36-4241052
	Number, street, and room or suite no. If a P.O. box, see instructions. 6300 NORTH RIVER ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ROSEMONT, IL 60018	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

MR. RICHARD STEWART

- The books are in the care of ▶
- 6300 NORTH RIVER ROAD - ROSEMONT, IL 60018-4262**

Telephone No. ▶ **847-823-7186**

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☒ calendar year **2009** or
▶ ☐ tax year beginning _____, and ending _____.

- 2 If this tax year is for less than 12 months, check reason:
- ☐
- Initial return
- ☐
- Final return
- ☐
- Change in accounting period

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS	Employer identification number 36-4241052
	Number, street, and room or suite no. If a P.O. box, see instructions. 6300 NORTH RIVER ROAD	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ROSEMONT, IL 60018	

Check type of return to be filed (File a separate application for each return).

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

MR. RICHARD STEWART

- The books are in the care of **6300 NORTH RIVER ROAD - ROSEMONT, IL 60018-4262**

Telephone No **847-823-7186**

FAX No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010**

5 For calendar year **2009**, or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Kimberly A. Hauran** Title **ENROLLED AGENT**

Date **8/10/10**

Form 8868 (Rev. 4-2009)