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Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust

2009

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning

, 2009, and ending , 20

G Check all that apply:

Initial return

Initial return of a former public charity

Final return

Amended return

X Address change

Name change

|   |  |  |   |
|---|--|--|---|
| Use the IRS<br>label.<br><br>Otherwise,<br>print<br>or type.<br>See Specific<br>Instructions. | Name of foundation<br><br>DICKSON-DIVELEY ORTHOPAEDIC EDUCATION &<br>RESEARCH FOUNDATION                       | A Employer Identification number<br><br>43-1624023 |   |
|   | Number and street (or P O box number if mail is not delivered to street address)<br><br>3651 COLLEGE BOULEVARD | Room/suite   | B Telephone number (see page 10 of the instructions)<br><br>(816) 561-5757  |
|   | City or town, state, and ZIP code<br><br>LEAWOOD, KS 66211   |  | C If exemption application is<br>pending, check here . . . . . ► <input type="checkbox"/>                                       |
|   |  |  | D 1 Foreign organizations, check here . . . . . ► <input type="checkbox"/>  |
|   |  |  | 2 Foreign organizations meeting the<br>85% test, check here and attach<br>computation . . . . . ► <input type="checkbox"/>      |
|   |  |  | E If private foundation status was terminated<br>under section 507(b)(1)(A), check here . . . . . ► <input type="checkbox"/>    |
|   |  |  | F If the foundation is in a 60-month termination<br>under section 507(b)(1)(B), check here . . . . . ► <input type="checkbox"/> |

H Check type of organization  Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundationI Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 180,935. J Accounting method.  Cash  Accrual  
 Other (specify) \_\_\_\_\_

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions)) |        | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|--------|------------------------------------|---------------------------|-------------------------|---|
| 1 Contributions, gifts, grants, etc., received (attach schedule)  |        | 10,000.                            |                           |                         |   |
| 2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch. B. . . . .  |        |                                    |                           |                         |   |
| 3 Interest on savings and temporary cash investments  |        |                                    |                           |                         |   |
| 4 Dividends and interest from securities . . . . .  |        | 844.                               | 844.                      |                         | ATCH 1  |
| 5 a Gross rents . . . . .   |        |                                    |                           |                         |   |
| b Net rental income or (loss) . . . . .   |        |                                    |                           |                         |   |
| 6 a Net gain or (loss) from sale of assets not on line 10   |        | -2,360.                            |                           |                         |   |
| b Gross sales price for all assets on line 6a . . . . .   | 3,500. |                                    |                           |                         |   |
| 7 Capital gain net income (from Part IV, line 2) . . . . .  |        |                                    |                           |                         |   |
| 8 Net short-term capital gain . . . . .   |        |                                    |                           |                         |   |
| 9 Income modifications . . . . .  |        |                                    |                           |                         |   |
| 10 a Gross sales less returns and allowances . . . . .  |        |                                    |                           |                         |   |
| b Less Cost of goods sold . . . . .   |        |                                    |                           |                         |   |
| c Gross profit or (loss) (attach schedule) . . . . .  |        |                                    |                           |                         |   |
| 11 Other income (attach schedule) . . . . .   |        |                                    |                           |                         |   |
| 12 Total. Add lines 1 through 11 . . . . .  |        | 8,484.                             | 844.                      |                         |   |
| 13 Compensation of officers, directors, trustees, etc . . . . .   |        | 0.                                 |                           |                         |   |
| 14 Other employee salaries and wages . . . . .  |        |                                    |                           |                         |   |
| 15 Pension plans, employee benefits . . . . .   |        |                                    |                           |                         |   |
| 16 a Legal fees (attach schedule) ATCH 2 . . . . .  | 624.   |                                    | 0.                        | 0.                      | 624.  |
| b Accounting fees (attach schedule) ATCH 3 . . . . .  | 2,180. |                                    | 0.                        | 0.                      | 2,180.  |
| c Other professional fees (attach schedule) * . . . . .   | 20.    |                                    | 20.                       |                         |   |
| 17 Interest . . . . .   |        | 20.                                |                           |                         |   |
| 18 Taxes (attach schedule) (see page 14 of the instructions) ** . . . . .   |        |                                    |                           |                         |   |
| 19 Depreciation (attach schedule) and depletion . . . . .   |        |                                    |                           |                         |   |
| 20 Occupancy . . . . .  |        |                                    |                           |                         |   |
| 21 Travel, conferences, and meetings . . . . .  |        |                                    |                           |                         |   |
| 22 Printing and publications . . . . .  |        |                                    |                           |                         |   |
| 23 Other expenses (attach schedule) . . . . .   |        |                                    |                           |                         |   |
| 24 Total operating and administrative expenses.   |        |                                    |                           |                         |   |
| Add lines 13 through 23 . . . . .   | 2,844. |                                    | 20.                       | 0.                      | 2,804.  |
| 25 Contributions, gifts, grants paid . . . . .  |        |                                    |                           |                         |   |
| Total expenses and disbursements Add lines 24 and 25 . . . . .  | 2,844. |                                    | 20.                       | 0.                      | 2,804.  |
| 27 Subtract line 26 from line 12 . . . . .  |        |                                    |                           |                         |   |
| a Excess of revenue over expenses and disbursements . . . . .   | 5,640. |                                    |                           |                         |   |
| b Net investment income (if negative, enter -0-) . . . . .  |        | 824.                               |                           |                         |   |
| c Adjusted net income (if negative, enter -0-) . . . . .  |        |                                    | -0-                       |                         |   |

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CANNED NOV 17 2010 Revenue

Operating and Administrative Expenses

G10

| <b>Part II Balance Sheets</b>   |  | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) |                |                       |
|---|--|--|----------------|-----------------------|
|   |  | Beginning of year  | End of year    |                       |
|   |  | (a) Book Value   | (b) Book Value | (c) Fair Market Value |
| <b>Assets</b>   | 1 Cash - non-interest-bearing  |  |                |                       |
|   | 2 Savings and temporary cash investments   |  |                |                       |
|   | 3 Accounts receivable ►  |  |                |                       |
|   | Less allowance for doubtful accounts ►   |  |                |                       |
|   | 4 Pledges receivable ►   |  |                |                       |
|   | Less allowance for doubtful accounts ►   |  |                |                       |
|   | 5 Grants receivable  |  |                |                       |
|   | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions) |  |                |                       |
|   | 7 Other notes and loans receivable (attach schedule) ►   |  |                |                       |
|   | Less allowance for doubtful accounts ►   |  |                |                       |
|   | 8 Inventories for sale or use  |  |                |                       |
|   | 9 Prepaid expenses and deferred charges  |  |                |                       |
|   | 10 a Investments - U S and state government obligations (attach schedule)  |  |                |                       |
|   | b Investments - corporate stock (attach schedule) <b>ATCH 6</b>  | 126,179.   | 180,935.       | 180,935.              |
|   | c Investments - corporate bonds (attach schedule)  |  |                |                       |
|   | 11 Investments - land, buildings, and equipment basis ►  |  |                |                       |
| Less accumulated depreciation ► (attach schedule)   |  |  |                |                       |
| 12 Investments - mortgage loans   |  |  |                |                       |
| 13 Investments - other (attach schedule)  |  |  |                |                       |
| 14 Land, buildings, and equipment basis ►   |  |  |                |                       |
| Less accumulated depreciation ► (attach schedule)   |  |  |                |                       |
| 15 Other assets (describe ►)  |  |  |                |                       |
| 16 Total assets (to be completed by all filers - see the instructions Also, see page 1, item I) | 126,179.   | 180,935.   | 180,935.       |                       |
| <b>Liabilities</b>  | 17 Accounts payable and accrued expenses   |  |                |                       |
|   | 18 Grants payable  |  |                |                       |
|   | 19 Deferred revenue  |  |                |                       |
|   | 20 Loans from officers, directors, trustees, and other disqualified persons  |  |                |                       |
|   | 21 Mortgages and other notes payable (attach schedule)   |  |                |                       |
|   | 22 Other liabilities (describe ►)  |  |                |                       |
|   | 23 Total liabilities (add lines 17 through 22)   |  |                |                       |
|   | Foundations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.            |  |                |                       |
|   | 24 Unrestricted  |  |                |                       |
|   | 25 Temporarily restricted  |  |                |                       |
|   | 26 Permanently restricted  |  |                |                       |
|   | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ► <input checked="" type="checkbox"/>              |  |                |                       |
|   | 27 Capital stock, trust principal, or current funds  |  |                |                       |
|   | 28 Paid-in or capital surplus, or land, bldg., and equipment fund  |  |                |                       |
|   | 29 Retained earnings, accumulated income, endowment, or other funds  | 126,179.   | 180,935.       |                       |
|   | 30 Total net assets or fund balances (see page 17 of the instructions)   | 126,179.   | 180,935.       |                       |
| 31 Total liabilities and net assets/fund balances (see page 17 of the instructions)             | 126,179.   | 180,935.   |                |                       |
| <b>Net Assets or Fund Balances</b>  |  |  |                |                       |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|  |   |          |
|--|---|----------|
| 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 126,179. |
| 2 Enter amount from Part I, line 27a   | 2 | 5,640.   |
| 3 Other increases not included in line 2 (itemize) ► ATTACHMENT 7  | 3 | 49,116.  |
| 4 Add lines 1, 2, and 3  | 4 | 180,935. |
| 5 Decreases not included in line 2 (itemize) ►   | 5 |          |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30  | 6 | 180,935. |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs MLC Co.)   |   |   | (b) How acquired<br>P-Purchase<br>D-Donation   | (c) Date acquired<br>(mo., day, yr.) | (d) Date sold<br>(mo., day, yr.) |
|---|---|---|--|--------------------------------------|----------------------------------|
| <b>1a SEE PART IV SCHEDULE</b>  |   |   |  |                                      |                                  |
| b   |   |   |  |                                      |                                  |
| c   |   |   |  |                                      |                                  |
| d   |   |   |  |                                      |                                  |
| e   |   |   |  |                                      |                                  |
| (e) Gross sales price   | (f) Depreciation allowed<br>(or allowable)  | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g)   |                                      |                                  |
| a   |   |   |  |                                      |                                  |
| b   |   |   |  |                                      |                                  |
| c   |   |   |  |                                      |                                  |
| d   |   |   |  |                                      |                                  |
| e   |   |   |  |                                      |                                  |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69   |   |   |  |                                      |                                  |
| (i) F M V as of 12/31/69  | (j) Adjusted basis<br>as of 12/31/69  | (k) Excess of col (i)<br>over col (j), if any   | (l) Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |                                      |                                  |
| a   |   |   |  |                                      |                                  |
| b   |   |   |  |                                      |                                  |
| c   |   |   |  |                                      |                                  |
| d   |   |   |  |                                      |                                  |
| e   |   |   |  |                                      |                                  |
| 2 Capital gain net income or (net capital loss) . . . . .   | { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 } |   | 2  | -2,360.                              |                                  |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br>If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions)<br>If (loss), enter -0- in Part I, line 8 . . . . . |   |   | 3  |                                      |                                  |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? . . . . .  Yes  No  
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries.

| (a)<br>Base period years<br>Calendar year (or tax year beginning in)  | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
|---|--|--|---|
| 2008  | 0.                                       | 161,064.                                     | 0.000000  |
| 2007  |  |  |   |
| 2006  |  |  |   |
| 2005  |  |  |   |
| 2004  |  |  |   |
| 2 Total of line 1, column (d) . . . . .   |  |  | 2 0.000000  |
| 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the<br>number of years the foundation has been in existence if less than 5 years . . . . . |  |  | 3 0.000000  |
| 4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 . . . . .  |  |  | 4 146,180.  |
| 5 Multiply line 4 by line 3 . . . . .   |  |  | 5 0.  |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) . . . . .  |  |  | 6 8.  |
| 7 Add lines 5 and 6 . . . . .   |  |  | 7 8.  |
| 8 Enter qualifying distributions from Part XII, line 4 . . . . .  |  |  | 8 2,804.  |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)**

|  |  |  |          |   |
|--|--|--|----------|---|
| 1a   | Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1                                | (attach copy of ruling letter if necessary - see instructions) | 1        | 8 |
| Date of ruling or determination letter _____ |  |  |          |   |
| b  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b |  |          |   |
| c  | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)  |  |          |   |
| 2  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)   | 2  |          |   |
| 3  | Add lines 1 and 2  | 3  |          | 8 |
| 4  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)   | 4  |          | 0 |
| 5  | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-   | 5  |          | 8 |
| 6  | Credits/Payments   |  |          |   |
| a  | 2009 estimated tax payments and 2008 overpayment credited to 2009  | 6a   |          |   |
| b  | Exempt foreign organizations-tax withheld at source  | 6b   | 0        |   |
| c  | Tax paid with application for extension of time to file (Form 8868)  | 6c   | 0        |   |
| d  | Backup withholding erroneously withheld  | 6d   |          |   |
| 7  | Total credits and payments Add lines 6a through 6d   | 7  |          | 0 |
| 8  | Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached   | 8  |          |   |
| 9  | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  | 9  |          | 8 |
| 10   | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  | 10   |          |   |
| 11   | Enter the amount of line 10 to be Credited to 2010 estimated tax ►   | 11   | Refunded |   |

**Part VII-A Statements Regarding Activities**

|   |   |    |     |    |
|---|---|----|-----|----|
| 1a  | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  | 1a | Yes | No |
| b   | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?   | 1b |     | X  |
| <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>   |   |    |     |    |
| c   | Did the foundation file Form 1120-POL for this year?  | 1c |     | X  |
| d   | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year   |    |     |    |
| (1) On the foundation ► \$ _____ (2) On foundation managers ► \$ _____  |   |    |     |    |
| e   | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ _____   |    |     |    |
| 2   | Has the foundation engaged in any activities that have not previously been reported to the IRS?   | 2  |     | X  |
| <i>If "Yes," attach a detailed description of the activities</i>  |   |    |     |    |
| 3   | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes                                      | 3  |     | X  |
| 4a  | Did the foundation have unrelated business gross income of \$1,000 or more during the year?   | 4a |     | X  |
| b   | If "Yes," has it filed a tax return on Form 990-T for this year?  | 4b |     | X  |
| 5   | Was there a liquidation, termination, dissolution, or substantial contraction during the year?  | 5  |     | X  |
| <i>If "Yes," attach the statement required by General Instruction T</i>   |   |    |     |    |
| 6   | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either  | 6  |     |    |
| <ul style="list-style-type: none"> <li>• By language in the governing instrument, or</li> <li>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?</li> </ul> |   |    |     |    |
| 7   | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV  | 7  |     | X  |
| 8a  | Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ► MO  |    |     |    |
| b   | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation   | 8b |     | X  |
| 9   | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV | 9  |     | X  |
| 10  | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  | 10 |     | X  |

**Part VII-A Statements Regarding Activities (continued)**

|    |   |                               |
|----|---|-------------------------------|
| 11 |   | X                             |
| 12 |   | X                             |
| 13 | X   |                               |
| 14 | DR. CHARLES RHOADES                                     | Telephone no ► 816-531-5757   |
|    | Located at ► 4320 WORNALL ROAD STE. 610 KANSAS CITY, MO | ZIP + 4 ► 64111-3235          |
| 15 | Form 1041 - Check here                                  | ► <input type="checkbox"/> 15 |

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of  and enter the amount of tax-exempt interest received or accrued during the year

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

|     |  | Yes                                     | No                                     |
|-----|--|---|--|
| 1a  | During the year did the foundation (either directly or indirectly)   |   |  |
| (1) | Engage in the sale or exchange, or leasing of property with a disqualified person?   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (2) | Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (3) | Furnish goods, services, or facilities to (or accept them from) a disqualified person?   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (4) | Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (5) | Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| (6) | Agree to pay money or property to a government official? ( Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| b   | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>  |   | 1b                                     |
| c   | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?  |   | 1c X                                   |
| 2   | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))  |   |  |
| a   | At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? If "Yes," list the years ► 2008  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| b   | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see page 20 of the instructions)  |   | 2b X                                   |
| c   | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 2008   |   |  |
| 3a  | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| b   | If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009) |   | 3b                                     |
| 4a  | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  |   | 4a X                                   |
| b   | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?  |   | 4b X                                   |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

|     |   |   |    |   |  |
|-----|---|---|----|---|--|
| 5a  | During the year did the foundation pay or incur any amount to   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |   |  |
| (1) | Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |   |  |
| (2) | Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |   |  |
| (3) | Provide a grant to an individual for travel, study, or other similar purposes?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |   |  |
| (4) | Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |   |  |
| (5) | Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |   |  |
| b   | If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here | <input type="checkbox"/>  | 5b |   |  |
| c   | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <i>If "Yes," attach the statement required by Regulations section 53.4945-5(d)</i>   | <input type="checkbox"/> Yes <input type="checkbox"/> No            |    |   |  |
| 6a  | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |   |  |
| b   | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870</i>  |   | 6b | X |  |
| 7a  | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |   |  |
| b   | If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?   |   | 7b |   |  |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).**

| (a) Name and address                       | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|--|---|---|---|---------------------------------------|
| CHARLES E RHOADES<br>KANSAS CITY, MO 64111 | CHAIRMAN<br>1.00  | 0.  | 0.  | 0.                                    |
| DANNY GURBA<br>KANSAS CITY, MO 64111       | DIRECTOR<br>1.00  | 0.  | 0.  | 0.                                    |
| THOMAS PHILLIPS<br>KANSAS CITY, MO 64111   | DIRECTOR<br>1.00  | 0.  | 0.  | 0.                                    |
|  |   |   |   |                                       |

**2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions). If none, enter "NONE."**

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE  |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |

Total number of other employees paid over \$50,000 ►

**Part VIII. Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."**

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE  |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |

Total number of others receiving over \$50,000 for professional services . . . . . ► **NONE**

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

**Expenses**

|       |  |
|-------|--|
| 1 N/A |  |
|       |  |
| 2     |  |
|       |  |
| 3     |  |
|       |  |
| 4     |  |
|       |  |

**Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

**Amount**

|  |  |
|--|--|
| 1 NONE   |  |
|  |  |
| 2  |  |
|  |  |
| All other program-related investments. See page 24 of the instructions |  |
| 3 NONE   |  |
|  |  |

**Total. Add lines 1 through 3 . . . . . ►**

**Form 990-PF (2009)**

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions )

|   |  |    |          |
|---|--|----|----------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes               |    |          |
| a | Average monthly fair market value of securities  | 1a | 148,406. |
| b | Average of monthly cash balances   | 1b | 0.       |
| c | Fair market value of all other assets (see page 24 of the instructions)  | 1c | 0.       |
| d | <b>Total</b> (add lines 1a, b, and c)  | 1d | 148,406. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)                | 1e |          |
| 2 | Acquisition indebtedness applicable to line 1 assets   | 2  | 0.       |
| 3 | Subtract line 2 from line 1d   | 3  | 148,406. |
| 4 | Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions) | 4  | 2,226.   |
| 5 | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4              | 5  | 146,180. |
| 6 | <b>Minimum investment return.</b> Enter 5% of line 5   | 6  | 7,309.   |

**Part XI Distributable Amount** (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ►  and do not complete this part )

|    |   |    |        |
|----|---|----|--------|
| 1  | Minimum investment return from Part X, line 6   | 1  | 7,309. |
| 2a | Tax on investment income for 2009 from Part VI, line 5  | 2a | 8.     |
| b  | Income tax for 2009 (This does not include the tax from Part VI )                                       | 2b |        |
| c  | Add lines 2a and 2b   | 2c | 8.     |
| 3  | Distributable amount before adjustments Subtract line 2c from line 1                                    | 3  | 7,301. |
| 4  | Recoveries of amounts treated as qualifying distributions   | 4  |        |
| 5  | Add lines 3 and 4   | 5  | 7,301. |
| 6  | Deduction from distributable amount (see page 25 of the instructions)                                   | 6  |        |
| 7  | <b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 | 7  | 7,301. |

**Part XII Qualifying Distributions**(see page 25 of the instructions)

|   |   |    |        |
|---|---|----|--------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes   |    |        |
| a | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26  | 1a | 2,804. |
| b | Program-related investments - total from Part IX-B  | 1b | 0.     |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes   | 2  | 0.     |
| 3 | Amounts set aside for specific charitable projects that satisfy the   |    |        |
| a | Suitability test (prior IRS approval required)  | 3a | 0.     |
| b | Cash distribution test (attach the required schedule)   | 3b | 0.     |
| 4 | <b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4  | 4  | 2,804. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions) | 5  | 8.     |
| 6 | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4   | 6  | 2,796. |

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income (see page 26 of the instructions)**

|  | (a)<br>Corpus | (b)<br>Years prior to 2008 | (c)<br>2008 | (d)<br>2009 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2009 from Part XI, line 7 . . . . .   |               |                            |             | 7,301.      |
| 2 Undistributed income, if any, as of the end of 2009  |               |                            | 8,033.      |             |
| a Enter amount for 2008 only . . . . .   |               |                            |             |             |
| b Total for prior years 20 07, 20 06, 20 05 . . . . .  |               |                            |             |             |
| 3 Excess distributions carryover, if any, to 2009  |               |                            |             |             |
| a From 2004 . . . . .  |               |                            |             |             |
| b From 2005 . . . . .  |               |                            |             |             |
| c From 2006 . . . . .  |               |                            |             |             |
| d From 2007 . . . . .  |               |                            |             |             |
| e From 2008 . . . . .  | 0.            |                            |             |             |
| f Total of lines 3a through e . . . . .  | 0.            |                            |             |             |
| 4 Qualifying distributions for 2009 from Part XII, line 4 ► \$ . . . . .   |               |                            | 2,804.      |             |
| a Applied to 2008, but not more than line 2a . . . . .   |               |                            |             |             |
| b Applied to undistributed income of prior years (Election required - see page 26 of the instructions) . . . . .   |               |                            |             |             |
| c Treated as distributions out of corpus (Election required - see page 26 of the instructions) . . . . .   |               |                            |             |             |
| d Applied to 2009 distributable amount . . . . .   | 0.            |                            |             |             |
| e Remaining amount distributed out of corpus . . . . .   | 0.            |                            |             | 0.          |
| 5 Excess distributions carryover applied to 2009<br>(If an amount appears in column (d), the same amount must be shown in column (a)) . . . . .                                      | 0.            |                            |             |             |
| 6 Enter the net total of each column as indicated below:   | 0.            |                            |             |             |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 . . . . .  |               |                            |             |             |
| b Prior years' undistributed income Subtract line 4b from line 2b . . . . .  |               |                            |             |             |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . . |               |                            |             |             |
| d Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions . . . . .   |               |                            |             |             |
| e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions . . . . .   |               |                            | 5,229.      |             |
| f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010 . . . . .  |               |                            |             | 7,301.      |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) . . . . .                   |               |                            |             |             |
| 8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions) . . . . .   |               |                            |             |             |
| 9 Excess distributions carryover to 2010.<br>Subtract lines 7 and 8 from line 6a . . . . .   | 0.            |                            |             |             |
| 10 Analysis of line 9  |               |                            |             |             |
| a Excess from 2005 . . . . .   |               |                            |             |             |
| b Excess from 2006 . . . . .   |               |                            |             |             |
| c Excess from 2007 . . . . .   |               |                            |             |             |
| d Excess from 2008 . . . . .   |               |                            |             |             |
| e Excess from 2009 . . . . .   | 0.            |                            |             |             |

**Part XIV** **Private Operating Foundations** (see page 27 of the instructions and Part VII-A, question 9) **NOT APPLICABLE**

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling . . . . .

**b** Check box to indicate whether the foundation is a private operating foundation described in section

4942(j)(3) or  4942(j)(5)

4942(j)(5)

|     | Tax year  | Prior 3 years |          |          | (e) Total |
|-----|---|---------------|----------|----------|-----------|
|     |   | (a) 2009      | (b) 2008 | (c) 2007 |           |
| 2 a | Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .                         |               |          |          |           |
| b   | 85% of line 2a . . . . .  |               |          |          |           |
| c   | Qualifying distributions from Part XII, line 4 for each year listed . . . . .   |               |          |          |           |
| d   | Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .   |               |          |          |           |
| e   | Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .                                      |               |          |          |           |
| 3   | Complete 3a, b, or c for the alternative test relied upon   |               |          |          |           |
| a   | "Assets" alternative test - enter   |               |          |          |           |
|     | (1) Value of all assets . . . . .   |               |          |          |           |
|     | (2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .   |               |          |          |           |
| b   | "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .                                |               |          |          |           |
| c   | "Support" alternative test - enter  |               |          |          |           |
|     | (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . . |               |          |          |           |
|     | (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(ii) . . . . .                                       |               |          |          |           |
|     | (3) Largest amount of support from an exempt organization . . . . .   |               |          |          |           |
|     | (4) Gross investment income . . . . .   |               |          |          |           |

**Part XV** **Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see page 28 of the instructions.)

## 1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2))

N/A

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

N/A

## 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ►  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed

**b The form in which applications should be submitted and information and materials they should include:**

## 6 Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors.

**Part XV** **Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                            | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
|--------------------------------------|--|--------------------------------------|-------------------------------------|--------|
| <i>a Paid during the year</i>        |  |                                      |                                     |        |
| <b>Total</b>                         |  |                                      |                                     | ► 3a   |
| <i>b Approved for future payment</i> |  |                                      |                                     |        |
| <b>Total</b>                         |  |                                      |                                     | ► 3b   |

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated

|  | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income<br>(See page 28 of<br>the instructions ) |
|--|---------------------------|---------------|--------------------------------------|---------------|--|
|  | (a)<br>Business code      | (b)<br>Amount | (c)<br>Exclusion code                | (d)<br>Amount |  |
| 1 Program service revenue                                  |                           |               |                                      |               |  |
| a  |                           |               |                                      |               |  |
| b  |                           |               |                                      |               |  |
| c  |                           |               |                                      |               |  |
| d  |                           |               |                                      |               |  |
| e  |                           |               |                                      |               |  |
| f  |                           |               |                                      |               |  |
| g Fees and contracts from government agencies              |                           |               |                                      |               |  |
| 2 Membership dues and assessments                          |                           |               |                                      |               |  |
| 3 Interest on savings and temporary cash investments       |                           |               |                                      |               |  |
| 4 Dividends and interest from securities                   |                           |               |                                      |               |  |
| 5 Net rental income or (loss) from real estate             |                           |               |                                      |               |  |
| a Debt-financed property                                   |                           |               |                                      |               |  |
| b Not debt-financed property                               |                           |               |                                      |               |  |
| 6 Net rental income or (loss) from personal property       |                           |               |                                      |               |  |
| 7 Other investment income                                  |                           |               |                                      |               |  |
| 8 Gain or (loss) from sales of assets other than inventory |                           |               | 18                                   |               | -2,360.  |
| 9 Net income or (loss) from special events                 |                           |               |                                      |               |  |
| 10 Gross profit or (loss) from sales of inventory          |                           |               |                                      |               |  |
| 11 Other revenue a   |                           |               |                                      |               |  |
| b  |                           |               |                                      |               |  |
| c  |                           |               |                                      |               |  |
| d  |                           |               |                                      |               |  |
| e  |                           |               |                                      |               |  |
| 12 Subtotal Add columns (b), (d), and (e)                  |                           |               |                                      |               | -1,516.  |
| 13 Total. Add line 12, columns (b), (d), and (e)           |                           |               |                                      | 13            | -1,516.  |

(See worksheet in line 13 instructions on page 28 to verify calculations )

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See page 29 of the instructions )

NOT APPLICABLE

**Part XVII. Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

|     |   | Yes   | No |
|-----|---|-------|----|
| 1   | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?   |       |    |
| a   | Transfers from the reporting foundation to a noncharitable exempt organization of   |       |    |
| (1) | Cash . . . . .  | 1a(1) | X  |
| (2) | Other assets . . . . .  | 1a(2) | X  |
| b   | Other transactions  |       |    |
| (1) | Sales of assets to a noncharitable exempt organization . . . . .  | 1b(1) | X  |
| (2) | Purchases of assets from a noncharitable exempt organization . . . . .  | 1b(2) | X  |
| (3) | Rental of facilities, equipment, or other assets . . . . .  | 1b(3) | X  |
| (4) | Reimbursement arrangements . . . . .  | 1b(4) | X  |
| (5) | Loans or loan guarantees . . . . .  | 1b(5) | X  |
| (6) | Performance of services or membership or fundraising solicitations . . . . .  | 1b(6) | X  |
| c   | Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . .  | 1c    | X  |
| d   | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received |       |    |

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . .  Yes  No

b If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

|  |  |   |   |
|--|--|---|---|
| Signature of officer or trustee                              |  | Date                                    | Title   |
| Paid<br>Preparer's<br>Use Only                               | Preparer's<br>signature  | Date<br>9/21/10                         | Check if<br>self-employed <input type="checkbox"/>  |
|  | Firm's name (or yours if<br>self-employed), address,<br>and ZIP code |   | Preparer's identifying<br>number (See Signature on<br>page 30 of the instructions)<br>509-56-6017 |
| CBIZ MHM, LLC<br>11440 TOMAHAWK CREEK PARKWAY<br>LEAWOOD, KS |  | EIN <input type="checkbox"/> 34-1874260 |   |
|  |  | Phone no 913.234.1000                   |   |

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**Form 990-PF (2009)**

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No 1545-0047

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

**2009**

**Name of the organization**

DICKSON-DIVELEY ORTHOPAEDIC EDUCATION &  
RESEARCH FOUNDATION

**Employer identification number**

43-1624023

**Organization type (check one):**

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

**Check if your organization is covered by the General Rule or a Special Rule.**

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II.

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

|                      |   |  |
|----------------------|---|--|
| Name of organization | DICKSON-DIVELEY ORTHOPAEDIC EDUCATION & RESEARCH FOUNDATION | Employer identification number<br>43-1624023 |
|----------------------|---|--|

**Part I** Contributors (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|--------------------------------|---|
| 1          |                                   | 10,000.                        | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution) |
|            |                                   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution)            |
|            |                                   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution)            |
|            |                                   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution)            |
|            |                                   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution)            |
|            |                                   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution)            |
|            |                                   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution)            |
|            |                                   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution)            |

Department of the Treasury  
Internal Revenue Service

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4965, 4966, and 4967)

► See separate instructions.

For calendar year 2009 or other tax year beginning

01/01 2009, and ending 12/31/2009

**Name of organization or entity**

DICKSON-DIVELEY ORTHOPAEDIC EDUCATION &

Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address)

3651 COLLEGE BOULEVARD

---

**City or town, state, and ZIP code:**

LEAWOOD KS 66211

**Employer identification number**

43-1624023

Check box for type of annual return

201

Form 990

Form 990

Form 5227

**A** Is the organization a foreign private foundation within the meaning of section 4948(b)?  X

**B** Has corrective action been taken on any taxable event that resulted in Chapter 42 taxes being reported on this form? (Enter "N/A" if not applicable)  N/A

If "Yes," attach a detailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a result of the correction ► \$  . If "No," (i.e., any uncorrected acts or transactions), attach an explanation (see page 4 of the instructions)

**Part I** **Taxes on Organization** (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4965(a)(1), and 4966(a)(1))

|    |  |    |        |
|----|--|----|--------|
| 1  | Tax on undistributed income - Schedule B, line 4   | 1  | 1,569. |
| 2  | Tax on excess business holdings - Schedule C, line 7   | 2  |        |
| 3  | Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (e)       | 3  |        |
| 4  | Tax on taxable expenditures - Schedule E, Part I, column (g)                                 | 4  |        |
| 5  | Tax on political expenditures - Schedule F, Part I, column (e)                               | 5  |        |
| 6  | Tax on excess lobbying expenditures - Schedule G, line 4                                     | 6  |        |
| 7  | Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e)                  | 7  |        |
| 8  | Tax on premiums paid on personal benefit contracts   | 8  |        |
| 9  | Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h) | 9  |        |
| 10 | Tax on taxable distributions - Schedule K, Part I, column (f)                                | 10 |        |
| 11 | Tax on a charitable remainder trust's unrelated business taxable income Attach schedule      | 11 |        |
| 12 | Total (add lines 1-11)   | 12 | 1,569. |

**Part II-A Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons**  
(Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

| (a) Name and address of person subject to tax |  | (b) Taxpayer identification number   |  |
|---|--|--|--|
| a   |  |  |  |
| b   |  |  |  |
| c   |  |  |  |
| d   |  |  |  |
|   | (c) Tax on self-dealing - Schedule A, Part II, col (d), and Part III, col (d)    | (d) Tax on investments that jeopardize charitable purpose - Schedule D, Part II, col (d)     | (e) Tax on taxable expenditures - Schedule E, Part II, col (d)                                 |
| a   |  |  |  |
| b   |  |  |  |
| c   |  |  |  |
| d   |  |  |  |
| <b>Total</b>                                  |  |  |  |
|   | (g) Tax on disqualifying lobbying expenditures - Schedule H, Part II, col (d)    | (h) Tax on excess benefit transactions - Schedule I, Part II, col (d), and Part III, col (d) | (i) Tax on being a party to prohibited tax shelter transactions - Schedule J, Part II, col (d) |
| a   |  |  |  |
| b   |  |  |  |
| c   |  |  |  |
| d   |  |  |  |
| <b>Total</b>                                  |  |  |  |
|   | (k) Tax on prohibited benefits - Sch. L, Part II, col (d), and Part III, col (d) |  | (l) Total - Add cols (c) through (k)   |
| a   |  |  |  |
| b   |  |  |  |
| c   |  |  |  |
| d   |  |  |  |
| <b>Total</b>                                  |  |  |  |

**Part II-B Summary of Taxes (See Tax Payments on page 3 of the instructions )**

|   |   |   |        |
|---|---|---|--------|
| 1 | Enter the taxes listed in Part II-A, column (I), that apply to managers, self-dealers, disqualified persons, donors, donor advisors, and related persons who sign this form. If all sign, enter the total amount from Part II-A, column (I) . . . . . | 1 |        |
| 2 | Total tax. Add Part I, line 12, and Part II-B, line 1 (Make check(s) or money order(s) payable to the United States Treasury) . . . . .   | 2 | 1,569. |

**SCHEDULE A - Initial Taxes on Self-Dealing(Section 4941)**

## Part I Acts of Self-Dealing and Tax Computation

| (a) Act number   | (b) Date of act            | (c) Description of act                           |  |
|--|----------------------------|--|--|
| 1  |                            |  |  |
| 2  |                            |  |  |
| 3  |                            |  |  |
| 4  |                            |  |  |
| 5  |                            |  |  |
| (d) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the act | (e) Amount involved in act | (f) Initial tax on self-dealing (10% of col (e)) | (g) Tax on foundation managers (if applicable) (lesser of \$20,000 or 5% of col (e)) |
|  |                            |  |  |
|  |                            |  |  |

Part II Summary of Tax Liability of Self-Dealers and Proration of Payments

Part III Summary of Tax Liability of Foundation Managers and Proration of Payments

**SCHEDULE B - Initial Tax on Undistributed Income(Section 4942)**

|   |   |          |
|---|---|----------|
| 1 | Undistributed income for years before 2008 (from Form 990-PF for 2009, Part XIII, line 6d)  | 1        |
| 2 | Undistributed income for 2008 (from Form 990-PF for 2009, Part XIII, line 6e)   | 2 5,229. |
| 3 | Total undistributed income at end of current tax year beginning in 2009 and subject to tax under section 4942 (add lines 1 and 2) | 3 5,229. |
| 4 | Tax - Enter 30% of line 3 here and on page 1, Part I, line 1  | 4 1,569. |

**SCHEDULE C - Initial Tax on Excess Business Holdings (Section 4943)****Business Holdings and Computation of Tax**

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions on page 7 for each line item before making any entries.

Name and address of business enterprise

---

Employer identification number . . . . . ►

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.) . . . . . ►

|  | (a)<br>Voting stock<br>(profits interest or<br>beneficial interest) | (b)<br>Value | (c)<br>Nonvoting stock<br>(capital interest) |
|--|---|--------------|--|
| 1 Foundation holdings in business enterprise . . . . .   | 1 %   | %            |  |
| 2 Permitted holdings in business enterprise . . . . .  | 2 %   | %            |  |
| 3 Value of excess holdings in business enterprise . . . . .  | 3   |              |  |
| 4 Value of excess holdings disposed of within 90 days, or, other value of excess holdings not subject to section 4943 tax (attach explanation) . . . . . | 4   |              |  |
| 5 Taxable excess holdings in business enterprise - line 3 minus line 4 . . . . .   | 5   |              |  |
| 6 Tax - Enter 10% of line 5 . . . . .  | 6   |              |  |
| 7 Total tax - Add amounts on line 6, columns (a), (b), and (c), enter total here and on page 1, Part I, line 2 . . . . .                                 | 7   |              |  |

**SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)****Part I Investments and Tax Computation**

| (a) Investment number | (b) Date of investment | (c) Description of investment | (d) Amount of investment | (e) Initial tax on foundation (10% of col (d)) | (f) Initial tax on foundation managers (if applicable) - (lesser of \$10,000 or 10% of col (d)) |
|-----------------------|------------------------|-------------------------------|--------------------------|--|---|
| 1                     |                        |                               |                          |  |   |
| 2                     |                        |                               |                          |  |   |
| 3                     |                        |                               |                          |  |   |
| 4                     |                        |                               |                          |  |   |
| 5                     |                        |                               |                          |  |   |

Total - column (e). Enter here and on page 1, Part I, line 3 . . . . .

Total - column (f) Enter total (or prorated amount) here and in Part II, column (c), below . . . . .

**Part II Summary of Tax Liability of Foundation Managers and Proration of Payments**

| (a) Names of foundation managers liable for tax | (b) Investment no from Part I, col (a) | (c) Tax from Part I, col (f), or prorated amount | (d) Manager's total tax liability (add amounts in col (c)) (see page 10 of the instructions) |
|---|--|--|--|
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |

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## SCHEDULE E - Initial Taxes on Taxable Expenditures (Section 4945)

**Part I Expenditures and Computation of Tax**

| (a) Item number  | (b) Amount | (c) Date paid or incurred                              | (d) Name and address of recipient | (e) Description of expenditure and purposes for which made   |
|--|------------|--|-----------------------------------|--|
| 1  |            |  |                                   |  |
| 2  |            |  |                                   |  |
| 3  |            |  |                                   |  |
| 4  |            |  |                                   |  |
| 5  |            |  |                                   |  |
| (f) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the expenditure |            | (g) Initial tax imposed on foundation (20% of col (b)) |                                   | (h) Initial tax imposed on foundation managers (if applicable) - (lesser of \$10,000 or 5% of col (b)) |
|  |            |  |                                   |  |
|  |            |  |                                   |  |
|  |            |  |                                   |  |
| Total - column (g) Enter here and on page 1, Part I, line 4 . . . . .                                    |            |  |                                   |  |
| Total - column (h). Enter total (or prorated amount) here and in Part II, column (c), below . . . . .    |            |  |                                   |  |

**Part II Summary of Tax Liability of Foundation Managers and Proration of Payments**

| (a) Names of foundation managers liable for tax | (b) Item no. from Part I, col. (a) | (c) Tax from Part I, col. (h), or prorated amount | (d) Manager's total tax liability (add amounts in col. (c)) (see page 10 of the instructions) |
|---|------------------------------------|---|---|
|   |                                    |   |   |
|   |                                    |   |   |
|   |                                    |   |   |
|   |                                    |   |   |
|   |                                    |   |   |
|   |                                    |   |   |
|   |                                    |   |   |
|   |                                    |   |   |

## SCHEDULE F - Initial Taxes on Political Expenditures (Section 4955)

**Part I Expenditures and Computation of Tax**

| (a) Item number  | (b) Amount | (c) Date paid or incurred | (d) Description of political expenditure | (e) Initial tax imposed on organization or foundation (10% of col (b)) | (f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2 1/2% of col (b)) |
|--|------------|---------------------------|--|--|--|
| 1  |            |                           |  |  |  |
| 2  |            |                           |  |  |  |
| 3  |            |                           |  |  |  |
| 4  |            |                           |  |  |  |
| 5  |            |                           |  |  |  |
| Total - column (e) Enter here and on page 1, Part I, line 5 . . . . .                                |            |                           |  |  |  |
| Total - column (f) Enter total (or prorated amount) here and in Part II, column (c), below . . . . . |            |                           |  |  |  |

**Part II Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments**

| (a) Names of organization managers or foundation managers liable for tax | (b) Item no. from Part I, col. (a) | (c) Tax from Part I, col. (f), or prorated amount | (d) Manager's total tax liability (add amounts in col. (c)) (see page 11 of the instructions) |
|--|------------------------------------|---|---|
|  |                                    |   |   |
|  |                                    |   |   |
|  |                                    |   |   |
|  |                                    |   |   |
|  |                                    |   |   |
|  |                                    |   |   |
|  |                                    |   |   |
|  |                                    |   |   |

**SCHEDULE G - Tax on Excess Lobbying Expenditures (Section 4911)**

|   |  |   |  |
|---|--|---|--|
| 1 | Excess of grassroots expenditures over grassroots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h) (See page 11 of the instructions before making entry) | 1 |  |
| 2 | Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i) (See page 11 of the instructions before making entry)     | 2 |  |
| 3 | Taxable lobbying expenditures - enter the larger of line 1 or line 2   | 3 |  |
| 4 | Tax - Enter 25% of line 3 here and on page 1, Part I, line 6   | 4 |  |

**SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures (Section 4912)****Part I Expenditures and Computation of Tax**

| (a) Item number | (b) Amount | (c) Date paid or incurred | (d) Description of lobbying expenditures | (e) Tax imposed on organization (5% of col (b)) | (f) Tax imposed on organization managers (if applicable) - (5% of col (b)) |
|-----------------|------------|---------------------------|--|---|--|
| 1               |            |                           |  |   |  |
| 2               |            |                           |  |   |  |
| 3               |            |                           |  |   |  |
| 4               |            |                           |  |   |  |
| 5               |            |                           |  |   |  |

Total - column (e) Enter here and on page 1, Part I, line 7

Total - column (f) Enter total (or prorated amount) here and in Part II, column (c), below

**Part II Summary of Tax Liability of Organization Managers and Proration of Payments**

| (a) Names of organization managers liable for tax | (b) Item no. from Part I, col (a) | (c) Tax from Part I, col (f), or prorated amount | (d) Manager's total tax liability (add amounts in col (c)) (see page 11 of the instructions) |
|---|-----------------------------------|--|--|
|   |                                   |  |  |
|   |                                   |  |  |
|   |                                   |  |  |
|   |                                   |  |  |
|   |                                   |  |  |
|   |                                   |  |  |
|   |                                   |  |  |

**SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958)****Part I Excess Benefit Transactions and Tax Computation**

| (a) Transaction number       | (b) Date of transaction                                  | (c) Description of transaction  |  |
|------------------------------|--|---|--|
| 1                            |  |   |  |
| (d) Amount of excess benefit | (e) Initial tax on disqualified persons (25% of col (d)) | (f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col (d)) |  |
|                              |  |   |  |
|                              |  |   |  |
|                              |  |   |  |
|                              |  |   |  |
|                              |  |   |  |

**SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958) Continued**

## **Part II: Summary of Tax Liability of Disqualified Persons and Proration of Payments**

**Part III Summary of Tax Liability of 501(c)(3) & (4) Organization Managers and Proration of Payments**

**SCHEDULE J - Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965)**

**Part I. Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity**  
(see page 13 of the instructions)

| (a)<br>Transaction<br>number | (b) Transaction<br>date | (c) Type of transaction<br>1-Listed<br>2-Subsequently listed<br>3-Confidential<br>4-Contractual protection | (d) Description of transaction |  |
|------------------------------|-------------------------|--|--------------------------------|--|
|                              |                         |  |                                |  |
| 1                            |                         |  |                                |  |
| 2                            |                         |  |                                |  |
| 3                            |                         |  |                                |  |
| 4                            |                         |  |                                |  |
| 5                            |                         |  |                                |  |

Total - column (h) Enter here and on page 1, Part I, line 9 . . . . .

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**Part II Tax Imposed on Entity Managers (Section 4965) *Continued***

**SCHEDULE K -Taxes on Taxable Distributions of Sponsoring Organizations Maintaining Donor Advised Funds (Section 4966). See page 14 of the instructions.**

## Part I Taxable Distributions and Tax Computation

| (a)<br>Item number       | (b) Name of sponsoring organization and<br>donor advised fund | (c) Description of distribution                        |
|--------------------------|---|--|
| 1                        |   |  |
| 2                        |   |  |
| 3                        |   |  |
| 4                        |   |  |
| (d) Date of distribution | (e) Amount of distribution                                    | (f) Tax imposed on<br>organization (20% of<br>col (e)) |
|                          |   |  |
|                          |   |  |
|                          |   |  |
|                          |   |  |
|                          |   |  |
|                          |   |  |
|                          |   |  |
|                          |   |  |
|                          |   |  |
|                          |   |  |
|                          |   |  |
|                          |   |  |

Total - column (f) Enter here and on page 1, Part I, line 10

**Total - column (q)** Enter total (or prorated amount) here and in Part II, column (c), below.

## Part II Summary of Tax Liability of Fund Managers and Proration of Payments

**SCHEDULE L -Taxes on Prohibited Benefits Distributed From Donor Advised Funds(Section 4967).**  
See page 14 of the instructions.

## Part I Prohibited Benefits and Tax Computation

| (a) Item number                  | (b) Date of prohibited benefit  | (c) Description of benefit   |
|----------------------------------|---|--|
| 1                                |   |  |
| 2                                |   |  |
| 3                                |   |  |
| 4                                |   |  |
| 5                                |   |  |
| (d) Amount of prohibited benefit | (e) Tax on prohibited benefit (125% of col (d))<br>(see instructions) | (f) Tax on fund managers (if applicable) (lesser of 10% of col (d) or \$10,000) (see instructions) |
|                                  |   |  |
|                                  |   |  |
|                                  |   |  |
|                                  |   |  |
|                                  |   |  |
|                                  |   |  |
|                                  |   |  |
|                                  |   |  |
|                                  |   |  |
|                                  |   |  |
|                                  |   |  |

**Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons and Proration of Payments**

Part III Tax Liability of Fund Managers and Proration of Payments

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign  
Here**

|   |       |      |
|---|-------|------|
| ► Signature of officer or trustee   | Title | Date |
|   |       |      |
| ► Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person | Date  |      |
|   |       |      |
| ► Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person | Date  |      |
|   |       |      |
| ► Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person | Date  |      |
|   |       |      |
| ► Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person | Date  |      |
|   |       |      |

|   |                           |          |  |                        |
|---|---------------------------|----------|--|------------------------|
| Paid<br>Preparer's<br>Use Only  | Preparer's<br>signature ► | Date     | Check<br>if self-<br>employed <input type="checkbox"/> | Preparer's SSN or PTIN |
| Firm's name (or<br>yours if self-employed), ► CBIZ MHM, LLC<br>address, and ZIP code<br>LEAWOOD, KS 66211 |                           | EIN      | 34-1874260   |                        |
|   |                           | Phone no | 913.234.1000   |                        |

Form 4720 (2009)

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

| <u>DESCRIPTION</u> | <u>REVENUE<br/>AND<br/>EXPENSES<br/>PER BOOKS</u> | <u>NET<br/>INVESTMENT<br/>INCOME</u> |
|--------------------|---|--------------------------------------|
| DIVIDEND INCOME    | 844.  | 844.                                 |
| TOTAL              | <u>844.</u>                                       | <u>844.</u>                          |

ATTACHMENT 1

FORM 990PF, PART I - LEGAL FEES

| <u>DESCRIPTION</u> | <u>REVENUE<br/>AND<br/>EXPENSES<br/>PER BOOKS</u> | <u>NET<br/>INVESTMENT<br/>INCOME</u> | <u>ADJUSTED<br/>NET<br/>INCOME</u> | <u>CHARITABLE<br/>PURPOSES</u> |
|--------------------|---|--------------------------------------|------------------------------------|--------------------------------|
| LEGAL FEES         | 624.  | 0.                                   | 0.                                 | 624.                           |
| TOTALS             | <u>624.</u>                                       | <u>0.</u>                            | <u>0.</u>                          | <u>624.</u>                    |

ATTACHMENT 2

FORM 990PF, PART I - ACCOUNTING FEES

| <u>DESCRIPTION</u> | <u>REVENUE<br/>AND<br/>EXPENSES<br/>PER BOOKS</u> | <u>NET<br/>INVESTMENT<br/>INCOME</u> | <u>ADJUSTED<br/>NET<br/>INCOME</u> | <u>CHARITABLE<br/>PURPOSES</u> |
|--------------------|---|--------------------------------------|------------------------------------|--------------------------------|
| ACCOUNTING FEES    | 2,180.  | 0.                                   | 2,180.                             | 2,180.                         |
| TOTALS             | <u>2,180.</u>                                     | <u>0.</u>                            | <u>2,180.</u>                      | <u>2,180.</u>                  |

FORM 90PF, PART I - OTHER PROFESSIONAL FEES

| <u>DESCRIPTION</u> | REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | NET<br>INVESTMENT<br>INCOME |
|--------------------|---|-----------------------------|
| INVESTMENT FEES    | 20.                                     | 20.                         |
| TOTALS             | <u>20.</u>                              | <u>20.</u>                  |

ATTACHMENT 4

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ATTACHMENT 5

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FORM 990PF, PART I - TAXES

| <u>DESCRIPTION</u> | <u>REVENUE<br/>AND<br/>EXPENSES<br/>PER BOOKS</u> |
|--------------------|---|
| TAXES              | 20.   |
| TOTALS             | <u>20.</u>  |

DICKSON-DIVELEY ORTHOPAEDIC EDUCATION &  
FORM 990PF, PART II - CORPORATE STOCK

43-1624023

ATTACHMENT 6

| <u>DESCRIPTION</u>             | <u>ENDING<br/>BOOK VALUE</u> | <u>ENDING<br/>FMV</u>  |
|--------------------------------|------------------------------|------------------------|
| AM. CENTURY SELECT STOCK FUND  | 88,766.                      | 88,766.                |
| AM. CENTURY ULTRA STOCK FUND   | 91,167.                      | 91,167.                |
| AM. CENTURY PRIME MONEY MARKET | 1,002.                       | 1,002.                 |
| <b>TOTALS</b>                  | <b><u>180,935.</u></b>       | <b><u>180,935.</u></b> |

ATTACHMENT 7FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

| <u>DESCRIPTION</u>            | <u>AMOUNT</u>  |
|-------------------------------|----------------|
| UNREALIZED GAIN ON INVESTMENT | 49,116.        |
| TOTAL                         | <u>49,116.</u> |

## Capital Gains and Losses

Department of the Treasury  
Internal Revenue Service

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

2009

Name of estate or trust DICKSON-DIVELEY ORTHOPAEDIC EDUCATION &  
RESEARCH FOUNDATION

**Employer identification number**

**Note: Form 5227 filers need to complete only Parts I and II.**

## Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

| (a) Description of property<br>(Example 100 shares 7% preferred of "Z" Co ) | (b) Date acquired<br>(mo , day, yr ) | (c) Date sold<br>(mo , day, yr ) | (d) Sales price | (e) Cost or other basis<br>(see page 4 of the<br>instructions) | (f) Gain or (loss) for<br>the entire year<br>Subtract (e) from (d) |
|---|--------------------------------------|----------------------------------|-----------------|--|--|
| 1a  |                                      |                                  |                 |  |  |
|   |                                      |                                  |                 |  |  |
|   |                                      |                                  |                 |  |  |
|   |                                      |                                  |                 |  |  |
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|   |                                      |                                  |                 |  |  |

|   |   |       |
|---|---|-------|
| b | Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b   | 1b    |
| 2 | Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824   | 2     |
| 3 | Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts                              | 3     |
| 4 | Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss Carryover Worksheet      | 4 ( ) |
| 5 | Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back | 5     |

## Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

| (a) Description of property<br>(Example 100 shares 7% preferred of "Z" Co ) | (b) Date acquired<br>(mo , day, yr ) | (c) Date sold<br>(mo , day, yr ) | (d) Sales price | (e) Cost or other basis<br>(see page 4 of the<br>instructions) | (f) Gain or (loss) for<br>the entire year<br>Subtract (e) from (d) |
|---|--------------------------------------|----------------------------------|-----------------|--|--|
| 6a  |                                      |                                  |                 |  |  |
|   |                                      |                                  |                 |  |  |
|   |                                      |                                  |                 |  |  |
|   |                                      |                                  |                 |  |  |
|   |                                      |                                  |                 |  |  |
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|   |                                      |                                  |                 |  |  |
|   |                                      |                                  |                 |  |  |
|   |                                      |                                  |                 |  |  |

|   |    |         |
|---|----|---------|
| b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b . . . . .  | 6b | -2,360. |
| 7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .  | 7  |         |
| 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .                           | 8  |         |
| 9 Capital gain distributions . . . . .  | 9  |         |
| 10 Gain from Form 4797, Part I . . . . .  | 10 |         |
| 11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2008 Capital Loss Carryover Worksheet . . . . . | 11 | ( )     |
| 12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back ►   | 12 | -2,360. |

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For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

**Schedule D (Form 1041) 2009**

| <b>Part III. Summary of Parts I and II</b>                             |     | (1) Beneficiaries' (see page 5) | (2) Estate's or trust's | (3) Total |
|--|-----|---------------------------------|-------------------------|-----------|
| <b>Caution: Read the instructions before completing this part.</b>     |     |                                 |                         |           |
| 13 Net short-term gain or (loss) . . . . .                             | 13  |                                 |                         |           |
| 14 Net long-term gain or (loss):                                       |     |                                 |                         |           |
| a Total for year . . . . .   | 14a |                                 |                         | -2,360.   |
| b Unrecaptured section 1250 gain (see line 18 of the wrksht) . . . . . | 14b |                                 |                         |           |
| c 28% rate gain . . . . .  | 14c |                                 |                         |           |
| 15 Total net gain or (loss). Combine lines 13 and 14a ►                | 15  |                                 |                         | -2,360.   |

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet** necessary.

| <b>Part IV. Capital Loss Limitation</b>   |  |    |           |
|---|--|----|-----------|
| 16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of |  | 16 | ( 2,360.) |
| a The loss on line 15, column (3) or b \$3,000  |  |    |           |

**Note:** If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of the instructions to figure your capital loss carryover.

| <b>Part V. Tax Computation Using Maximum Capital Gains Rates</b>   |  |  |  |
|--|--|--|--|
| Form 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero   |  |  |  |
| <b>Caution:</b> Skip this part and complete the worksheet on page 8 of the instructions if   |  |  |  |
| • Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or  |  |  |  |
| • Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.   |  |  |  |
| Form 990-T trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero |  |  |  |

|  |    |  |  |  |
|--|----|--|--|--|
| 17 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . . . .   | 17 |  |  |  |
| 18 Enter the smaller of line 14a or 15 in column (2) but not less than zero . . . . .  | 18 |  |  |  |
| 19 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .        | 19 |  |  |  |
| 20 Add lines 18 and 19 . . . . .   | 20 |  |  |  |
| 21 If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- ►   | 21 |  |  |  |
| 22 Subtract line 21 from line 20 If zero or less, enter -0- . . . . .  | 22 |  |  |  |
| 23 Subtract line 22 from line 17. If zero or less, enter -0- . . . . .   | 23 |  |  |  |
| 24 Enter the smaller of the amount on line 17 or \$2,300 . . . . .   | 24 |  |  |  |
| 25 Is the amount on line 23 equal to or more than the amount on line 24?   |    |  |  |  |
| <input type="checkbox"/> Yes. Skip lines 25 and 26; go to line 27 and check the "No" box   | 25 |  |  |  |
| <input type="checkbox"/> No. Enter the amount from line 23 . . . . .   | 26 |  |  |  |
| 26 Subtract line 25 from line 24 . . . . .   | 27 |  |  |  |
| 27 Are the amounts on lines 22 and 26 the same?  |    |  |  |  |
| <input type="checkbox"/> Yes. Skip lines 27 thru 30, go to line 31   | 28 |  |  |  |
| <input type="checkbox"/> No. Enter the smaller of line 17 or line 22 . . . . .   | 29 |  |  |  |
| 28 Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .  | 29 |  |  |  |
| 29 Subtract line 28 from line 27 . . . . .   | 30 |  |  |  |
| 30 Multiply line 29 by 15% ( 15) . . . . .   | 31 |  |  |  |
| 31 Figure the tax on the amount on line 23 Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . . | 32 |  |  |  |
| 32 Add lines 30 and 31 . . . . .   | 33 |  |  |  |
| 33 Figure the tax on the amount on line 17 Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . . | 34 |  |  |  |
| 34 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) . . . . .                            |    |  |  |  |

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side.

**Employer identification number**

43-1624023

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

**6b Total.** Combine the amounts in column (f) Enter here and on Schedule D, line 6b . . . . . -2,360.

**Schedule D-1 (Form 1041) 2009**

DICKSON-DIVELEY ORTHOPAEDIC EDUCATION &amp;

43-1624023

**FORM 990-PF - PART IV**  
**CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME**

| Kind of Property                             |                                       | Description                                 |                          |                                |                                    | IP<br>or<br>D | Date<br>acquired | Date sold  |
|--|---------------------------------------|---|--------------------------|--------------------------------|------------------------------------|---------------|------------------|------------|
| Gross sale<br>price less<br>expenses of sale | Depreciation<br>allowed/<br>allowable | Cost or<br>other<br>basis                   | FMV<br>as of<br>12/31/69 | Adj basis<br>as of<br>12/31/69 | Excess of<br>FMV over<br>adj basis |               |                  |            |
| 1,000.                                       |                                       | AMERICAN CENTURY ULTRA STOCK FUND<br>1,880. |                          |                                |                                    |               | VAR<br>-880.     | 04/08/2009 |
| 1,000.                                       |                                       | AMERICAN CENTURY ULTRA STOCK FUND<br>1,734. |                          |                                |                                    |               | VAR<br>-734.     | 06/24/2009 |
| 1,500.                                       |                                       | AMERICAN CENTURY ULTRA STOCK FUND<br>2,246. |                          |                                |                                    |               | VAR<br>-746.     | 09/30/2009 |
| TOTAL GAIN (LOSS) .....                      |                                       |   |                          |                                |                                    |               | <u>-2,360.</u>   |            |

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

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.

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

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

**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](http://www.irs.gov/efile) and click on e-file for *Charities & Nonprofits*.

|  |  |  |
|--|--|--|
| Type or print<br><br>File by the due date for filing your return. See instructions | Name of Exempt Organization<br><br>Dickson-Diveley Orthopaedic Education Research Foundation                         | Employer identification number<br><br>43-1624023 |
|  | Number, street, and room or suite no. If a P O box, see instructions<br><br>4320 Wornall Road                        |  |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions<br><br>Kansas City, MO 64111 |  |

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

|   |   |                                    |
|---|---|------------------------------------|
| <input 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 checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► DR. CHARLES RHOADES

- 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 08/15, 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 | \$ | NONE |
| 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 | \$ | NONE |
| 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 | \$ | NONE |

**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.

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)

|  |   |   |                         |
|--|---|---|-------------------------|
| <b>Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)</b> |   |   |                         |
| <b>Type or print</b><br>File by the extended due date for filing the return. See instructions                  | Name of Exempt Organization <b>DICKSON-DIVELEY ORTHOPAEDIC ED RESEARCH FOUNDATION</b>                                   | <b>Employer identification number</b><br>43-1624023 |                         |
|  | Number, street, and room or suite no. If a P O box, see instructions<br><b>4320 WORNALL ROAD</b>                        |   | <b>For IRS use only</b> |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions<br><b>KANSAS CITY, MO 64111</b> |   |                         |

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

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

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

- The books are in the care of ► **DR. CHARLES RHOADES**
- Telephone No ► **816 531-5757** 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 **11/15/2010**

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 **ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.**

|  |                 |
|--|-----------------|
| 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>0.</b> |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 | 8b \$ <b>0.</b> |
| 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 \$ <b>0.</b> |

#### 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 ►

Title ►

Date ►

**8-15-10**

Form 8868 (Rev 4-2009)

CBIZ MHM, LLC  
 11440 TOMAHAWK CREEK PARKWAY  
 LEAWOOD, KS 66211