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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

OMB No 1545-0047

١,	A F	or the	2010 calendar year, or tax year beginning and	l ending _		
ī	B CI	neck if	C Name of organization		D Employer identific	ation number
-	ap	plicable	ARTHROSCOPY ASSOCIATION OF NORTH			
2011		Address change				
	\equiv	Name change	Doing Business As		│ 26-21	.36165
©	一	initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
~	F	Termin-		104		92-2262
3	늗	lated Amende			G Gross receipts \$	1,526,768.
=	⊨	Jreturn]Applica	City or town, state or country, and ZIP + 4 ROSEMONT, IL 60018			
,	_	Jtiöñ pending			H(a) Is this a group ret	Yes X No
خ س			F Name and address of principal officer: ED GOSS 6300 NORTH RIVER ROAD, ROSEMONT, IL 6	0018	for affiliates?	
MYELUPE MARK DA					H(b) Are all affiliates inclu	
AEC JAEC JAEC JAEC JAEC JAEC JAEC JAEC J	I T		mpt status: X 501(c)(3)	or 52	⊣ ′	st. (see instructions)
5≥.			n: ► N/A	1: 14	H(c) Group exemption	
ုင္ည	K Fo	orm of c	organization: X Corporation Trust Association Other Summary	L Yea	r of formation: 2007 M	State of legal domicile: IL
<u>-</u>	Pa					
	, j			DVANC	E THE STUDY A	עאט
	Activities & Governance	<u> </u>	PRACTICE OF ARTHROSCOPY			
	盲	2 (Check this box $lacktriangle$ if the organization discontinued its operations or dispo	osed of mo	re than 25% of its net ass	
	<u>§</u>	3 N	lumber of voting members of the governing body (Part VI, line 1a)		3	9
	8	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)		4	9
	es	5 T	otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0
	Ϋ́	6 T	otal number of volunteers (estimate if necessary)		6	0
	cti	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
2011	`	Ь١	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
		•			Prior Year	Current Year
= =		8 (Contributions and grants (Part VIII, line 1h)	Г	995,145.	1,126,707.
⊣	Š		Program service revenue (Part VIII, line 2g)		0.	0.
AUG	Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		147,639.	304,945.
¥	۱۳		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	95,116.
			otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,142,784.	1,526,768.
SCANNED			Grants and similar amounts paid (Part IX, column (A), lines 1-3)		438,500.	853,450.
ş			Benefits paid to or for members (Part IX,\column, (A), line 4)		0.	0.
₹	"	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	, ⊢	0.	0.
ပ္က	Expenses		Professional fundralsing fees (Part IX, column (A), line 11e)	′ ⊢	0.	0.
כט	per	h T	otal fundraising expenses (Part(IX, Column (V), Ine 25)	0.		* * * * * * * * * * * * * * * * * * * *
	<u>X</u>	47 (Otal full draising expenses (Partix, column (A), lines 11a-11d, 17f (24f)	 ⊢	50,184.	118,525.
				<u> </u>	488,684.	971,975.
		10 1	otal expenses. Add lines 13-17 (must equal Pant IX, column (A), line 25) Revenue less expenses-Subtract line 18 from line 12	-	654,100.	554,793.
	-S	19 1	revenue less expenses-Subtractime-Loutomaine_12_1		Beginning of Current Year	End of Year
	si c	~~ 7	Fatal assate (Dart V. Iva 40)	<u> </u>	10,229,930.	11,086,256.
	Base	20 7	Fotal assets (Part X, line 16)	⊢	106,587.	19,838.
	Net Assets or Fund Balances	21 1	Total liabilities (Part X, line 26)	-	10,123,343.	11,066,418.
		22 N	Net assets or fund balances. Subtract line 21 from line 20		10,123,3434	11,000,410.
			ties of perjury, I declare that I have examined this return, including accompanying schedul	lan and atata	ments, and to the heat of my	knowledge and helief, it is
		-				Kilowieuge and Deller, it is
	true,	correct	, and complete the tration of preparer (other than officer) is based on all information of v	vinch prepar	er nas any knowledge.	_
			Signature of officer		 Date	
	Sigr	L	,		Date 7/28	3/2011
	Here	e	ED GOSS, EXECUTIVE DIRECTOR Type or print name and title			
			· · · · · · · · · · · · · · · · · · ·		Date Check	PTIN
	.		Print/Type preparer's name Preparer's signature Preparer's signature			-
	Paid				7-20-11 self-employed	<u> </u>
			Firm's name WOLF & COMPANY LLP		Firm's EIN	
	Use	Unly	Firm's address 1901 S. MEYERS RD, SUITE 500			00 545 4500
			OAKBROOK TERRACE, IL 60181-5209	,	Phone no. 6	30-545-4500
			S discuss this return with the preparer shown above? (see instructions)			Yes No
	03200	01 02-22	2-11 LHA For Paperwork Reduction Act Notice, see the separate instruct	tions.		Form 990 (2010)

Part IV Checklist of Required Schedules

	•		Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			.,
	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			х
	If "Yes," complete Schedule D, Part V	10	معرسات ا	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.	A 3	4 miles	S. 4
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a		x
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Па		
b	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b	х	
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			\vdash
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11 <u>d</u>		X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses]
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schedule D, Parts XI, XII, and XIII	12a	-	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		 ^
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	177	l	
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		1	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	 	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			1
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Form	990	(2010)

AMERICA EDUCATION FOUNDATION Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_X_	_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			7.7
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		X	
	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			х
	Schedule K. If "No", go to line 25	24a		<u> ^</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	270		
238	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
.	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		-	
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	14 kg	14.9	
	instructions for applicable filing thresholds, conditions, and exceptions):	ر مارج ر مارج	- 1° 3656.51	Line in
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			_v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	_	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30		-
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		X
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	۳'	<u> </u>	
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		 	T
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity?			
- •	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	}		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			1
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2010)

Form 990 (2010)

AMERICA EDUCATION FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

Section The number reported in Box 3 of Form 1096 Enter 0-if not applicable 1s		Check if Schedule O contains a response to any question in this Part V			
Enter the number of Forms W-2G included in line 1a. Enter-0 -if not applicable Did the organization comply with backing rules for reportable payments to vendors and reportable gamining (gambling) within mining to prize winners? 2a Enter the number of amployees reported on Form W-3, Transmittal of Wage and Tax Statements, fleed for the calendar year anding with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required fleederal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 50, you may be required to e-five, (see instructions) 3a Did the organization have unrelated businesses gross income of \$1,000 or more during the year? 3b If 1'Yes, 1 and 1 filed a form 900 of for this year? 1'No, Provide an explenation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, sections account) or the refunding all accounts? 5b Was the organization a party to a prohibited tax shefler transaction at any time during the tax year? 5c Was the organization in party to a prohibited tax shefler transaction at any time during the tax year? 5c Was the organization in party to a prohibited tax shefler transaction at any time during the tax year? 5c Was the organization in party to a prohibited tax shefler transaction? 5c Was the organization in party to a prohibited tax shefler transaction? 5c Was the organization in party to a prohibited tax shefler transaction? 5c Was the organization in party to a prohibited tax shefler transaction? 5c Was the organization in a party to a prohibited tax shefler transaction? 5c Was the organization in the deductible? 6c Was the organization in the was tax deductible? 7c Tyranizations that were not tax deductible? 7c Proparization shefly the deduction in party to produce and party torganization shefler than the party torganization in the payor torga	-			Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2 Einter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, lited for the calendar year ending with or within the year covered by this return 1 If at least one is reported on line 28, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to 6-file, (see instructions) 2 If Ves, if has it filed a Form 990-T for this year? If "No. *provide an explanation in Schedule O 3 If Yes, if has it filed a Form 990-T for this year? If "No. *provide an explanation in Schedule O 4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Per See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts 5 Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5 Was the organization as party to a prohibited tax shefter transaction at any time during the tax year? 5 Was the organization and annual gross reception that was or as a party to a prohibited as wheter transaction? 6 If "Yes," to line Sa or Sb, did the organization have manual gross reception that are year or that organization and year year year organization and year year year organization and year year year year year year year year	1a	Litter the highiner reported in Dox o or rount 1000 Enter o in not applicable			
digambing) winnings to prate winners? a Effect the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, tied for the calendar year ending with or within the year covered by this return b If at least one in reported on line 2a, did the organization file all required federal employment tax returns? Note, If the sum of lines 1s and 2 is greater than 250, you may be required to e-file, (see instructions) 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign country (such as a bank account, securities account, or other financial account? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is of the organization product in the organization and the sum of the foreign country. In the calendar year, did the organization to report the sum of the foreign country. In the sum of the foreign country (such as a bank account, securities account, or other financial accounts 5a Was the organization at party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," in the file organization the organization the organization that it was or is a party to a prohibited tax shelter transaction? 6b If "Yes," or the state of the organization the organization and the organization and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contribution of quite form 88861? 7b Organizations that may receive deductible contributions under section 170(c). a bid the organization traceive a payment in excess of \$75 made party as a contribution of quite organization the foreign the contribution of quite organization the foreign the organization received a contribution of quite organization. The organization received a contribution	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			•
Enter the number of employees reported on Form W/3, Transmittel of Wage and Tax Statements, flee for the calendar year ending with or within the year covered by this return. **Better of the calendar year ending with or within the year covered by this fetum. **Note, If the sum of lines 1s and 2s is greater than 250, you may be required to e-file, (see instructions) **Both the organization have unrealed business greater than 250, you may be required to e-file, (see instructions) **Both the vigentization have unrealed business greater than 250, you may be required to e-file, (see instructions) **Both the vigentization have unrealed business greater than 250, you may be required to e-file, (see instructions) **Both the vigentization have unrealed business greater than 250, you may be required to e-file, (see instructions) **Both than 250 and 250	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
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b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife, (see instructions) 3a Did the organization have unrelated business pross income of \$1,000 or more during the equary? 3a X 3b If 1'Yes, 'has it filed a Form 980-7 for this year? If 'No, 'provide an explanation in Schedule O 3b If 'Yes, 'has it filed a Form 980-7 for this year? If 'No, 'provide an explanation in Schedule O 3b If 'Yes, 'reter the name of the foreign country. If 'No, 'provide an explanation in Schedule O 3c If 'Yes, 'reter the name of the foreign country. If 'No, 'provide an interest in, or a signature or other authority over, a financial account in a foreign country, if yes, 'reter the name of the foreign country. If 'Yes, 'reter the name of the foreign country. If 'Yes, 'reter the name of the foreign country. If 'Yes, 'reter the name of the foreign country. If yes, 'reter the name of the foreign country. If yes, 'reter the name of the foreign country. If yes, 'reter the name of the foreign country. If yes, 'reter the name of the foreign country. If yes, 'reter the name of the foreign country. If yes, 'reter the name of the foreign country. If yes, 'reter the name of the foreign country is an analysis of the organization and the form 10 the foreign safety. If yes, 'reter the name of the foreign country is one of the safety of the organization safety and yes of the organization name of the safety of the organization name of the ergent that we or it is a party to a prohibitor data where the name of the organization name organization name organization name organization name organization name organizat	2 a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or the foreign country, level as a bank account, each organization country (such as a bank account, each organization country (such as a bank account, each organization on the foreign country.) b if "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial account; 5a Was the organization apparty to a prohibited tax shetter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shetter transaction? 6b Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that them entits acceluately? 6c Did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that them entits acceluately? 6c Did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 6c Did the organization that may receive deductible contributions under section 170(c). 6c Did the organization stall may receive deductible contributions under section 170(c). 6c Did the organization stall may receive deductible contributions under section 170(c). 6c Did the organization stall may receive deductible contributions under section 170(c). 6c Did the organization stall may receive deductible contributions under section 170(c). 6c Did the organization self-gross partial stall that the support of the partial stall that the support of the par		The dot the calendar year ending with or within the year covered by this retain			
3a	b		2b		
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Form 990 (2010)	-			 	+~
	<u>D</u>	ii res, has it liled a Form (20 to report these payments (11 No., provide an explanation in Scredule O		990	(2010)

Form 990 (2010)

26-2136165 AMERICA EDUCATION FOUNDATION Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. $\overline{\mathbf{x}}$ Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 1b b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $\overline{\mathbf{x}}$ 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the X 7a governing body? X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? X 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization? X 11a 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this is done X 13 Does the organization have a written whistleblower policy? 13 $\overline{\mathbf{x}}$ 14 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a a The organization's CEO, Executive Director, or top management official X 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. W Upon request Another's website ── Own website 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

032006 12-21-10

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

ED GOSS, ARTHOSCOPY ASSOCIATION OF - 847-292-2262

6300 N. RIVER ROAD SUITE 104, ROSEMONT,

Form 990 (2010) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization i		orga	anıza	ation	cor	npe	nsat	ed any current officer, of		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	١.,			ition			Reportable	Reportable	Estimated
	hours per week	(CI	heck	(all 1	that	app	ly)	compensation from	compensation from related	amount of other
	(describe	ig a	l					the	organizations	compensation
	hours for	1 di] _{ex}			ated		organization	(W-2/1099-MISC)	from the
	related	nstee	Tust		8	ngen		(W-2/1099-MISC)		organization
	organizations	ta ta	tona		흔	st co	<u> </u>			and related
	ın Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Form			organizations
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EXECUTIVE DIRECTOR	5.00	X	<u> </u>	X	L	<u> </u>		0.	209,960.	15,747.
ALBERT ANDREWS	1				1					•
TRUSTEE	1.00	X	L	L	L	<u> </u>	_	0.	0.	0.
JAMES CHOW, MD	1			l						0
TRUSTEE	1.00	X	<u> </u>	X	╙	_	L	0.	0.	0.
KENNETH DEHAVEN, MD	1	l								^
TRUSTEE/CHAIRMAN	1.00	X	┡		ㄴ	-	ļ	0.	0.	0.
DONALD JOHNSON MD	1		İ	ŀ						•
TRUSTEE/SECRETARY	1.00	X	_		╙	<u> </u>	_	0.	0.	0.
LESLIE MATTHEWS, MD	1 00									
TRUSTEE/TREASURER	1.00	X	_	ļ	ㄴ		<u> </u>	0.	0.	0.
GREG NELSON	1				l				1	0
TRUSTEE	1.00	X	┡	┝	⊢	-	_	0.	0.	0.
WALTER SHELTON MD	1 00	,,						0.	0.	_
TRUSTEE	1.00	X	-		⊢	╄	<u> </u>	0.	0.	0.
RON SPARKS	1 00	,			ļ			0.	0.	0.
TRUSTEE	1.00	X	⊢	┢	⊢	}_	⊦−	<u> </u>	· · ·	
JAMES TASTO MD	1.00	x		x				0.	l o.	0.
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Form 990 (2010)

Par	VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	oyee	s, a	nd I	High	est	Compensated Employ	ees (continued)			
	. (A)	(B)			((C)			(D)	(E)		(F)	
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		(describe	sctor						the	organizations		compens	
		hours for	or di	28			ated		organization	(W-2/1099-MIS		from th	ne
		related	rustee	1 trust		a s	npens		(W-2/1099-MISC)			organiza	
		organizations in Schedule	Individual trustee or director	Institutional trustee	5	трбо	est co oyee	er er	,			and relation	
		O)	lu di	Instit	Officer	Key	Highest compensated employee	Former				3	
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		1	<u> </u>	╁		┢	╫┈	-					
				1	t	┢	╁╌	-					
			1										
1b	Sub-total		•				▶	•	0.	209,96		15,7	
C	Total from continuation sheets to Part V	II, Section A							0.	222	0.	- 4 p - 7	0.
<u>d</u>	Total (add lines 1b and 1c)						<u> </u>		0.	209,96		15,7	4/.
2	Total number of individuals (including but	not limited to th	ose	liste	ed a	bov	e) w	no r	eceived more than \$100	0,000 in reportable	е		0
	compensation from the organization											Yes	
3	Did the organization list any former officer	director or tru	ster	e ke	v er	nolo	vee.	or l	highest compensated e	mplovee on	Γ		
Ŭ	line 1a? If "Yes," complete Schedule J for			٥, ١٠٠	, O.		,, 00,	U	inginoot oompondatod o			3	X
4	For any individual listed on line 1a, is the s			omp	ens	atio	n an	d ot	her compensation from	the organization			
	and related organizations greater than \$15										Ļ	4 X	<u> </u>
5	Did any person listed on line 1a receive or							relat	ted organization or ındıv	idual for services	-		
	rendered to the organization? If "Yes," con	nplete Schedui	θJ	for s	uch	per	son					5	Х
	tion B. Independent Contractors Complete this table for your five highest of	ompensated :-	do-	ادمه			rant	ore i	that received more than	\$100,000 of com	nener	ition from	
1	the organization. NONE	ompensateu m	uep	ena	en it i	JOI 11	IIacii	UIS	triat received more trian	\$100,000 OI COII	iperise	tuon nom	
	(A)								(B)			(C)	
	Name and busines	s address							Description of	services	Co	ompensati	on
									<u></u>			-	
									-				
										İ			
									<u> </u>				
2	Total number of independent contractors		not I	imite	ed to			ste	d above) who received r	nore than			
	\$100,000 in compensation from the organ	ization					0		<u>-</u> -			- 000	10015
												Form 990	(2010)

<u> ra</u>	,	111	Statement of Hevel	iue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 :	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included in lines Noncash contributions included in lines	ts, and ve 1f	1,126,707.]			
<u>ठ</u> ह		h '	Total. Add lines 1a-1f		<u> </u>	1,126,707.			
Program Service Revenue	2 :	a b c			Business Code			-	
Prog		e	All all an area		_				
_	1		All other program service rever Total. Add lines 2a-2f	enue					
	3		Investment income (including other similar amounts) Income from investment of ta		>	304,945.			304,945.
	5		Royalties			80,163.			80,163.
	•	b c	Gross Rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7 8	а	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securitie	es (ii) Other				
venue	•	c d a	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$	of	•				
Other Reven		b	contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from fund		ab				
	9 (а	Gross income from gaming ac Part IV, line 19 Less: direct expenses	_	a b				
	10 a	а	Net income or (loss) from gam Gross sales of inventory, less and allowances	-	а				
		<u>c</u>	Less: cost of goods sold Net income or (loss) from sale Miscellaneous Revenu	ie	Business Code				
	i	a b c	INCREASE IN CAS	SH VALU	E 900099	14,953.			14,953.
	1	е	All other revenue Total. Add lines 11a-11d Total revenue. See instructions.			14,953. 1,526,768.		0	400,061.
03200 12-21					<u> </u>			<u>_</u>	Form 990 (2010)

Part IX Statement of Functional Expenses

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

	All other organizations must comp	olete column (A) but are	not required to complete	e columns (B), (C), and (D))
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	853,450.	853,450.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.			İ	1
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
7 8	Pension plan contributions (include section 401(k)				
0	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	CF 004		CE 904	
f	Investment management fees	65,894.		65,894.	
g	Other				
12	Advertising and promotion	736.		736.	_
13	Office expenses Information technology	750.		,,,,,	,
14 15	Royalties				
16	Occupancy				
17	Travel	12,766.		12,766.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,633.		7,633.	
20	Interest _			<u></u>	
21	Payments to affiliates		· · · · · · · · · · · · · · · · · · ·		
22	Depreciation, depletion, and amortization	21 400		31,496.	
23	Insurance	31,496.		31,430.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а					
b					
С					
d					
е					
f	All other expenses	071 075	052 450	110 505	0.
25	Total functional expenses. Add lines 1 through 24f	971,975.	853,450.	118,525.	
26	Joint costs. Check here If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
_					

Form 990 (2010)

Par	t X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		256 536	1	634-054
	2	Savings and temporary cash investments		976,736.	2	634,951.
	3	Pledges and grants receivable, net		1,116,667.	3	939,867.
	4	Accounts receivable, net		56,800.	_4	153,331.
	5	Receivables from current and former officers, dir	ectors, trustees, key			
Ì		employees, and highest compensated employee	es. Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)			ļ	
		employers and sponsoring organizations of sect				
_s		employees' beneficiary organizations (see instru		6		
Assets	7	Notes and loans receivable, net			_7	
¥	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other			ı	
		basis. Complete Part VI of Schedule D	10a			
	ь	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		0.005.050	11	0 220 600
	12	Investments - other securities. See Part IV, line 1	1	8,075,252.	12	9,338,680.
	13	Investments · program-related. See Part IV, line		13		
	14	Intangible assets	4 485	14	10 407	
	15	Other assets. See Part IV, line 11	4,475.	15	19,427.	
	16	Total assets. Add lines 1 through 15 (must equa	10,229,930.	16	11,086,256.	
	17	Accounts payable and accrued expenses	6,587.	17	19,838.	
	18	Grants payable		100,000.	18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete I			21	
Ĭ	22	Payables to current and former officers, director				
Liabilities		highest compensated employees, and disqualifi	ed persons. Complete Part II			
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		106,587.	25	19,838.
	26	Total liabilities. Add lines 17 through 25		100,307.	26_	19,030.
		Organizations that follow SFAS 117, check he	ere X and complete			
Net Assets or Fund Balances		lines 27 through 29, and lines 33 and 34.				
<u>a</u>	27	Unrestricted net assets		10,123,343.	27 28	11,066,418.
æ	28	Temporarily restricted net assets		10,123,343.		11,000,410
בַ	29	Permanently restricted net assets	hard from S. T. and		29	
Ę		Organizations that do not follow SFAS 117, c	heck here and			
ō s	١	complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or ed			31	
ž	32	Retained earnings, endowment, accumulated in	come, or other tunds	10,123,343.		11,066,418.
_	33	Total net assets or fund balances		10,123,343.	34	11,086,256
	34	Total liabilities and net assets/fund balances	-	10,223,330.	34	Form 990 (2010)

Pai	t XI Reconciliation of Net Assets				
	. Check if Schedule O contains a response to any question in this Part XI	<u>-</u>			X
1 2 3 4 5 6	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) Tt XIII Financial Statements and Reporting	1 2 3 4 5 6	55 10,12	1,9 4,7 3,3 8,2	68. 75. 93. 43. 82. 18.
	Check if Schedule O contains a response to any question in this Part XII				<u> X</u>
			 -	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ļ.,.	X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	ļ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		۱	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		ŀ	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	ed on a			
	separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	•	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	<u> </u>	<u> </u>
			Form	990	(2010)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization ARTHROSCOPY ASSOCIATION OF NORTH 26-2136165 AMERICA EDUCATION FOUNDATION Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions

Employer identification number

The organ	zation is not a	private foundation b	pecause it is: (For lines 1	through 1	1, check o	only one b	ox.)			
1 🗀		•	, or association of churc					ī		
2			D(b)(1)(A)(ii). (Attach Sci							
з 🔲	A hospital or	a cooperative hospit	al service organization o	described i	n section	170(b)(1)(A)(iii).			
4 🔲			perated in conjunction					b)(1)(A)(iii	i). Enter th	ne hospital's name,
	city, and stat		•	·						
5 🔲	• .		penefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental unit	t describe	ed in
-	•	(b)(1)(A)(iv). (Comple	=	•	·					
6 🗀			ent or governmental unit	t described	d ın sectio i	n 170 (b)(1)(A)(v).			
7 🗀	An organizati	on that normally rece	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic described in
	section 170(b)(1)(A)(vi). (Complet	te Part II)							
8 🗆	A community	trust described in se	ection 170(b)(1)(A)(vi). ((Complete	Part II.)					
9 🔲	An organizati	on that normally rece	eives: (1) more than 33 1	1/3% of its	support fr	om contri	butions, m	embershij	p fees, an	d gross receipts from
			ctions - subject to certa							
			xable income (less sect							
		509(a)(2). (Complete								
10 🔲			erated exclusively to te	st for publ	c safety. S	See sectio	n 509(a)(4	I) .		
11 X	An organizat	ion organized and op	erated exclusively for th	ne benefit o	of, to perfo	rm the fur	nctions of,	or to carry	y out the p	purposes of one or
			tions described in secti							
			organization and compl							
	a X Type	· · · · · · · · · · · · · · · · · · ·	7 [~]		e III - Func		egrated		d 🗀	Type III · Other
e 🗀			t the organization is not	controlled	directly or	r indirectly	by one or	r more disc	qualified p	ersons other than
			nan one or more publicly							
f			ten determination from t						, , , ,	• • • •
•	-	rganization, check th	•		·- · · · · · · · · · · · · · · · · ·	., .,.	.,			X
		•	rganization accepted ar	ny aift or ci	ontribution	from any	of the follo	owing pers	sons?	
g			rectly controls, either al							Yes No
				one or tog	Other With	pordono	ioooniboa i	() aa (, 20.011,	11g(i) X
	•		upported organization?	1						11g(ii) X
	• •	•	described in (i) above?		2					11g(iii) X
		-	person described in (i)							119(11)
h	Provide the t	ollowing information	about the supported or	ganization	(S).					
		I	(III) Type of	Vivi in the c	rannization	(v) Did vo	, notify the	(vi) Is	the	
	of supported	(ii) EIN	organization		organization sted in your		ion in col.	organizatio	on in col.	(vii) Amount of
orga	anization		(described on lines 1-9		document?		support?	l (i) organız U.S	ea in the	support
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No	
ARTHR	OSCOPY			 						
		36-3166049	9	х		х		х		853,450.
		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>	 					1	
				<u> </u>				-	1	
]		1						
				 	 	 	 	 	 	
		<u> </u>		 	 		 	 	1	
				 	 	 	 		 	
Total										853,450.
	Panerwork Re	eduction Act Notice	see the Instructions f	for	1	<u> </u>	L	Schedul	e A (Forn	n 990 or 990-EZ) 2010

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (f) Total Calendar year (or fiscal year beginning in) **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (a) 2006 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (f) Total (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 15 15 Public support percentage from 2009 Schedule A, Part II, line 14 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

-	_						_			
ç	c	he	dule	A (Form	990	or	990-	EZ)	2010

17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

ection A. Public Support							
alendar year (or fiscal year beginning in) 🖊	(a) 2006	(b) 2007	(c) 2008	(d) 2009		(e) 2010	(f) Total
1 Gifts, grants, contributions, and			1				
membership fees received. (Do not							
include any "unusual grants.")							
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3 Gross receipts from activities that	1						
are not an unrelated trade or bus-							1
iness under section 513		_			┖		
4 Tax revenues levied for the organ-			İ				
ızatıon's benefit and either paid to or expended on its behalf							
5 The value of services or facilities							
furnished by a governmental unit to				1	l		
the organization without charge		_					
6 Total. Add lines 1 through 5							
7a Amounts included on lines 1, 2, and 3 received from disqualified persons							
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c Add lines 7a and 7b							
8 Public support (Subtract line 7c from line 6.)	· · · · · · · · · · · · · · · · · · ·	かがれて、 ところ	である でき	"老" 一张 蒙海	3-2.	Same and	
ection B. Total Support							
alendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009		(e) 2010	(f) Total
9 Amounts from line 6							
Da Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b Unrelated business taxable income							
(less section 511 taxes) from businesses					1		
acquired after June 30, 1975							
c Add lines 10a and 10b							
1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on							
Other income. Do not include gain or loss from the sale of capital							
assets (Explain in Part IV.) 3 Total support (Add lines 9, 10c, 11, and 12)			<u> </u>		1	_	
4 First five years. If the Form 990 is for	·			ax vear as a section	on 50	1(c)(3) organi	zation.
	r the organization's	s first, second, the	ום, ומטודה היוודהי			· (5)(5) 5.9wii	
	r the organization's	s first, second, thi	ra, tourth, or titth t	an your do d door.			
check this box and stop here			ra, tourth, or titth t				. •
check this box and stop here ection C. Computation of Publ	ic Support Pe	rcentage			1	 I	
check this box and stop here ection C. Computation of Publ Public support percentage for 2010 (I	lic Support Pe	rcentage ivided by line 13,			15		. •
check this box and stop here ection C. Computation of Public Public support percentage for 2010 (In Public support percentage from 2009)	lic Support Pe line 8, column (f) di 3 Schedule A, Part	rcentage ivided by line 13, III, line 15	column (f))		1		. •
check this box and stop here ection C. Computation of Publ Public support percentage from 2009 Public support percentage from 2009 Public Support percentage from 2009	lic Support Pe line 8, column (f) de Schedule A, Part stment Incom	rcentage ivided by line 13, III, line 15 e Percentage	column (f))		15 16		
check this box and stop here ection C. Computation of Publ Public support percentage for 2010 (I Public support percentage from 2009 ection D. Computation of Invest Investment income percentage for 20	lic Support Per line 8, column (f) do 9 Schedule A, Part stment Income 10 (line 10c, colum	rcentage ivided by line 13, III, line 15 e Percentage nn (f) divided by li	column (f))		15 16		. •
check this box and stop here ection C. Computation of Public Public support percentage from 2010 (Investment income percentage from 2017). Computation of Investment income percentage from 2018.	lic Support Per line 8, column (f) do Schedule A, Part stment Income 010 (line 10c, colum 2009 Schedule A,	rcentage ivided by line 13, III, line 15 e Percentage mn (f) divided by li Part III, line 17	column (f))		15 16 17 18	3% and line	17 is not
check this box and stop here ection C. Computation of Public Public support percentage for 2010 (Inc.) Public support percentage from 2009 ection D. Computation of Investment income percentage from 2018 Investment income percentage from 2019 a 33 1/3% support tests - 2010. If the	lic Support Per line 8, column (f) di Schedule A, Part stment Income 010 (line 10c, colum 2009 Schedule A, organization did n	rcentage ivided by line 13, III, line 15 e Percentage inn (f) divided by li Part III, line 17 int check the box	column (f)) ne 13, column (f)) on line 14, and lin	e 15 is more than	15 16 17 18 33 1/3		17 is not
check this box and stop here ection C. Computation of Publ 5 Public support percentage for 2010 (I 6 Public support percentage from 2009 ection D. Computation of Inves 7 Investment income percentage from 2 9 Investment income percentage from 2 9 33 1/3% support tests - 2010. If the more than 33 1/3%, check this box as	lic Support Per line 8, column (f) die Schedule A, Part stment Income 10 (line 10c, colum 2009 Schedule A, organization did n and stop here. The	rcentage ivided by line 13, III, line 15 e Percentage inn (f) divided by li Part III, line 17 int check the box e organization qua	column (f)) ine 13, column (f)) on line 14, and lin	e 15 is more than supported organiz	15 16 17 18 33 1/3		▶Ĺ
check this box and stop here ection C. Computation of Publ 5 Public support percentage for 2010 (I 6 Public support percentage from 2009 ection D. Computation of Invest 7 Investment income percentage from 2 9a 33 1/3% support tests - 2010. If the more than 33 1/3%, check this box as b 33 1/3% support tests - 2009. If the	lic Support Pelline 8, column (f) do Schedule A, Part stment Income 100 (line 10c, column 2009 Schedule A, organization did not stop here. The eorganization did not stop here.	rcentage Ivided by line 13, III, line 15 e Percentage Inn (f) divided by line Part III, line 17 Into check the box e organization quanot check a box o	column (f)) ine 13, column (f)) on line 14, and lin lifies as a publicly n line 14 or line 19	e 15 is more than s supported organiz a, and line 16 is m	15 16 17 18 33 1/3 zation	nan 33 1/3%,	and
check this box and stop here ection C. Computation of Publ 5 Public support percentage for 2010 (I 6 Public support percentage from 2009 ection D. Computation of Investment income percentage from 2 8 Investment income percentage from 2 9a 33 1/3% support tests - 2010. If the more than 33 1/3%, check this box as	lic Support Pelline 8, column (f) do Schedule A, Part stment Income 2010 (line 10c, column 2009 Schedule A, e organization did not stop here. The corganization did not stop so and stop s	rcentage ivided by line 13, III, line 15 e Percentage inn (f) divided by line Part III, line 17 not check the box e organization qual not check a box of top here. The org	column (f)) ine 13, column (f)) on line 14, and lin lifies as a publicly n line 14 or line 19 anization qualifies	e 15 is more than supported organiza, and line 16 is mas a publicly supp	15 16 17 18 33 1/3 zation ore the	nan 33 1/3%, I organizatıor	and

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2010 Open to Public Inspection

Name of the organization

ARTHROSCOPY ASSOCIATION OF NORTH AMERICA EDUCATION FOUNDATION

 $\begin{array}{c} \textbf{Employer identification number} \\ 26-2136165 \end{array}$

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advi-	sed funds
	are the organization's property, subject to the organization's e		Yes No
6	Did the organization inform all grantees, donors, and donor ad		e used only
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pai	t II. Conservation Easements. Complete if the orga	anization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the pen	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	s the organization's accounting for
	conservation easements.	Art Historical Tressures or (Othor Cimilar Accets
Pa	t III Organizations Maintaining Collections of		Juner Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ		-t d bt abatat af ant biotomool
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items:		.
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X	and the second s	
2	If the organization received or held works of art, historical trea		iai gain, provide
	the following amounts required to be reported under SFAS 11	ib (ASC 958) relating to these items:	•
a	Revenues included in Form 990, Part VIII, line 1	•	► \$ ► \$
b	Assets included in Form 990, Part X		▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

		EDUCATION				OAL				Page ∠
Par	1,0									
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	it are a sig	ınıficant u	ise of its	collection	items
	(check all that apply).									
а	Public exhibition	d	╵╠╣╵	oan or excl	hange progra	ams				
b	Scholarly research	е	- -	Other					_	
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	he organizati	on's exem	npt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit of	r receive donations	of art, his	storical treas	sures, or oth	er simılar a	assets		-	
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgar	nization's co	llection?	_			Yes	No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" to F	orm 990,	Part IV,	lıne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for o	contribution	s or other as	sets not a	ncluded		_	
	on Form 990, Part X?							L	」 Yes	L No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	No No
	If "Yes," explain the arrangement in Part XIV					_				
Par	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10).			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
	Contributions									_
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the year	r end balance held a	as:					-		
- а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
		^ %								
	Are there endowment funds not in the posse	· -	ation tha	it are held a	ind administe	ered for th	e organiz	ation		
- Oa	by:	bosion of the organiz	anon me			5.00 10, 11.			Γ	Yes No
	(i) unrelated organizations								3a(i)	100 110
	(ii) related organizations								3a(ii)	
L	If "Yes" to 3a(ii), are the related organization	e lietad se required s	n Scher	lule P?					3b	
_	Describe in Part XIV the intended uses of the									I
Par						_		-	_	
Liai	Description of investment	(a) Cost or o			or other	(c) Ac	cumulate	od T	(d) Bool	k value
	Description of Investment	basis (investr			(other)		reciation	~	(4) 500	· raide
40	Land	2233 (81100)		245/0	<u>, , </u>	 		+	-	
						<u> </u>			-	
	Buildings					 		-+		
	Leasehold improvements					-				
	Equipment					 -				
	Other Add lines 1a through 1e. (Column (d) must e	agual Form 990 Part	X colur	nn (R) line 1	10(c))	L		▶		0.
ıvıdı	. Aug mies la linguait le logianni (a) must	rques i viili 330, i est	, m, outur	(<i>-)</i> ,	. ~ (~) /					

	Y ASSOCIATION (26	-2136165 Page 3
Part VII Investments - Other Securities.				
. (a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua t or end-of-year mar	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other	450.006			
(A) CERTIFICATES OF DEPOSITS	453,996.	END-OF-AF	EAR MARKET	VALUE
(B) PUBLICLY TRADED EQUITY	2 060 701	EMD OF VI	OND WADVER	TAT IIE
(C) TYPE INVESTMENTS	3,069,781.		EAR MARKET	
(D) PUBLICLY TRADED BONDS	5,814,903.	END-UF-11	EAR MARKET	VALUE
(E)		<u></u>		
(F)				
(G)		<u> </u>		
(H)				
(I)	9,338,680.			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990, Part X, line 13		(c) Method of valua	ation:
(a) Description of investment type	(b) Book value		et or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	+			-
(8)				<u> </u>
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, III				
	a) Description	·	··	(b) Book value
	u) Decemption			(5) 50 511 151155
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15.)		•	
Part X Other Liabilities. See Form 990, Part				
(a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2)		<u> </u>		
(3)				
(4)				
(5)			i	
(6)				

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

Fix as VASC 740) Footnote in Part XIV, provide the text of the tootnote to the organization's financial statements that reports the organization's flability for uncertain tax positions under 2. Fix 48 (ASC 740)
032053
12-20-10

Schedule D (Form 9

(7) (8) (9) (10)

Sche	dule D (Form 990) 2010 AMERICA EDUCATION FOUNDATIO	N		26-2	2136165	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financ	ial State	ment	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,526	·
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			,975.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			,793.
4	Net unrealized gains (losses) on investments		4		388	,282.
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments	L	7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net). Add lines 4 through 8		9			, 282.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10			<u>,075.</u>
Pai	t XII Reconciliation of Revenue per Audited Financial Statemer	nts With Reven	ue per H	eturr	1	747
1	Total revenue, gains, and other support per audited financial statements			1	7,693	<u>,/4/.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			l		
а	Net unrealized gains on investments	2a 388	3,282.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c	F 6 1			
d	Other (Describe in Part XIV.)	2d 5,844	1,591.		6 222	072
е	Add lines 2a through 2d			2e	6,232 1,460	
3	Subtract line 2e from line 1			3	1,400	,0/4.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1 6	. 004			
а	Investment expenses not included on Form 990, Part VIII, line 7b		5,894.			
b	Other (Describe in Part XIV.)	4b		 -	65	901
С	Add lines 4a and 4b			4c	1,526	,894.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 1 XIII Reconciliation of Expenses per Audited Financial Statement	nte With Eyner	sees per	_		, /00.
		TILS WILL EXPE	ioco pei	1	6,465	760.
1	Total expenses and losses per audited financial statements			┝┷┪	0,103	,,,,,,,
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	_{2a}				
a	Donated services and use of facilities	2b		1		
D	Prior year adjustments	2c	**	1		
ن م	Other losses Other (Describe in Part XIV.)		3,129.	1 1		
d e	Add lines 2a through 2d	20 07-	,	2e	6,413	,129.
3	Subtract line 2e from line 1		•	3	6,413 52	,631.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.					·
7	Investment expenses not included on Form 990, Part VIII, line 7b	4a 6!	5,894.			
	Other (Describe in Part XIV.)		3,450.	1		
	Add lines 4a and 4b			4c	919	,344.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	971	,975.
	rt XIV Supplemental Information		-			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	, lines 1a and 4; Par	t IV, lines 1	b and	2b; Part V, line	4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp					
PAI	RT X, LINE 2: THE ORGANIZATION IS EXEMPT FE	ROM FEDERAL	LINCO	ME	TAXES	
UN	DER SECTION 501(C)(3) OF THE INTERNAL REVEN	WE CODE. 1	JNDER	THI	S SECTI	ON
TH	E ORGANIZATION IS SUBJECT TO TAX ON INCOME	WHICH IS	JNRELA	TED	TO THE	IR
		-				
EX.	EMPT PURPOSE. THE ORGANIZATION RECOGNIZES	THE FINAN	CIAL I	MPA	CT OF A	TAX
PO	SITION WHEN IT IS MORE LIKELY THAN NOT THAT	THE POSI	TION W	ILLL	BE	_
						_
SU	STAINED UPON EXAMINATION. THE ORGANIZATION	HAS NO ON	-GOING	FE	DERAL O	R

Schedule D (Form 990) 2010

STATE INCOME TAX AUDITS.

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Part

Part II

ž Employer identification number 26-2136165 Open to Public OMB No 1545-0047 Inspection . (h) Purpose of grant TO ASSIST IN FUNDING EDUCATIONAL PURPOSE or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ame and address of organization

(a) Amount of or government cash grant assistance or government cash grant for government assistance or government cash grant for government cash grant for government cash grant for government cash grant for government cash grant for government cash grant for government cash grant for government cash grant for government cash grant for government cash grant for government cash grant for government cash grant for government cash grant for government for government cash grant for government cash grant for government cash grant for government fo Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. 853,450 ARTHROSCOPY ASSOCIATION OF NORTH AMERICA EDUCATION FOUNDATION 501(C)3 36-3166049 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization ARTHROSCOPY ASSOCIATION OF NORTH AMERICA - 6300 NORTH RIVER ROAD

ROSEMONT, IL 60018

	nt organizations
	(3) and government
	3) and
	, 501(c)(3
	nber of section 501(c)(3) and
	뒫
	inter total n
l	ш

3 Enter total number of other organizations
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

ARTHROSCOPY ASSOCIATION OF NORTH

AMERICA EDUCATION FOUNDATION

Page 2

26-2136165

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.

Schedule I (Form 990) (2010).

Part III

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) SCHEDULE I, PART I, LINE 2: CHAIRMAN OF BOARD OF TRUSTEES ATTENDS BOARD OF Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

DIRECTORS MEETINGS OF ARTHOSCOPY ASSOCIATION OF NORTH AMERICA AND IS ABLE

TO MONITOR THE ADMINISTRATION OF THE GRANT THROUGH THE FINANCIAL

PRESENTATION AT SUCH MEETINGS.

Schedule I (Form 990) (2010) 032102 01-13-11

SCHEDULE J (Form 990)

Compensation Information

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

ARTHROSCOPY ASSOCIATION OF NORTH AMERICA EDUCATION FOUNDATION

Employer identification number 26-2136165

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence	'		1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			1 '
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			1
	Compensation committee Written employment contract			1
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee		1	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b_		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	L	Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
			1	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:		ļ	_ <u></u> _
а	The organization?	5a_		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			<u></u>
а	The organization?	6a	<u> </u>	X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.	ļ		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1		
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	<u> </u>	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	ſ	1

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Schedule J (Form 990) 2010

ARTHROSCOPY ASSOCIATION OF NORTH

AMERICA EDUCATION FOUNDATION

26-2136165

Partilal Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2010

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	0	Q.	(E)	(F)
		(i) Base	(ii) Bonus &	(iii) Other	Retirement and	Nontaxable	Total of columns	Compensation
(A) Name		compensation	incentive compensation	reportable compensation	compensation	Squelle	(C)-(NO)	Form 990 or Form 990-EZ
	€	0	0	0	0	0	0	0
1 ED GOSS	∷≘	209,960.	0.	0	15,747.	0	225,707.	0
	(3)							
2	≘							
	Ξ							
3	⊞							
	(E)							
4	(E)							
	(1)							
5	(ii)							
	(i)							
9	Œ							
	Ξ							
7	(ii)							
	Θ							
8	⊞							
	≘							
6	(II)							
	Θ							
10	(11)							
	Ξ							
11	Ξ							
	Ξ							
12	≘							
	Ξ							
13	▣							
	Ξ							
14	≘							
	Ξ							
15	≘							
	Ξ							
16								

Schedule J (Form 990) 2010

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

QMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

ARTHROSCOPY ASSOCIATION OF NORTH AMERICA EDUCATION FOUNDATION

Employer identification number 26 – 2136165

FORM 990, PART VI, SECTION A, LINE 7B: PART VI; SECITON A; QUESTION 7B:
ARTHROSCOPY ASSOCIATION OF NORTH AMERICA BOARD OF DIRECTORS APPOINTS
FOUNDATION TRUSTEES AND APPROVES SOME OF THEIR ACTIONS.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990, PAGE 6, PART VI, LINE 10:
THE BOARD OF DIRECTORS MAY MAKE INQUIRIES OF THE ASSOCIATION STAFF ASSIGNED
TO ITS PREPARATION OR OF THE INDEPENDENT AUDITORS WHO PREPARED THE RETURN.
FORM 990, PART VI, SECTION B, LINE 12C: EACH MEETING BEGINS WITH
AFFIRMATION OR EDITING OF WRITTEN INFORMATION SUPPLIED TO THE FOUNDATION
THROUGH THE AAOS WEBSITE REGARDING DECLARED CONFLICTS OF INTEREST.
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS (BYLAWS),
CONFLICT OF INTEREST POLICY, AND OUR FINANCIAL STATEMENTS ARE AVAILABLE
UPON REQUEST.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED GAINS ON INVESTMENTS: 388,282.
FORM 990, PART XI, LINE 2C
NO CHANGE FROM PRIOR YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2010 Open to Public Inspection

OMB No 1545-0047

Schedule R (Form 990) 2010 (g) Section 512(b)(13) Ŷ **Employer identification number** × controlled entity? Direct controlling Yes 26-2136165 entity Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) ε Direct controlling entity End-of-year assets <u>e</u> status (if section Public charity 501(c)(3)) CINE 9 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Exempt Code Ð section 501(C)3 ▼ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or Legal domicile (state or foreign country) foreign country) ILLINOIS ARTHROSCOPY ASSOCIATION OF NORTH ► Attach to Form 990. THE FIELD OF ARTHOSCOPY TO PROMOTE EDUCATION IN AMERICA EDUCATION FOUNDATION Primary activity Primary activity 36-3166049, 6300 NORTH RIVER ROAD, ROSEMONT, ARTHOSCOPY ASSOCIATION OF NORTH AMERICA -Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service 60018 Part II Part

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

ARTHROSCOPY ASSOCIATION OF NORTH

AMERICA EDUCATION FOUNDATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Schedule R (Form 990) 2010

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(a) Name address and FIN	(b) Primary activity	(C)	(d) Direct controlling	(e) Predominant income	(f) Share of total	(g) Share of	(h) Disproportion-	(i) Code V-UBI	(j) General or	(k) Percentage
		domicile (state or	entity	(related, unrelated, excluded from tax under	income	end-of-year	ate allocations?	amount in box 20 of Schedule	managing partner?	managing ownership
		country)		sections 512-514)			Yes No		Yes No	
							-			
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П										
							_			

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

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(a)	(q)	(c)	(p)	(e)	E	(6)	ε
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling Type of entity Si entity (C corp., S corp., or trust)	Type of entity (C corp, S corp, or trust)	nare of total income	Share of end-of-year assets	Percentage ownership

Schedule R (Form 990) 2010

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Schedule R (Form 990) 2010 AMERICA EDUCATION FOUNDATION

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	elated organizations listed	in Parts II-1V?	1
a Receipt of (i) interest (ii) annutties (iii) royalties or (iv) rent from a controlled entity				Ta X
b Gift, grant, or capital contribution to other organization(s)				1b X
c Gift, grant, or capital contribution from other organization(s)				ار ×
d Loans or loan guarantees to or for other organization(s)				74 ×
 Loans or loan guarantees by other organization(s) 				
				王華 州方 金貨
f Sale of assets to other organization(s)				×
g Purchase of assets from other organization(s)				1g X
h Exchange of assets				부
i Lease of facilities, equipment, or other assets to other organization(s)			,	ľ
				×
J Lease of facilities, equipment, of other assets from other organization (s)	enization(s)			×
Performance of services or membership or fundraising solicitations by other ord	nization(s)			
m Sharing of facilities, equipment, mailing lists, or other assets				1m X
n Sharing of paid employees				
 Reimbursement paid to other organization for expenses 				#
p Reimbursement paid by other organization for expenses				4 dt
				£30.
q Utner transfer of cash or property to other organization(s)				×
- 1				1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	his line, including covered	relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	
(1) ARTHROSCOPY ASSOCIATION OF NORTH AMERICA	В	853,450.	CASH AMOUNT	
(2)				
(5)				
(4)				
(5)				
(9)				
032163 12-21-10	34		Schedule	Schedule R (Form 990) 2010

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ARTHROSCOPY ASSOCIATION OF NORTH AMERICA EDUCATION FOUNDATION Schedule R (Form 990) 2010

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

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

(a)	(q)	(3)	(P)	(e)	€	(6)	Ð
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	S	, o	Code V-UBI	General or managing
OT ENTITY		(state or roreign country)	Yes No	year assets		of Schedule K-1 (Form 1065)	1 _
							<u> </u>
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						Schedule R (Form 990) 2010	n 990) 2010

ARTHROSCOPY ASSOCIATION OF NORTH 26-2136165 Page 5 AMERICA EDUCATION FOUNDATION Schedule R (Form 990) 2010 Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Form **8868**

(Rev. January 2011) Department of the Treasury

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

File a separate application for each return.

OMB No. 1545-1709

ightharpoons 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. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits 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 **Employer identification number** Type or Name of exempt organization ARTHROSCOPY ASSOCIATION OF NORTH print 26-2136165 AMERICA EDUCATION FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 6300 N. RIVER ROAD, NO. 104 instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. ROSEMONT, IL 60018 Enter the Return code for the return that this application is for (file a separate application for each return) Return **Application** Return **Application** Is For Is For Code Code 01 07 Form 990 Form 990-T (corporation) 80 Form 990-BL Form 1041-A Form 990-EZ 03 Form 4720 09 Form 990-PF Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 8870 12 Form 990-T (trust other than above) 06 ED GOSS, ARTHOSCOPY ASSOCIATION OF The books are in the care of > 6300 N. RIVER ROAD SUITE 104 - ROSEMONT, IL 60018 Telephone No. ► 847-292-2262 FAX No. ▶ 847-292-2268 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. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2010 or , and ending If the tax year entered in line 1 is for less than 12 months, check reason. Initial return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. За nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any pnor year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 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 Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 1-2011)

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