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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011**

**B** Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization
MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
125 MAY STREET

City or town, state or country, and ZIP + 4
EDISON, NJ 088373264

**D Employer identification number**
22-2803458

**E Telephone number**
(732)661-0202

**G** Gross receipts $ 405,600,372

**F** Name and address of principal officer
BRUCE STROEVER
125 MAY STREET
EDISON, NJ 088373264

**H(a)** Is this a group return for affiliates? ☐ Yes ☑ No

**H(b)** Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ WWW MTF ORG

**K** Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1987 | **M** State of legal domicile DC

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities
MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC ("MTF" OR THE "FOUNDATION") IS DEDICATED TO PROVIDING QUALITY ALLOGRAFT TISSUE FOR TRANSPLANTATION THROUGH A COMMITMENT TO EXCELLENCE IN EDUCATION, RESEARCH, RECOVERY, AND CARE FOR RECIPIENTS, DONORS AND THEIR FAMILIES MTF CONTINUES TO PROMOTE THE HEALTH AND WELFARE OF THE GENERAL PUBLIC BY (1)MAXIMIZING THE AVAILABILITY OF HIGH QUALITY HUMAN TISSUE INCLUDING BONE AND DERMAL TISSUE, 2)SUPPORTING MEDICAL, SCIENTIFIC AND OTHER EDUCATIONAL RESEARCH WITH RESPECT TO TISSUE DONATION, RECOVERY AND TRANSPLANTATION, (3)EDUCATING THE GENERAL PUBLIC WITH RESPECT TO THE IMPORTANCE AND BENEFITS OF TISSUE DONATION AND TRANSPLANTATION, AND (4) OTHERWISE PROMOTING TISSUE DONATION THROUGH A COMMITMENT TO EXCELLENCE IN EDUCATION, RESEARCH, RECOVERY AND CARE FOR DONORS, RECIPIENTS, AND THEIR FAMILIES THE MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC WAS INCORP- ORATED ON JANUARY 30, 1987, AS A DISTRICT OF COLUMBIA NON-PROFIT MEMBERSHIP ORGANIZATION AND IS A 501(

**Activities & Governance**

| | | | |
|---|---|---|---|
| **2** | Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 9 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 8 |
| **5** | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | **5** | 1,330 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 50 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | -1,973,323 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | -1,973,323 |

| | | Prior Year | Current Year |
|---|---|---|---|
| **Revenue** | | | |
| **8** | Contributions and grants (Part VIII, line 1h) | 31,236 | 99,556 |
| **9** | Program service revenue (Part VIII, line 2g) | 389,546,992 | 392,360,791 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 1,124,063 | 1,754,368 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 4,876,733 | 2,447,145 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 395,579,024 | 396,661,860 |
| **Expenses** | | | |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 2,941,626 | 2,360,501 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 83,157,613 | 89,216,727 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶0 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 296,809,894 | 302,914,525 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 382,909,133 | 394,491,753 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | 12,669,891 | 2,170,107 |
| **Net Assets or Fund Balances** | | **Beginning of Current Year** | **End of Year** |
| **20** | Total assets (Part X, line 16) | 204,194,569 | 213,807,248 |
| **21** | Total liabilities (Part X, line 26) | 86,869,081 | 94,080,038 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 117,325,488 | 119,727,210 |

## Part II Signature Block

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

**Sign Here**

****** | 2012-12-07
Signature of officer | Date

MICHAEL J KAWAS EXECUTIVE VICE PRESIDENT/CFO
Type or print name and title

**Paid Preparer's Use Only**

| Preparer's signature | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) |
|---|---|---|---|
| Firm's name (or yours if self-employed), address, and ZIP + 4 | | | EIN ▶ |
| | | | Phone no ▶ |

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

## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

**1** Briefly describe the organization's mission

MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC ("MTF" OR THE "FOUNDATION") IS DEDICATED TO PROVIDING QUALITY ALLOGRAFT TISSUE FOR TRANSPLANTATION THROUGH A COMMITMENT TO EXCELLENCE IN EDUCATION, RESEARCH, RECOVERY, AND CARE FOR RECIPIENTS, DONORS AND THEIR FAMILIES MTF CONTINUES TO PROMOTE THE HEALTH AND WELFARE OF THE GENERAL PUBLIC BY (1)MAXIMIZING THE AVAILABILITY OF HIGH QUALITY HUMAN TISSUE INCLUDING BONE AND DERMAL TISSUE, 2)SUPPORTING MEDICAL, SCIENTIFIC AND OTHER EDUCATIONAL RESEARCH WITH RESPECT TO TISSUE DONATION, RECOVERY AND TRANSPLANTATION, (3)EDUCATING THE GENERAL PUBLIC WITH RESPECT TO THE IMPORTANCE AND BENEFITS OF TISSUE DONATION AND TRANSPLANTATION, AND (4)OTHERWISE PROMOTING TISSUE DONATION THROUGH A COMMITMENT TO EXCELLENCE IN EDUCATION, RESEARCH, RECOVERY AND CARE FOR DONORS, RECIPIENTS, AND THEIR FAMILIES THE MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC WAS INCORP- ORATED ON JANUARY 30, 1987, AS A DISTRICT OF COLUMBIA NON-PROFIT MEMBERSHIP ORGANIZATION AND IS A 501(

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses $ 367,314,476 including grants of $ 2,304,751 ) (Revenue $ )

MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC (MTF) PROVIDES ALLOGRAFT TISSUES TO THE MEDICAL COMMUNITY IN 2011, MTF RECOVERED TISSUE FROM APPROXIMATELY 6,322 DONORS FOR USE IN MUSCULOSKELETAL AND BONE ALLOGRAFT APPLICATIONS AND 2,725 DERMAL/SPLIT THICKNESS RECOVERIES IN 2010, MTF RECOVERED TISSUE FROM APPROXIMATELY 4,666 DONORS FOR USE IN MUSCULO- SKELETAL AND BONE ALLOGRAFT APPLICATIONS AND 2,114 DERMAL/SPLIT THICKNESS RECOVERIES OVERALL, MTF DISTRIBUTED OVER 490,000 UNITES OF ALLOGRAFT TISSUE DURING 2011 OVERALL, MTF DISTRIBUTED OVER 427,000 UNITS OF ALLOGRAFT TISSUE DURING 2010 IN ADDITION, TO THIS SERVICE, MTF DONATES ALLOGRAFT TISSUES FOR RESEARCH, MEDICAL AND EDUCATIONAL PURPOSES MTF'S RESEARCH AND DEVELOPMENT HAS CONTINUED DEVELOPMENT OF NOVEL TISSUE FORMS FOR ORTHOPADEDIC AND GENERAL SURGICAL APPLICATIONS MTF HAS MET PROJECT MILESTONES IN THE DEVELOPMENT OF ADULT, ALLOGENEIC STEM CELLS, ALLOGRAFT SOLUTIONS FOR THE REPAIR OF ARTICULAR CARTILAGE, AND NEW FORMS OF DEMINERALIZED BONE MTF CONTINUES TO SEEK NEW APPLICATIONS FOR THE USE OF THE PRECIOUS GIFT OF ALLOGRAFT TISSUES TO RESOLVE UNMET CLINICAL NEEDS AND CONTINUES TO PROVIDE SPECIAL TISSUE FOR RESEARCH PERFORMED BY MEMBERS OF THE ARMED FORCES INSTITUTE OF REGENERATIVE MEDICINE WHICH IS AN ORGANIZATION DEDICATED TO DEVELOPING MEDICAL THERAPIES AND TREATMENTS FOR WOUNDED SOLDIERS IN 2008, MTF COMPLETED A RESEARCH PROJECT TO PROVIDE A NEW TISSUE FORM FOR BONE FORMATION COMPRISING ADULT ALLOGENEIC STEM CELLS AND ALLOGRAFT BONE IN 2009, MTF INTRODUCED A NEW TISSUE FORM CALLED TRINITY EVOLUTION TRINITY EVOLUTION IS A STEM CELL-BASED BONE GROWTH MATRIX DESIGNED TO ADVANCE THE SURGICAL USE OF ALLOGRAFTS PROVIDING CHARACTERISTICS SIMILAR TO AN AUTOGRFT IN SPINAL AND ORTHO- PAEDIC PROCEDURES IN 2010, MTF MADE AVAILABLE TWO NEW TISSUE FORMS DURING THE CALENDAR YEAR 1)ENHANCE(TM) BONE WEDGES FOR CORRECTION OF VARIOUS DEFORMITIES IN THE FOOT AND ANKLE, AND 2)ENHANCE(TM) DEMINERALIZED CANCELLOUS SHEETS FOR USE IN BONE FUSION PROCEDURES IN THE FOOT AND ANKLE

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

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

(Code ) (Expenses $ 55,750 including grants of $ 55,750 ) (Revenue $ )

MTF PAYS INDEPENDENT RESEARCH EXPERTS TO REVIEW ANY GRANT PROPOSALS SUBMITTED TO THE ORGANIZATION FOR VALIDITY OR MERIT OF THE PROPOSED RESEARCH PROJECT AND ALSO RELATIONSHIP TO MTF'S CORE MISSION OF ADVANCING MUSCULOSKELETAL TRANSPLANT SCIENCE DURING 2011, MTF RECEIVED 75 APPLICACTIONS FOR PEER REVIEW AND OTHER GRANTS MTF USED 69 SUCH INDEPENDENT EXPERTS TO REVIEW PEER-REVIEWED RESEARCH GRANT PROJECTS AND 11 PROJECTS WERE APPROVED FOR FUNDING

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

(Expenses $ 55,750 including grants of $ 55,750 ) (Revenue $ )

**4e** **Total program service expenses** ▶ $ 367,370,226

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | No |
| 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 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | | No |
| 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 | Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.* | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.* | 11b | | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.* | 11c | | No |
| 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.* | 11d | Yes | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.* | 11e | Yes | |
| 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 | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII* | 12a | Yes | |
| 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 | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I* | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV* | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* | 17 | | No |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | No |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20a | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements | 20b | | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | | |
|---|---|---|---|---|
| **21** | Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | **21** | Yes | |
| **22** | Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | **22** | Yes | |
| **23** | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | **23** | Yes | |
| **24a** | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25* | **24a** | | No |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | **24b** | | |
| **c** | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | **24c** | | |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | **24d** | | |
| **25a** | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | **25a** | | No |
| **b** | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | **25b** | | No |
| **26** | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II* | **26** | | No |
| **27** | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III* | **27** | Yes | |
| **28** | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| **a** | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28a** | | No |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | | No |
| **c** | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV* | **28c** | | No |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | Yes | |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | No |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | No |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | **32** | | No |
| **33** | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | **33** | | No |
| **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** | Yes | |
| **35a** | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | **35a** | | No |
| **b** | 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* | **35b** | | No |
| **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** | | No |
| **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** | | No |
| **38** | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O | **38** | Yes | |

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . ☑

| | | | | Yes | No |
|---|---|---|---|---|---|
| **1a** | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . . | **1a** | 553 | | |
| **b** | Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable | **1b** | 0 | | |
| **c** | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | | | **1c** | Yes | |
| **2a** | Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return . . . . . | **2a** | 1,330 | | | |
| **b** | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | **2b** | Yes | |
| | **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? . . . . . | | | **3a** | | No |
| **b** | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* . . . . . | | | **3b** | | |
| **4a** | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)? . . . . . | | | **4a** | Yes | |
| **b** | If "Yes," enter the name of the foreign country ▶ CA<br>See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | | | |
| **5a** | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . | | | **5a** | | No |
| **b** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | **5b** | | No |
| **c** | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . . | | | **5c** | | |
| **6a** | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible? . . . . . | | | **6a** | | No |
| **b** | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . | | | **6b** | | |
| **7** | **Organizations that may receive deductible contributions under section 170(c).** | | | | | |
| **a** | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . | | | **7a** | | No |
| **b** | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | | | **7b** | | |
| **c** | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | | | **7c** | | No |
| **d** | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | **7d** | | | | |
| **e** | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . | | | **7e** | | No |
| **f** | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | | | **7f** | | No |
| **g** | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . | | | **7g** | | |
| **h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . | | | **7h** | | |
| **8** | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . | | | **8** | | |
| **9** | **Sponsoring organizations maintaining donor advised funds.** | | | | | |
| **a** | Did the organization make any taxable distributions under section 4966? . . . . . | | | **9a** | | |
| **b** | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . | | | **9b** | | |
| **10** | **Section 501(c)(7) organizations.** Enter | | | | | |
| **a** | Initiation fees and capital contributions included on Part VIII, line 12 . . . | **10a** | | | | |
| **b** | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | **10b** | | | | |
| **11** | **Section 501(c)(12) organizations.** Enter | | | | | |
| **a** | Gross income from members or shareholders . . . . . | **11a** | | | | |
| **b** | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . . | **11b** | | | | |
| **12a** | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | **12a** | | |
| **b** | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | **12b** | | | | |
| **13** | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | | |
| **a** | Is the organization licensed to issue qualified health plans in more than one state?<br>**Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state | | | **13a** | | |
| **b** | Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | **13b** | | | | |
| **c** | Enter the aggregate amount of reserves on hand | **13c** | | | | |
| **14a** | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | | | **14a** | | No |
| **b** | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . | | | **14b** | | |

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

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 | 9 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . . . . . | 1b | 8 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . | | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | | 5 | | No |
| 6 | Did the organization have members or stockholders? . . . . . | | 6 | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . | | 7a | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . | | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| a | The governing body? . . . . . | | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . | | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . | | 9 | | No |

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

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Did the organization have local chapters, branches, or affiliates? . . . . . | 10a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . . | | | |
| 12a | Did the organization have a written conflict of interest policy? *If "No," go to line 13* . . . . . | 12a | Yes | |
| b | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . . | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? . . . . . | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? . . . . . | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official . . . . . | 15a | Yes | |
| b | Other officers or key employees of the organization . . . . . | 15b | Yes | |
| | If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | 16b | | |

## Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA , GA , NJ

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

MICHAEL J KAWAS
125 MAY STREET
EDISON, NJ 088373264
(732) 661-0202

## 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 . . . . . .☐

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

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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, or 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 nor any related organizations compensated any current or former officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) WILLIAM W TOMFORD MD BOD, CHAIRMA | 1 00 | X | | | | | | 50,000 | 0 | 0 |
| (2) RICHARD NICHOLAS MD BOD, MBOT+DB | 1 00 | X | | | | | | 16,000 | 0 | 0 |
| (3) DONALD HACKBARTH MD BOD, MBOT | 1 00 | X | | | | | | 15,000 | 0 | 0 |
| (4) GERALD FINERMAN MD BOD | 1 00 | X | | | | | | 15,000 | 0 | 0 |
| (5) SUSAN GUNDERSON FOR LIFESOURCE BOD, DBOT | 1 00 | X | | | | | | 15,000 | 0 | 0 |
| (6) WILLIAM F ENNEKING MD BOD | 1 00 | X | | | | | | 15,000 | 0 | 0 |
| (7) DAN M SPENGLER MD BOD | 1 00 | X | | | | | | 13,000 | 0 | 0 |
| (8) JOSEPH A BUCKWALTER MD BOD | 1 00 | X | | | | | | 13,000 | 0 | 0 |
| (9) VICTOR FRANKEL MDPHD BOD | 1 00 | X | | | | | | 11,000 | 0 | 0 |
| (10) HERBERT S SCHWARTZ BOD, MBOT | 1 00 | X | | | | | | 10,750 | 0 | 0 |
| (11) ALLAN GROSS MD BOD | 1 00 | X | | | | | | 9,000 | 0 | 0 |
| (12) MARK BOLANDER MD BOD | 1 00 | X | | | | | | 8,000 | 0 | 0 |
| (13) LLOYD JORDAN BOD, MBOT+DB | 1 00 | X | | | | | | 3,000 | 0 | 0 |
| (14) BRUCE W STROEVER PRESIDENT/CE | 60 00 | | | X | | | | 693,004 | 0 | 41,310 |
| (15) MICHAEL J KAWAS TREASURER/CF | 60 00 | | | X | | | | 440,015 | 0 | 40,514 |
| (16) GEORGE A ORAM EXECUTIVE VP | 60 00 | | | | X | | | 456,654 | 0 | 37,316 |
| (17) MARTHA ANDERSON EXECUTIVE VP | 60 00 | | | | X | | | 357,714 | 0 | 34,364 |

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) JOSEPH YACCARINO EXECUTIVE VP | 60 00 | | | | X | | | 345,524 | 0 | 35,873 |
| (19) MARK H SPILKER VP, R&D | 50 00 | | | | | X | | 330,758 | 0 | 35,298 |
| (20) THOMAS C SHAFFER VP SPORTS ME | 50 00 | | | | | X | | 320,372 | 0 | 23,941 |
| (21) DONALD E LARSON VP SALES | 50 00 | | | | | X | | 278,128 | 0 | 36,090 |
| (22) JOHN ZOOK NAT'L SALES | 50 00 | | | | | X | | 275,901 | 0 | 28,175 |
| (23) KIMBERLY A ROUNDS VP MARKETING | 55 00 | | | | | X | | 269,546 | 0 | 39,122 |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | |
|---|---|---|---|---|
| **1b** | **Sub-Total** . . . . . ▶ | | | |
| **c** | **Total from continuation sheets to Part VII, Section A** . . . . ▶ | | | |
| **d** | **Total (add lines 1b and 1c)** . . . . . ▶ | 3,961,366 | | 352,003 |

**2** Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶176

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

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| SYNTHES<br>1302 WRIGHTS LANE EAST<br>WEST CHESTER, PA 19380 | TISSUE PROMOTIO | 54,627,515 |
| ORTHOFIX INC<br>1401 ELM ST 5TH FLOOR<br>DALLAS, TX 75202 | TISSUE PROMOTIO | 23,527,461 |
| GIFT OF LIFE DONOR PROGRAM<br>1401 NORTH THIRD STREET<br>PHILADELPHIA, PA 19123 | RECOVERY PRTNR | 8,982,950 |
| WUXI APPTEC<br>2540 EXECUTIVE DRIVE<br>ST PAUL, MN 55120 | CHEM TESTING | 7,739,318 |
| ONE LEGACY TISSUE SERVICES<br>221 S FIGUEROA ST STE 500<br>LOS ANGELES, CA 90012 | RECOVERY PRTNR | 7,145,225 |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶148

**Part VIII Statement of Revenue**

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns . . 1a | | | | |
| | b | Membership dues . . . . 1b | | | | |
| | c | Fundraising events . . . . 1c | | | | |
| | d | Related organizations . . . 1d | | | | |
| | e | Government grants (contributions) 1e 38,901 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f 60,655 | | | | |
| | g | Noncash contributions included in lines 1a-1f $ _____ | | | | |
| | h | **Total.** Add lines 1a-1f . . . . . ▶ | 99,556 | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a | TISSUE PROCESSING & DISTRIB | 391,260,456 | 391,260,456 | | |
| | b | DONOR TRIAGE SCREENING | 5,993,291 | 5,993,291 | | |
| | c | OTHER REVENUE | 921,024 | 921,024 | | |
| | d | DISTRIBUTION RIGHTS PAYMENTS | 846,636 | 846,636 | | |
| | e | FAMILY SERVICE REVENUE | 296,147 | 296,147 | | |
| | f | All other program service revenue | -6,956,763 | -6,956,763 | | |
| | g | **Total.** Add lines 2a–2f . . . . . ▶ | 392,360,791 | | | |
| | 3 | Investment income (including dividends, interest and other similar amounts) . . . . . ▶ | 1,762,794 | | | 1,762,794 |
| | 4 | Income from investment of tax-exempt bond proceeds . . ▶ | | | | |
| | 5 | Royalties . . . . . ▶ | | | | |
| | | (i) Real / (ii) Personal | | | | |
| | 6a | Gross rents | | | | |
| | b | Less rental expenses | | | | |
| | c | Rental income or (loss) | | | | |
| | d | Net rental income or (loss) . . . . . ▶ | | | | |
| | | (i) Securities / (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | | | | |
| | b | Less cost or other basis and sales expenses | 8,426 | | | |
| | c | Gain or (loss) | -8,426 | | | |
| | d | Net gain or (loss) . . . . . ▶ | -8,426 | -8,426 | | |
| Other Revenue | 8a | Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a | | | | |
| | b | Less direct expenses . . . b | | | | |
| | c | Net income or (loss) from fundraising events . . ▶ | | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 . . . a | | | | |
| | b | Less direct expenses . . . b | | | | |
| | c | Net income or (loss) from gaming activities . . ▶ | | | | |
| | 10a | Gross sales of inventory, less returns and allowances . a 6,956,763 | | | | |
| | b | Less cost of goods sold . . b 8,930,086 | | | | |
| | c | Net income or (loss) from sales of inventory . . ▶ | -1,973,323 | | -1,973,323 | |
| | | Miscellaneous Revenue / Business Code | | | | |
| | 11a | FREIGHT & FEES REVENUE | 2,964,046 | | | 2,964,046 |
| | b | VAT REFUNDS | 985,895 | | | 985,895 |
| | c | OTHER MISCELLANEOUS REVENUE | 267,046 | | | 267,046 |
| | d | All other revenue . . . . | 203,481 | | | 203,481 |
| | e | **Total.** Add lines 11a–11d . . . . . ▶ | 4,420,468 | | | |
| | 12 | **Total revenue.** See Instructions . . . ▶ | 396,661,860 | 392,352,365 | -1,973,323 | 6,183,262 |

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|---|
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 2,304,751 | 2,304,751 | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 55,750 | 55,750 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States 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) . . . . | 3,961,366 | 2,590,733 | 1,370,633 | |
| 7 | Other salaries and wages | 64,800,396 | 54,030,570 | 10,769,826 | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . | 3,066,002 | 2,954,706 | 111,296 | |
| 9 | Other employee benefits . . . . . | 12,064,250 | 10,059,172 | 2,005,078 | |
| 10 | Payroll taxes . . . . . | 5,324,713 | 4,439,746 | 884,967 | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management . . . . . | | | | |
| b | Legal . . . . . | 4,254,864 | 3,994,041 | 260,823 | |
| c | Accounting . . . . . | 200,000 | | 200,000 | |
| d | Lobbying . . . . . | | | | |
| e | Professional fundraising *See Part IV, line 17* . . | | | | |
| f | Investment management fees . . . . . | | | | |
| g | Other . . . . . | 244,529 | 228,879 | 15,650 | |
| 12 | Advertising and promotion . . . . | 3,220,619 | 3,158,139 | 62,480 | |
| 13 | Office expenses . . . . . | 1,441,225 | 403,401 | 1,037,824 | |
| 14 | Information technology . . . . . | 376,921 | 21,296 | 355,625 | |
| 15 | Royalties . . | | | | |
| 16 | Occupancy . . . . . | 10,769,357 | 8,585,331 | 2,184,026 | |
| 17 | Travel . . . . . | 2,807,597 | 2,298,018 | 509,579 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . | | | | |
| 19 | Conferences, conventions, and meetings . . . . | 2,810,893 | 2,119,976 | 690,917 | |
| 20 | Interest . . . . . | 514,155 | 456,621 | 57,534 | |
| 21 | Payments to affiliates . . . . . | | | | |
| 22 | Depreciation, depletion, and amortization . . . . . | 7,413,277 | 6,505,151 | 908,126 | |
| 23 | Insurance . . . . . | 972,143 | 835,751 | 136,392 | |
| 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 ) | | | | |
| a | STORAGE & DISTRIBUTION | 149,931,895 | 149,931,895 | | |
| b | PROCESSING COSTS | 86,165,174 | 86,165,174 | | |
| c | RECOVERY EXPENSES | 17,742,840 | 17,742,840 | | |
| d | RESEARCH AND DEVELOPMENT | 11,238,914 | 11,238,914 | | |
| e | | | | | |
| f | All other expenses | 2,810,122 | -2,750,629 | 5,560,751 | |
| 25 | **Total functional expenses.** Add lines 1 through 24f | 394,491,753 | 367,370,226 | 27,121,527 | 0 |
| 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 | | | | |

## Part X Balance Sheet

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash—non-interest-bearing | | 15,361 | 1 | 1,870 |
| | 2 | Savings and temporary cash investments | | 12,418,046 | 2 | 12,797,792 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 52,201,508 | 4 | 56,556,167 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | 84,261,447 | 8 | 92,870,687 |
| | 9 | Prepaid expenses and deferred charges | | 3,406,573 | 9 | 1,842,016 |
| | 10a | Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* | 10a 80,187,722 | | | |
| | b | Less accumulated depreciation | 10b 52,050,703 | 31,197,469 | 10c | 28,137,019 |
| | 11 | Investments—publicly traded securities | | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | | 500,000 | 12 | 500,000 |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 20,194,165 | 15 | 21,101,697 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 204,194,569 | 16 | 213,807,248 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 51,336,119 | 17 | 52,052,395 |
| | 18 | Grants payable | | 3,210,851 | 18 | 3,309,600 |
| | 19 | Deferred revenue | | 8,124,623 | 19 | 7,277,987 |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability *Complete Part IV of Schedule D* | | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L* | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 18,250,000 | 23 | 25,950,000 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 5,947,488 | 25 | 5,490,056 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 86,869,081 | 26 | 94,080,038 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 117,325,488 | 27 | 119,727,210 |
| | 28 | Temporarily restricted net assets | | | 28 | |
| | 29 | Permanently restricted net assets | | | 29 | |
| | | **Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 117,325,488 | 33 | 119,727,210 |
| | 34 | Total liabilities and net assets/fund balances | | 204,194,569 | 34 | 213,807,248 |

## Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) . . . | 1 | 396,661,860 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) . . . . . | 2 | 394,491,753 |
| 3 | Revenue less expenses Subtract line 2 from line 1 . . . . | 3 | 2,170,107 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . | 4 | 117,325,488 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) . . . . | 5 | 231,615 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . . | 6 | 119,727,210 |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? . . | 2a | | No |
| b | Were the organization's financial statements audited by an independent accountant? . . . . . | 2b | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . . . | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . . | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . | 3b | | |

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# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## Public Charity Status and Public Support

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

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization
MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

**Employer identification number**
22-2803458

## Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

**a** ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

**e** ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

**f** If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

**g** Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|---|---|---|
| **(i)** a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)** | | |
| **(ii)** a family member of a person described in (i) above? **11g(ii)** | | |
| **(iii)** a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)** | | |

**h** Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? Yes | (iv) No | (v) Did you notify the organization in col (i) of your support? Yes | (v) No | (vi) Is the organization in col (i) organized in the U S ? Yes | (vi) No | (vii) Amount of support? |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Total** | | | | | | | | | |

**Part II** **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public Support.** Subtract line 5 from line 4 | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets | | | | | | |
| 11 **Total support** (Add lines 7 through 10) | | | | | | |

12 Gross receipts from related activities, etc (See instructions ) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

## Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

**Part III** **Support Schedule for Organizations Described in IRC 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.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | 112,525 | 217,644 | 38,886 | 31,236 | 99,556 | 499,847 |
| 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 | 329,963,832 | 347,833,254 | 374,326,325 | 389,546,992 | 392,360,791 | 1,834,031,194 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | 1,324,839 | 608,595 | 5,540,367 | 5,583,873 | 4,420,468 | 17,478,142 |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | 331,401,196 | 348,659,493 | 379,905,578 | 395,162,101 | 396,880,815 | 1,852,009,183 |
| 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 ) | | | | | | 1,852,009,183 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | 331,401,196 | 348,659,493 | 379,905,578 | 395,162,101 | 396,880,815 | 1,852,009,183 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,273,064 | 325,827 | 582,317 | 1,509,436 | 1,762,794 | 5,453,438 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 1,273,064 | 325,827 | 582,317 | 1,509,436 | 1,762,794 | 5,453,438 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | | | | | | |
| 13 **Total support** (Add lines 9, 10c, 11 and 12 ) | 332,674,260 | 348,985,320 | 380,487,895 | 396,671,537 | 398,643,609 | 1,857,462,621 |

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 | Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 | 99 710 % |
| 16 | Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | 99 710 % |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f)) | 17 | 0 % |
| 18 | Investment income percentage from **2010** Schedule A, Part III, line 17 | 18 | |

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

**Explanation**

SCHEDULE A, PART III, SECTION A PUBLIC SUPPORT, LINE 3 AND SECTION B TOTAL SUPPORT, LINES 11 AND 12 HAVE BEEN MODIFIED TO REFLECT THE FACT THAT ALL REVENUES SHOWN, EXCEPT FOR UNRELATED BUSINESS INCOME/LOSS, ARE CONNECTED TO THE FOUNDATION'S CORE MISSION AND ARE DERIVED FROM SUCH ACTIVITIES THUS, PRIOR YEARS' DATA LOCATION HAS BEEN MODIFIED TO REFLECT THE CURRENT YEAR'S PRESENTATION SCHEDULE A, PART III, LINE 3 CONTAINS VARIOUS OTHER REVENUE ITEMS SUMMARIZED ON FORM 990, PART VIII, LINE 11D REALIZED GAIN ON FOREIGN CURRENCY EXCHANGE 59,476 A/P DISCOUNTS REVENUE 55,888 SERVICE FEES 88,117 ------- 203,481 =======

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 22-2803458

**Name:** MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

**Form 990, Special Condition Description:**

| Special Condition Description |
|---|

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

**4d. Other program services**

(Code ) (Expenses $ 55,750 including grants of $ 55,750 ) (Revenue $ )

MTF PAYS INDEPENDENT RESEARCH EXPERTS TO REVIEW ANY GRANT PROPOSALS SUBMITTED TO THE ORGANIZATION FOR VALIDITY OR MERIT OF THE PROPOSED RESEARCH PROJECT AND ALSO RELATIONSHIP TO MTF'S CORE MISSION OF ADVANCING MUSCULOSKELETAL TRANSPLANT SCIENCE DURING 2011, MTF RECEIVED 75 APPLICACTIONS FOR PEER REVIEW AND OTHER GRANTS MTF USED 69 SUCH INDEPENDENT EXPERTS TO REVIEW PEER-REVIEWED RESEARCH GRANT PROJECTS AND 11 PROJECTS WERE APPROVED FOR FUNDING

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**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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**

**Open to Public Inspection**

**Name of the organization**
MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

**Employer identification number**
22-2803458

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

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☑ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

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

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

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

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

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

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

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

## Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV

## Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Investment earnings or losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | No |
| (ii) related organizations | 3a(ii) | | No |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | No |

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

## Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | 8,767,468 | | 8,767,468 |
| b Buildings | | | | |
| c Leasehold improvements | | 26,204,149 | 18,003,454 | 8,200,695 |
| d Equipment | | 27,638,207 | 20,419,612 | 7,218,595 |
| e Other | | 17,577,898 | 13,627,637 | 3,950,261 |
| **Total.** Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 28,137,019 |

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 12 )* ▶ | | |

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

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 13 )* ▶ | | |

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

| (a) Description | (b) Book value |
|---|---|
| (1) AFFILIATE RECEIVABLE | 13,250,949 |
| (2) GOODWILL AND OTHER INTANGIBLE ASSETS | 4,440,000 |
| (3) OTHER RECEIVABLES | 2,150,001 |
| (4) DEFERRED R&D COSTS | 956,232 |
| (5) SECURITY DEPOSITS | 147,820 |
| (6) DEFERRED FINANCING COSTS | 73,802 |
| (7) INTEREST RECEIVABLE | 58,293 |
| (8) OTHER ASSETS | 24,600 |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶ | 21,101,697 |

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

| 1 (a) Description of Liability | (b) Amount |
|---|---|
| Federal Income Taxes | |
| OTHER DEFERRED REVENUE | 2,637,833 |
| OTHER | 1,455,000 |
| DUE TO AFFILIATES | 1,028,675 |
| SWAP LIABILITY | 275,000 |
| CAPITAL LEASE | 93,548 |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 25 )* ▶ | 5,490,056 |

**2.** Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 396,661,860 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 394,491,753 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 2,170,107 |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | 231,615 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 231,615 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 2,401,722 |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 397,164,078 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | 502,218 | | |
| e | Add lines **2a** through **2d** | | | 2e | 502,218 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 396,661,860 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12 ) | | | 5 | 396,661,860 |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 394,762,356 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | 270,603 | | |
| e | Add lines **2a** through **2d** | | | 2e | 270,603 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 394,491,753 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18 ) | | | 5 | 394,491,753 |

## Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

| Identifier | Return Reference | Explanation |
|---|---|---|
| LIABILITY UNDER FIN 48 FOOTNOTE | SCHEDULE D, PAGE 3, PART X | UNCERTAIN TAX POSITIONS ASC 740-10 (FORMERLY, FASB INTERPRETATION NO 48, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES") REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY, THAN NOT" THRESHOLD THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE ORGANIZATION ADOPTED THE PROVISIONS OF ASC 740-10 IN FISCAL 2009 THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS AND CONCLUDED THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT MEET THE CRITERIA UNDER ASC 740-10 ACCORDINGLY, THE ADOPTION OF ASC 740-10 DID NOT HAVE ANY IMPACT ON THE ORGANIZATION'S 2011, 2010, OR 2009 CONSOLIDATED FINANCIAL STATEMENTS |
| RECONCILIATION OF CHANGES - OTHER | SCHEDULE D, PAGE 4, PART XI, LINE 8 | REVERSAL OF ACCRUED ASSET RETIREMENT OBLIGATION (ARO) 500,000 ACCRUED GRANT EXPENSES 2,218 UNREALIZED LOSS ON FOREIGN EXCHANGE OF TRADE RECEIVABLES -270,603 |
| REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER | SCHEDULE D, PAGE 4, PART XII, LINE 2D | REVERSAL OF ACCRUED ASSET RETIREMENT OBLIGATION (ARO) 500,000 ACCRUED GRANT EXPENSES 2,218 |
| EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER | SCHEDULE D, PAGE 4, PART XIII, LINE 2D | UNREALIZED LOSS ON FOREIGN EXCHANGE OF TRADE RECEIVABLES 270,603 |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 22-2803458

**Name:** MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

**Form 990, Schedule D, Part IX, - Other Assets**

| **(a)** Description | **(b)** Book value |
|---|---|
| AFFILIATE RECEIVABLE | 13,250,949 |
| GOODWILL AND OTHER INTANGIBLE ASSETS | 4,440,000 |
| OTHER RECEIVABLES | 2,150,001 |
| DEFERRED R&D COSTS | 956,232 |
| SECURITY DEPOSITS | 147,820 |
| DEFERRED FINANCING COSTS | 73,802 |
| INTEREST RECEIVABLE | 58,293 |
| OTHER ASSETS | 24,600 |

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization
MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

**Employer identification number**
22-2803458

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed )

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region or independent contractors | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region/investments in region |
|---|---|---|---|---|---|
| EUROPE | | 1 | PROGRAM SERVICES | TISSUE SALES/DISTRIB | 7,101,004 |
| NORTH AMERICA | | 1 | PROGRAM SERVICES | TISSUE SALES/DISTRIB | 1,884,851 |
| EAST ASIA AND THE PACIFIC | | 1 | PROGRAM SERVICES | TISSUE SALES/DISTRIB | 1,631,169 |
| CENTRAL AMERICA & CARIBBEAN | | 1 | PROGRAM SERVICES | TISSUE SALES/DISTRIB | 29,593 |
| EUROPE | | 1 | PROGRAM SERVICES | RESEARCH & DEVELOPMT | 141,000 |
| MIDDLE EAST & NORTH AFRICA | | 1 | PROGRAM SERVICES | TISSUE SALES/DISTRIB | 178,227 |
| RUSSIA & NEWLY INDEPENDENT STATES | | 1 | PROGRAM SERVICES | TISSUE SALES/DISTRIB | |
| SOUTH AMERICA | | 1 | PROGRAM SERVICES | TISSUE SALES/DISTRIB | 81,086 |
| SOUTH ASIA | | 1 | PROGRAM SERVICES | TISSUE SALES | |
| SUB-SAHARAN AFRICA | | 1 | PROGRAM SERVICES | TISSUE SALES | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| 3a Sub-total | | 10 | | | 11,046,930 |
| b Total from continuation sheets to Part I | | | | | |
| c **Totals** (add lines 3a and 3b) | | 10 | | | 11,046,930 |

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
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2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|
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## Part IV Foreign Forms

| | | | |
|---|---|---|---|
| 1 | Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)* | ☐ Yes | ☐ No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* | ☐ Yes | ☐ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)* | ☐ Yes | ☐ No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)* | ☐ Yes | ☐ No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)* | ☐ Yes | ☐ No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* | ☐ Yes | ☐ No |

**Part V Supplemental Information**

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

| Identifier | ReturnReference | Explanation |
|---|---|---|
| PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES | SCHEDULE F, PAGE 1, PART I, LINE 2 | ALL RECIPIENTS OF MTF GRANT AWARDS WILL RECEIVE 90% OF THEIR SUPPORT MADE IN PAYMENTS DURING THE CALENDAR YEAR A FINAL 10% PAYMENT WILL BE MADE UPON RECEIPT OF A RESEARCH PROGRESS REPORT, WHICH IS DUE DECEMBER 31, OF THE CALENDAR YEAR A DETAILED BUDGET SHOWING USE OF ALL FUNDS AWARDED IS ALSO REQUIRED AS PART OF THE REPORT MADE TO MTF PRIOR TO THE RELEASE OF THE FINAL 10% OF FUNDING TWO 6-MONTH, NO COST EXTENSIONS OF THE GRANT MAY BE REQUESTED FORMALLY IF THE GRANT IS NOT COMPLETED BY THE AGREED COMPLETION DATE, THE GRANTEE WILL LOSE THE REMAINING 10% OF THE GRANTED FUNDS UNUSUAL CIRCUMSTANCES WILL BE CONSIDERED |
| | | EUROPE 7,101,004 0 NORTH AMERICA 1,884,851 0 EAST ASIA AND THE PACIFIC 1,631,169 0 CENTRAL AMERICA & CARIBBEAN 29,593 0 EUROPE 141,000 0 MIDDLE EAST & NORTH AFRICA 178,227 0 RUSSIA & NEWLY INDEPENDENT STATES 0 0 SOUTH AMERICA 81,086 0 SOUTH ASIA 0 0 SUB-SAHARAN AFRICA 0 0 |

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**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments and Individuals in the United States

**Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.**
**▶ Attach to Form 990**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization
MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

**Employer identification number**
22-2803458

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | |
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 73

3 Enter total number of other organizations listed in the line 1 table . . . ▶

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| (1) STIPENDS FOR GRANT REVIEW | 69 | 55,750 | | | |
| | | | | | |
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**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier | Return Reference | Explanation |
|---|---|---|
| PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES | SCHEDULE I, PAGE 1, PART I, LINE 2 | GRANTEE QUALIFICATIONS GRANTS ARE AWARDED BY THE BOARD OF DIRECTORS IN THE FOLLOWING CATEGORIES 1)ORTHOPAEDIC RESEARCH GRANT AWARDED THROUGH THE OREF (ORTHOPAEDIC RESEARCH & EDUCATION FOUNDATION) THIS AWARD IS FOR RESEARCH RELATING TO ALLOGRAFT SCIENCE THE PURPOSE IS TO FOSTER, PROMOTE, SUPPORT, AUGMENT, DEVELOP, AND ENCOURAGE INVESTIGATIVE KNOWLEDGE OF THE CAUSES, CURE, AND PREVENTION OF ORTHOPAEDIC RELATED INJURIES AND CONDITIONS, AND TO ENCOURAGE RESEARCH IN THE FIELD OF ORTHOPAEDIC SURGERY IN THE MUSCULOSKELETAL SYSTEM THROUGH THE AWARDING OF RESEARCH AND EDUCATIONAL GRANTS ORGANIZATIONS FROM ANY ACCREDITED INSTITUTION MAY QUALIFY FOR THIS GRANT 100,000 EACH 2)PEER-REVIEW GRANTS SCIENTIFIC RESEARCH GRANTS ARE AWARDED FOR THE CONTINUED RESEARCH TO DESIGN AND SUPPORT THE ADVANCEMENT OF ALLOGRAFT SCIENCE TO BOTH MEMBER (50%) AND NON-MEMBER ACADEMIC INSTITUTIONS (50%) THERE ARE TWO LEVELS OF THIS TYPE OF GRANT A)JUNIOR INVESTIGATOR AWARDS FOR NEW PRINCIPAL RESEARCHERS ARE AVAILABLE FOR UP TO 100,000 EACH FOR ONE YEAR, NON-RENEWABLE AND B)ESTABLISHED INVESTIGATOR AWARDS FOR EXPERIENCED PRINCIPAL RESEARCHERS ARE AVAILABLE FOR UP TO 100,000 EACH PER YEAR FOR UP TO THREE YEARS IN ADDITION, PEER REVIEW GRANTS ARE SUBJECT TO REVIEW BY INDEPENDENT GRANT REVIEWERS FOR 2011, TOTAL GRANT REVIEW EXPENSE WAS 55,750 3)DIRECT MEMBER ALLOCATIONS ALL ACADEMIC MEMBERS ARE AWADED GRANTS FOR THEIR ANNUAL PARTICIPATION IN RECOVERIES OF DONOR TISSUE AND PARTICIPATION IN THE FOUNDATION'S DIRECTORSHIP THESE FUNDS ARE USED TO SUPPORT RESIDENT EDUCATION, CLINICAL OR BASIC SCIENCE AT THE BOARD OF TRUSTEE MEMBER'S INSTITUTION ONLY MTF ACADEMIC MEMBER ORGANIZATIONS MAY QUALIFY UP TO 10,000 EACH 4)ACADEMIC CAREER DEVELOPMENT THIS AWARD IS INTENDED TO FOSTER THE DEVELOPMENT OF OUTSTANDING ORTHOPAEDIC CLINICIANS AND ENABLE THEM TO EXPAND THEIR POTENTIAL TO MAKE SIGNIFICANT RESEARCH CONTRIBUTIONS TO THE FIELD OF ORTHOPAEDICS ONLY APPLICANTS FROM FOUNDATION MEMBER INSTITUTIONS ARE ALLOWED UP TO 300,000 EACH 5)HERDON RESIDENCY AWARD THE AWARD IS AWARDED FOR ORTHOPAEDIC RESIDENT RESEARCH PROJECTS THROUGH THE OREF (ORTHOPAEDIC RESEARCH & EDUCATION FOUNDATION) ORGANIZATIONS FROM ANY ACCREDITED INSTITUTION MAY QUALIFY FOR THIS GRANT TWO AWARDS AT 20,000 EACH 6)GRANT REVIEWER STIPENDS GRANT REVIEWER STIPENDS ARE PAID TO INDEPENDENT REVIEWERS FOR REVIEWING THE PEER REVIEW GRANT PROPOSALS 7)MTF BOD DIRECTED RESEARCH PROJECTS DIRECTLY DISCUSSED, AUTHORIZED AND INITIATED BY THE BOARD OF DIRECTORS ORGANIZATIONS FROM ANY ACCREDITED INSTITUTION MAY QUALIFY FOR THIS TYPE OF GRANT INDIVIDUAL AMOUNTS VARY BASED ON THE BUDGET NECESSARY TO CONCLUDE THE RESEARCH INITIATIVE ALL RECIPIENTS OF THE FOUNDATION'S GRANT AWARDS WILL RECEIVE 90% OF THEIR SUPPORT MADE IN PAYMENTS DURING THE CALENDAR YEAR A FINAL 10% PAYMENT WILL BE MADE UPON RECEIPT OF A RESEARCH PROGRESS REPORT, WHICH IS DUE DECEMBER 31, OF THE CALENDAR YEAR A DETAILED BUDGET SHOWING USE OF ALL FUNDS AWARDED IS ALSO REQUIRED AS PART OF THE REPORT MADE TO THE FOUNDATION PRIOR TO THE RELEASE OF THE FINAL 10% OF FUNDING TWO 6-MONTH, NO COST EXTENSIONS OF THE GRANT MAY BE REQUESTED FORMALLY IF THE GRANT IS NOT COMPLETED BY THE AGREED COMPLETION DATE, THE GRANTEE WILL LOSE THE REMAINING 10% OF THE GRANTED FUNDS UNUSUAL CIRCUMSTANCES WILL BE CONSIDERED |

**Additional Data**

Return to Form

**Software ID:**
**Software Version:**
**EIN:** 22-2803458
**Name:** MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| ALBANY MEDICAL COLLEGEALBANY MEDICAL CENTER HOSPITAL ALBANY,NY 12203 | 14-1338307 | 3 | 7,000 | | | | RESIDENT EDUCATION |
| BAYLOR COLLEGE OF MEDICINE 1709 DRYDEN RD SUITE 1230 HOUSTON,TX 77030 | 76-0417040 | 3 | 7,000 | | | | RESIDENT EDUCATION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| CAROLINA'S MEDICAL CTR1000 BLYTHE BLVD MEB 6TH FLOOR CHARLOTTE,NC 28203 | 56-1429508 | 3 | 99,999 | | | | DERMAL RESEARCH |
| CASE WESTERN RESERVE UNIVERSITY10900 EUCLID AVE SCH OF MED CLEVELAND,OH 44106 | 34-1018992 | 3 | 12,500 | | | | SCIENTIFIC RESEARCH |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| CASE WESTERN RESERVE UNIVERSITY11100 EUCLID AVENUE CLEVELAND,OH 44106 | 34-1018992 | 3 | 12,500 | | | | SCIENTIFIC RESEARCH |
| CASE WESTERN RESERVE UNIVERSITY10900 EUCLID AVENUE CLEVELAND,OH 44106 | 34-1018992 | 3 | 90,000 | | | | SCIENTIFIC RESEARCH |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| CASE WESTERN RESERVE UNIVERSITY11100 EUCLID AVENUE HAN-5043 CLEVELAND,OH 441064976 | 34-1018992 | 3 | 17,000 | | | | RESIDENT EDUCATION |
| HARVARD SCHOOL OF DENTAL MEDICINE188 LONGWOOD AVENUE BOSTON,MA 02115 | | 3 | 90,000 | | | | SCIENTIFIC RESEARCH |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| HENRY FORD HOSPITAL2799 WEST GRAND BLVD DETROIT, MI 48202 | | 3 | 7,000 | | | | RESIDENT EDUCATION |
| HOSPITAL FOR JOINT DISEASES ORTHOPA301 EAST 17TH STREET NEW YORK, NY 10003 | 13-1624135 | 3 | 8,500 | | | | RESIDENT EDUCATION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| LOMA LINDA UNIV MED CNTR11406 LOMA LINDA DR RM 218 LOMA LINDA,CA 92354 | 95-3522679 | 3 | 7,000 | | | | RESIDENT EDUCATION |
| LOUISIANNA STATE UNIVERSITY2020 GRAVIER ST RM 330 NEW ORLEANS,LA 70112 | | 3 | 8,500 | | | | RESIDENT EDUCATION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| MASSACHUSETTS GEN HOSPITALMGH E BLDG 149 13TH ST STE 9019 BOSTON,MA 02129 | | 3 | 100,000 | | | | SCIENTIFIC RESEARCH |
| MASSACHUSETTS GENERAL HOSPITAL 175 CAMBRIDGE ST BOSTON,MA 02114 | | 3 | 12,500 | | | | SCIENTIFIC RESEARCH |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| MAYO CLINIC200 FIRST STREET SW ROCHESTER,MN 55905 | 41-6011702 | 3 | 22,500 | | | | SCIENTIFIC RESEARCH |
| MEDICAL COLLEGE OF WISCONSIN9200 WEST WISCONSIN AVE BOX 26099 MILWAUKEE,WI 532260099 | | 3 | 10,000 | | | | RESIDENT EDUCATION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| MEDICAL UNIVERSITY OF SO CAROLINA171 ASHLEY AVENUE CSB 708 CHARLESTON,SC 294252239 | | 3 | 8,500 | | | | RESIDENT EDUCATION |
| MEMORIAL SLOAN-KETTERING CANCER CTR1275 YORK AVENUE NEW YORK,NY 10021 | 13-1924236 | 3 | 7,000 | | | | RESIDENT EDUCATION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| OSCHSNER CLINIC FOUNDATION1201 S CLEARVIEW PKWY STE 104 NEW ORLEANS,LA 70121 | 72-0502505 | 3 | 8,500 | | | | RESIDENT EDUCATION |
| OHIO STATE UNIVERSITY2050 KENNY RD STE 3100 COLUMBUS,OH 43221 | | 3 | 8,500 | | | | RESIDENT EDUCATION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| RUSH UNIV MED CTR600 SOUTH PAULINA ST RM 507 CHICAGO,IL 60612 | | 3 | 100,000 | | | | SCIENTIFIC RESEARCH |
| STANFORD UNIVERSITY HOSPITAL450 BROADWAY STREET MC 6342 REDWOOD CITY, CA 94063 | | 3 | 8,500 | | | | RESIDENT EDUCATION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| THE CLEVELAND CLINIC FOUNDATION9500 EUCLID AVENUE A-41 CLEVELAND,OH 44195 | 34-0714585 | 3 | 10,000 | | | | RESIDENT EDUCATION |
| THE CLEVELAND CLINIC9500 EUCLID AVENUE ND-20 CLEVELAND,OH 44195 | 34-0714585 | 3 | 100,000 | | | | SCIENTIFIC RESEARCH |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| THE QUEENS MEDICAL CENTER 1301 PUNCHBOWL ST HONOLULU,HI 96813 | | 3 | 7,000 | | | | RESIDENT EDUCATION |
| THE UNIVERSITY OF CHICAGO5841 SOUTH MARYLAND AVE MC 5029 CHICAGO,IL 60637 | | 3 | 12,450 | | | | SCIENTIFIC RESEARCH |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| TRIPLER ARMY MEDICAL CENTER1 JARRETT WHITE ROAD HONOLULU,HI 96869 | | GOV | 10,000 | | | | RESIDENT EDUCATION |
| TULANE UNIV SCHOOL OF MEDICINE1430 TULANE AVENUE SL32 NEW ORLEANS,LA 70112 | | 3 | 8,500 | | | | RESIDENT EDUCATION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| UMDMJ-RWJ MEDICAL SCHOOL51 FRENCH ST NEW BRUNSWICK, NJ 08903 | | GOV | 12,500 | | | | SCIENTIFIC RESEARCH |
| UNC AT CHAPEL HILL 3147 BIOINFRAMEDICS BUILDING CHAPEL HILL, NC 27599 | | 3 | 7,000 | | | | RESIDENT EDUCATION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| UNIV OF TX HEALTH SCIENCE CTR6431 FANNIN STREET SUITE 6140 MSB HOUSTON,TX 77030 | | 3 | 7,000 | | | | RESIDENT EDUCATION |
| UNIV OF ARKANSAS-MEDICAL SCIENCES4301 W MARKHAN ST 531 LITTLE ROCK,AR 72205 | | 3 | 10,000 | | | | RESIDENT EDUCATION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| UNIV OF ARKANSAS-MEDICAL SCIENCES 4301 W MARKHAN ST SLOT 505 LITTLE ROCK,AR 72205 | | 3 | 12,500 | | | | SCIENTIFIC RESEARCH |
| UNIV OF CA DAVIS MEDICAL CTR4860 Y STREET SUITE 1700 SACRAMENTO,CA 95817 | | 3 | 7,000 | | | | RESIDENT EDUCATION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| UNIV OF CT HEALTH CTR263 FARMINGTON AVENUE FARMINGTON,CT 06030 | | 3 | 90,000 | | | | SCIENTIFIC RESEARCH |
| UNIV OF MO COLUMBIA1 HOSPITAL DR HEALTH SCI CTR COLUMBIA,MO 65212 | 43-6003859 | 3 | 10,000 | | | | RESIDENT EDUCATION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| UNIV OF TX HEALTH SCIENCE CTR7703 FLOYD CURL DRIVE SAN ANTONIO,TX 78229 | 74-1761309 | 3 | 10,000 | | | | RESIDENT EDUCATION |
| UNIV OF TX SOUTHWESTERN MED CTR5323 HARRY HINES BLVD DALLAS,TX 75390 | 75-6002868 | 3 | 7,000 | | | | RESIDENT EDUCATION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| UNIVERSITY OF ARIZONA1501 N CAMPBELL AVE TUCSON,AZ 85724 | | 3 | 12,500 | | | | SCIENTIFIC RESEARCH |
| UNIVERSITY OF CA LOS ANGELES 53-076 CHS 10833 LE CONTE AVENUE LOS ANGELES,CA 900951668 | 95-3701255 | 3 | 12,462 | | | | SCIENTIFIC RESEARCH |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| UNIVERSITY OF CALIFORNIA 10833 LE CONTE AVENUE BOX 956902 LOS ANGELES,CA 90095 | 95-3701255 | 3 | 10,000 | | | | RESIDENT EDUCATION |
| UNIVERSITY OF CALIFORNIA SAN FRAN500 PARNASSUS AVENUE MU320 WEST SAN FRANCISCO, CA 94143 | | 3 | 7,000 | | | | RESIDENT EDUCATION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| UNIVERSITY OF CONNECTICUT263 FARMINGTON AVENUE FARMINGTON,CT 06030 | | 3 | 7,000 | | | | RESIDENT EDUCATION |
| UNIVERSITY OF MISSISSIPPI MED CTR2500 NORTH STATE STREET JACKSON,MS 392164505 | | 3 | 8,500 | | | | RESIDENT EDUCATION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| UNIVERSITY OF NEBRASKA MED CTR 668 SOUTH 41ST ST ORTHO 1080 OMAHA,NE 681981080 | | 3 | 8,500 | | | | RESIDENT EDUCATION |
| UNIVERSITY OF PENNSYLVANIA425 STEMMLER HALL PHILADELPHIA,PA 191046081 | | 3 | 20,000 | | | | ORTHOPAEDIC RESEARCH |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| UNIVERSITY OF ROCHESTER601 ELMWOOD AVE BOX 665 ROCHESTER, NY 14642 | 16-0743209 | 3 | 100,000 | | | | SCIENTIFIC RESEARCH |
| UNIVERSITY OF SOUTH ALABAMA 3421 MEDICAL PARK MOBILE, AL 36693 | | 3 | 100,000 | | | | SCIENTIFIC RESEARCH |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNIVERSITY OF UTAH SCH OF MED2000 CIRCLE OF HOPE SUITE 4260 SALT LAKE CITY,UT 841125550 | | 3 | 7,000 | | | | RESIDENT EDUCATION |
| UNIVERSITY OF VIRGINIAPO BOX 800159 CHARLOTTESVILLE, VA 22904 | 54-6001798 | 3 | 100,000 | | | | SCIENTIFIC RESEARCH |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| UNIVERSITY OF VIRGINIAHOSPITAL HILL DR COBB HALL B039 CHARLOTTESVILLE, VA 22908 | 54-6001798 | 3 | 20,000 | | | | ORTHOPAEDIC RESEARCH |
| VANDERBILT UNIVERSITY MEDICAL CTRMED CTR EAST SOUTH TOWER STE 4200 NASHVILLE,TN 372328774 | 62-0476822 | 3 | 8,500 | | | | RESIDENT EDUCATION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| WAKE FOREST UNIV HEALTH SCIENCESMEDICAL CENTER BLVD WINTSTON SALEM, NC 27157 | | 3 | 10,000 | | | | SCIENTIFIC RESEARCH |
| WAKE FOREST UNIV HEALTH SCIENCESMEDICAL CENTER BOULEVARD WINTSTON SALEM, NC 27157 | | 3 | 10,000 | | | | RESIDENT EDUCATION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| WEST VIRGINIA UNIVERSITYONE MEDICAL CENTER DRIVE MORGANTOWN,WV 26506 | | 3 | 12,500 | | | | SCIENTIFIC RESEARCH |
| UNIVERSITY OF ROCHESTER601 ELMWOOD AVE BOX 665 ROCHESTER,NY 14642 | 16-0743209 | 3 | 7,000 | | | | RESIDENT EDUCATION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| DUKE UNIVERSITY<br>MEDICAL CENTER<br>200 TRENT DRIVE<br>RM 1581<br>DURHAM,NC 27710 | | 3 | 8,500 | | | | GRANT<br>PROPOSAL REV |
| UNIVERISITY OF<br>ARIZONA2800 E<br>AJO WAY SUITE A<br>TUCSON,AZ 85713 | | 3 | 7,000 | | | | RESIDENT<br>EDUCATION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNIVERISITY OF PITTSBURGH MED CTR3200 S WATER STREET PITTSBURGH,PA 15261 | | 3 | 7,000 | | | | RESIDENT EDUCATION |
| GEORGIA HEALTH SCIENCES UNIV 937 15TH STREET AUGUSTA,GA 30912 | 58-6002053 | 3 | 8,500 | | | | RESIDENT EDUCATION |

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|---|---|---|---|---|---|---|---|
| THE UNIVERSITY OF TEXAS1400 HOLCOMBE BLVD RM FC-11-3099 HOUSTON,TX 77230 | | 3 | 7,000 | | | | RESIDENT EDUCATION |
| MOUNT SINAI MED CTR5 EAST 98TH ST 9TH FL BOX 1188 NEW YORK,NY 10029 | | 3 | 7,000 | | | | RESIDENT EDUCATION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| UNIVERSITY OF VIRGINIA HEALTH SYS 400 RAY C HUNT DR STE 330 CHARLOTTESVILLE, VA 22903 | 54-6001798 | 3 | 7,000 | | | | RESIDENT EDUCATION |
| THE CLEVELAND CLINIC9500 EUCLID AVENUE A-41 CLEVELAND,OH 44195 | 34-0714585 | 3 | 90,000 | | | | SCIENTIFIC RESEARCH |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| PENNSYLVANIA STATE UNIV500 STATE UNIVERSITY DRIVE H089 HERSHEY,PA 17033 | | 3 | 90,000 | | | | SCIENTIFIC RESEARCH |
| UNIVERISITY OF PITTSBURGH3820 S WATER STREET PITTSBURGH,PA 15203 | | 3 | 90,000 | | | | SCIENTIFIC RESEARCH |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| MEDICAL COLLEGE OF WISCONSIN 9200 WEST WISCONSIN AVE MILWAUKEE,WI 53226 | | 3 | 90,000 | | | | SCIENTIFIC RESEARCH |
| UNIVERSITY OF CA - LOS ANGELES 11000 KINROSS AVE STE 102 LOS ANGELES,CA 900951406 | 95-3701255 | 3 | 90,000 | | | | SCIENTIFIC RESEARCH |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| RUSH UNIVERSITY MED CTR1611 W HARRISON ST STE 201 CHICAGO,IL 60612 | | 3 | 90,000 | | | | SCIENTIFIC RESEARCH |
| UNIVERSITY OF VIRGINIAHOSPITAL HILL DR COBB HALL B039 CHARLOTTESVILLE, VA 22908 | 54-6001798 | 3 | 86,400 | | | | SCIENTIFIC RESEARCH |

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|---|---|---|---|---|---|---|---|
| WASHINGTON UNIVERSITY600 SO EUCLID AVE BOX 8109 ST LOUIS,MO 63110 | 43-0653611 | 3 | 89,995 | | | | SCIENTIFIC RESEARCH |
| UNIVERSITY OF CALIFORNIA SAN FRAN500 PARNASSUS AVENUE MU320 WEST SAN FRANCISCO, CA 941430728 | | 3 | 90,000 | | | | RESIDENT EDUCATION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| COLORADO ST UNIVCAMPUS DELIVERY 1374 FORT COLLINS,CO 80523 | | 3 | 9,945 | | | | SCIENTIFIC RESEARCH |

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**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

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

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

**Name of the organization**
MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

**Employer identification number**
22-2803458

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate 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<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef) | | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all 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<br>☑ Compensation committee ☑ Written employment contract<br>☑ Independent compensation consultant ☑ Compensation survey or study<br>☑ Form 990 of other organizations ☑ Approval by the board or compensation committee | | | |
| **4** | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | | No |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | **Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.** | | | |
| **5** | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| **a** | The organization? | **5a** | | No |
| **b** | Any related organization? | **5b** | | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | | |
| **6** | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| **a** | The organization? | **6a** | | No |
| **b** | Any related organization? | **6b** | | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | | |
| **7** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | | No |
| **8** | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III | **8** | | No |
| **9** | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | **9** | | |

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

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) BRUCE W STROEVER | (i)<br>(ii) | 571,004 | 122,000 | | 14,176 | 27,134 | 734,314 | |
| (2) MICHAEL J KAWAS | (i)<br>(ii) | 369,815 | 70,200 | | 14,700 | 25,814 | 480,529 | |
| (3) GEORGE A ORAM | (i)<br>(ii) | 380,454 | 70,800 | 5,400 | 14,178 | 23,138 | 493,970 | |
| (4) MARTHA ANDERSON | (i)<br>(ii) | 300,964 | 56,750 | | 14,155 | 20,209 | 392,078 | |
| (5) JOSEPH YACCARINO | (i)<br>(ii) | 286,196 | 54,800 | 4,528 | 14,700 | 21,173 | 381,397 | |
| (6) MARK H SPILKER | (i)<br>(ii) | 278,258 | 52,500 | | 14,700 | 20,598 | 366,056 | |
| (7) THOMAS C SHAFFER | (i)<br>(ii) | 262,222 | 58,150 | | 14,177 | 9,764 | 344,313 | |
| (8) DONALD E LARSON | (i)<br>(ii) | 231,878 | 46,250 | | 14,700 | 21,390 | 314,218 | |
| (9) JOHN ZOOK | (i)<br>(ii) | 177,707 | 93,674 | 4,520 | 8,331 | 19,844 | 304,076 | |
| (10) KIMBERLY A ROUNDS | (i)<br>(ii) | 223,246 | 46,300 | | 13,830 | 25,292 | 308,668 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

## Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

| Identifier | Return Reference | Explanation |
|---|---|---|

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**Schedule L** (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

**2011**

**Open to Public Inspection**

**Name of the organization**
MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

**Employer identification number**
22-2803458

## Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? Yes | (c) Corrected? No |
|---|---|---|---|
| | | | |
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| | | | |
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| | | | |
| | | | |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

## Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

| (a) Name of interested person and purpose | (b) Loan to or from the organization? To | (b) From | (c) Original principal amount | (d) Balance due | (e) In default? Yes | (e) No | (f) Approved by board or committee? Yes | (f) No | (g) Written agreement? Yes | (g) No |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| Total . . . . . ▶ $ | | | | | | | | | | |

## Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of grant or type of assistance |
|---|---|---|
| (1) DR HERBERT S SCHWARTZ | MEMBER OF MTF B O D | 750 |
| | | |
| | | |
| | | |
| | | |
| | | |

## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|---|---|---|---|---|---|
| | | | | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

| Identifier | Return Reference | Explanation |
|---|---|---|
| ADDITIONAL INFORMATION | SCHEDULE L PART V | SCHEDULE L PT III THE REFERENCED PERSON IS A MEMBER OF THE BOARD OF DIRECTORS AND A LICENSED PHYSICIAN HE SERVED AS A GRANT REVIEWER FOR AN APPLICATION FROM A NONFOUNDATION MEMBER ORGANIZATION THE GRANT AMOUNT WAS EQUAL TO THE AMOUNT GRANTED TO OTHER INDEPENDENT REVIEWERS FOR COMPARABLE SERVICES RENDERED |

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

# NonCash Contributions

▸Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▸ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

Employer identification number
22-2803458

## Part I Types of Property

| | | (a) Check if applicable | (b) Number of Contributions or items contributed | (c) Contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining contribution amounts |
|---|---|---|---|---|---|
| 1 | Art—Works of art | | | | |
| 2 | Art—Historical treasures | | | | |
| 3 | Art—Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities—Publicly traded | | | | |
| 10 | Securities—Closely held stock | | | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | | |
| 12 | Securities—Miscellaneous | | | | |
| 13 | Qualified conservation contribution—Historic structures | | | | |
| 14 | Qualified conservation contribution—Other | | | | |
| 15 | Real estate—Residential | | | | |
| 16 | Real estate—Commercial | | | | |
| 17 | Real estate—Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ▸ ( TISSUE FORMS ) | X | 9,047 | | |
| 26 | Other ▸ ( ) | | | | |
| 27 | Other ▸ ( ) | | | | |
| 28 | Other ▸ ( ) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

| | | | Yes | No |
|---|---|---|---|---|
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | 30a | | No |
| b | If "Yes," describe the arrangement in Part II | | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | 31 | | No |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? | 32a | | No |
| b | If "Yes," describe in Part II | | | |
| 33 | If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II | | | |

## Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|---|---|---|
| EXPLANATION FOR NOT REPORTING REVENUE | SCHEDULE M, PAGE 1, PART I, LINE 33 | FORM 990 SCHEDULE M - ALLOGRAFT TISSUE DONATION THE MUSCULOSKELETAL TRANSPANT FOUNDATION, INC ("MTF" OR THE "FOUNDATION") RECOVERS, PROCESSES AND/OR DISTRIBUTES DONATED HUMAN TISSUES FOR TRANSPLANT, EDUCATION AND RESEARCH THESE TISSUES INCLUDE MUSCULOSKELETAL TISSUES (E G , BONE, TENDON, LIGAMENT, AND CARTILAGE), CARDIOVASCULAR TISSUES (E G , HEART VALVES AND VEINS), AND DERMAL TISSUES, AND NON-TRANSPLANTABLE ORGANS (E G , LIVERS, HEARTS, LUNGS) WHICH ARE USED SOLELY FOR RESEARCH PURPOSES ALL ORGANS AND TISSUES ARE DONATED ACCORDING TO ESTABLISHED STATE AND FEDERAL LAWS AND REGULATIONS, INCLUDING THE NATIONAL ORGAN TRANSPLANT ACT AND UNIFORM ANATOMICAL GIFT ACT NO REMUNERATION IS PROVIDED TO THE DONOR OR HIS/HER FAMILY FOR THE DONATION TISSUES ARE RECOVERED EITHER DIRECTLY BY THE FOUNDATION OR BY AFFILIATED ORGANIZATIONS(E G , ORGAN PROCURE-MENT ORGANIZATIONS, EYE AND TISSUE BANKS) WITH WHICH THE FOUNDATION HAS FORMAL WRITTEN AGREEMENTS COSTS ASSOCIATED WITH THE RECOVERY PROCESS ARE REIMBURSED BY THE FOUNDATION TO THE AFFILIATED ORGANIZATIONS NO VALUE IS ASSIGNED TO THE DONATED TISSUES OR ORGANS THE COSTS ASSOCIATED WITH RECOVERY, PROCESSING AND DISTRIBUTION ARE CAPITALIZED WHEN INCURRED THIS VALUE IS THE BASIS OF INVENTORY AVAILABLE FOR TRANSPLANTATION AND/OR RESEARCH THE FOUNDATION THEN CHARGES A SERVICE FEE TO REIMBURSE FOR THE COSTS ASSOCIATED WITH THE PREPARATION, STORAGE, AND DISTRIBUTION OF THE TISSUES |

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|---|---|---|

**SCHEDULE O**
(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 to provide any additional information.**
**▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| MUSCULOSKELETAL TRANSPLANT FOUNDATION INC | 22-2803458 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| ORGANIZATION'S MISSION | FORM 990 - ORGANIZATION'S MISSION | MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC (''MTF'' OR THE ''FOUNDATION'') IS DEDICATED TO PR OVIDING QUALITY ALLOGRAFT TISSUE FOR TRANSPLANTATION THROUGH A COMMITMENT TO EXCELLENCE IN EDUCATION, RESEARCH, RECOVERY, AND CARE FOR RECIPIENTS, DONORS AND THEIR FAMILIES MTF CO NTINUES TO PROMOTE THE HEALTH AND WELFARE OF THE GENERAL PUBLIC BY (1)MAXIMIZING THE AVAIL ABILITY OF HIGH QUALITY HUMAN TISSUE INCLUDING BONE AND DERMAL TISSUE, 2)SUPPORTING MEDICA L, SCIENTIFIC AND OTHER EDUCATIONAL RESEARCH WITH RESPECT TO TISSUE DONATION, RECOVERY AND TRANSPLANTATION, (3)EDUCATING THE GENERAL PUBLIC WITH RESPECT TO THE IMPORTANCE AND BENEF ITS OF TISSUE DONATION AND TRANSPLANTATION, AND (4)OTHERWISE PROMOTING TISSUE DONATION THR OUGH A COMMITMENT TO EXCELLENCE IN EDUCATION, RESEARCH, RECOVERY AND CARE FOR DONORS, RECI PIENTS, AND THEIR FAMILIES THE MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC WAS INCORP- OR ATED ON JANUARY 30, 1987, AS A DISTRICT OF COLUMBIA NON-PROFIT MEMBERSHIP ORGANIZATION AND IS A 501(C)(3) ORGANIZATION THERE IS A CRITICAL NEED FOR MUSCULOSKELETAL, CARDIOVASCULAR , SKIN AND OCULAR TISSUE FOR TRANSPLANTATION IN ORDER TO ACCOMPLISH MTF'S MISSION AND THE SE ACTIVITIES, THE FOUNDATION MAINTAINS A DONOR RECOVERY NETWORK, CONDUCTS DONOR AWARENESS PROGRAMS FOR THE PUBLIC, DONATES BONE AND OTHER TISSUE FOR RESEARCH, PROVIDES RESEARCH GR ANTS, AND OTHERWISE SUPPORTS BONE, SKIN AND CARDIOVASCULAR TISSUE TRANSPLANTATION, RESEARC H AND EDUCATIONAL PROGRAMS THE FOUNDATION'S MEMBERSHIP IS COMPRISED OF 501(C)(3) NON-PROI T ORGANIZATIONS THE MEMBERSHIP CONSISTS OF FORTY- FOUR ACADEMIC MEMBERS (ORTHOPAEDIC TEACH ING INSTITUTIONS), THIRTY-THREE RECOVERY ORGANIZATION MEMBERS (ORGAN, EYE AND TISSUE PROCU REMENT ORGANIZATIONS) AND FIVE REFERRING RECOVERY ORGANIZATIONS AND ORGAN PROCUREMENT ORGA NIZATIONS (''OPO'S'') THROUGHOUT THE UNITED STATES BIOCON,INC , A NON-PROFIT 501(C)(3) ORGA NIZATION, SERVES AS THE SOLE CORPORATE MEMBER OF THE FOUNDATION THE FOUNDATION IS RESPONS IBLE FOR THE MAINTENANCE OF A NATIONWIDE DONOR RECOVERY NETWORK THAT IS BASED ON ITS AFFIL IATION WITH ITS RECOVERY AND REFERRING MEMBERS THIS NATIONAL NETWORK ALLOWS THE PUBLIC TO QUICKLY ACCESS NEEDED ALLOGRAFT TISSUE BONE AND OTHER ALLOGRAFT TISSUE RECOVERED THROUGH THIS NETWORK IS SUBJECT TO STANDARDIZED SCREENING CRITERIAL FOR DONATION ESTABLISHED BY T HE FOUNDATION'S MEDICAL BOARD OF TRUSTEES AND DONATION BOARD OF TRUSTEES (DESCRIBED BELOW) THE FOUNDATION ALSO MAINTAINS A QUALITY ASSURANCE PROGRAM WITH RESPECT TO ALLOGRAFT TISS UES RECOVERED THROUGH THE NETWORK THIS PROGRAM IS BASED ON THE POLICIES ADOPTED BY THE AM ERICAN ASSOCIATION OF TISSUE BANKS AND THE REGULATIONS PUBLISHED BY THE FOOD & DRUG ADMINI STRATION THE FOUNDATION PROVIDES RECOVERY ORGANIZATION MEMBERS AND THE GENERAL COMMUNITY THEY SERVE WITH FUNDING FOR HOSPITAL DEVELOP- MENT AND DONOR AWARENESS SERVICES THESE SER VICES ALSO INCLUDE PROVIDING TRAINING TO RECOVERY ORGANIZAITON MEMBERS, EDUCATIONAL SY MPOS IUMS TO BOTH RECOVERY ORGANIZATION MEMBERS AND HOSPITAL STAFF, AND EDUCATIONAL MATERIALS F OR USE IN SEMINARS TO HOSPITAL PROFESSIONALS AND THE GENERAL PUBLIC AS INDICATED IN ARTIC LE III OF THE FOUNDATION'S BYLAWS, A MEMBER OF THE FOUNDATION CAN BE AN ACADEMIC MEDICAL I NSTITU- TION WITH AN ACCREDITED RESIDENCY TRAINNG PROGRAM, A FEDERALLY CHARTERED OPO, OR A N EYE/TISSUE BANK ALL MEMBERS AGREE TO SUPPORT THE FOUNDATION'S MISSION EITHER THROUGH A SERVICES AND SUPPLY AGREEMENT OR SERVICES AND RECOVERY AGREEMENT SOME MEMBERS ARE ELIGIBL E FOR RESEARCH FUNDING (SEE SCHED I, PT IV FOR GRANT PROGRAM OVERVIEW) FROM THE FOUNDATI ON UPON RECOMMENDATION AND/OR APPROVAL OF EITHER THE BOARD OF DIRECTORS OR THE MEDICAL BOA RD OF TRUSTEES ALTHOUGH ALL OF THE FOUNDATION'S MEMBERS ARE NON- PROFIT 501(C)(3) ORGANIZA TIONS, THE FOUNDATION MAKES ITS TRANSPLANTATION TISSUE NETWORK AND PROGRAMS AVAILABLE TO A NY PERSON OR ORGANIZATIONS (TYPICALLY THROUGH THEIR HOSPITALS AND PHYSICIANS) IN NEED OF A LLOGRAFT TISSUE THE FOUNDATION FUNDS ALL COSTS ASSOCIATED WITH THE RECOVERY OF DONOR TISS UES IT SUPPORTS THESE COSTS WITH FEES INTENDED TO COVER ITS EX- PENSES (INCLUDING FUNDING FOR RESEARCH) FROM THE USER OF THE TISSUE THE FOUNDATION WILL MAKE SUCH TISSUE AVAILABLE AT A REDUCED FEE OR NO CHARGE FOR VARIOUS CAUSES INCLUDING TRANSPLANTATION AND FOR PURPOS ES OF RESEARCH BY 501(C)(3) ORGANIZATIONS ALL FUNDS REALIZED BY THE FOUND- ATION ARE USED TO COVER THE COSTS OF ITS PROGRAM ACTIVITIES (INCLUDING OVERHEAD) WITH ANY SURPLUS APPLIE D TOWARDS SUBSIDIZING THE COSTS OF THOSE IN NEED OF TISSUE WHO ARE UNABLE TO AFFORD IT, TO FUND EDUCATION AND RESEARCH, TO MAINTAIN THE APPROPRIATE INFRASTRUCTURE AND/OR TO BUILD U P RESERVES NEEDED TO MAINTAIN AND EXPAND THE FOUNDATION'S PROGRAMS WHILE THE FOUNDATION'S ACTIVITIES ARE MONITORED BY ITS MEMBERS, THE FOUNDATION HAS A THIRTEEN PERSON BOARD OF DI RECTORS THIS BOARD IS COMPRISED PRIMARILY OF WORLD RENOWN EXPERTS FROM THE NON-PROFIT HEA LTH CARE COMMUNITY HAVING VARIOUS SCIENTIFIC, TRAN |

| Identifier | Return Reference | Explanation |
|---|---|---|
| ORGANIZATION'S MISSION | FORM 990 - ORGANIZATION'S MISSION | SPLANT, AND MEDICAL SPECIALTIES THE BOARD OF DIRECTORS HAS ULTIMATE RESPONSIBILITY TO MAN AGE THE FOUNDATION OF THE BOARD'S 11 VOTING MEMBERS, THERE ARE TWO MEMBERS EACH FROM THE MEDICAL BOARD AND THE DONATION BOARD OF TRUSTEES SERVING IN TANDEM WITH OTHER BOARD OF DI RECTORS, THE FOUNDATION HAS A MEDICAL BOARD OF TRUSTEES (THE "MEDICAL BOARD") AND A DONATI ON BOARD OF TRUSTEES ("DONATION BOARD") THE MEDICAL BOARD IS COMPRISED OF RESPECTIVE PHYS ICIANS FROM ORTHOPAEDIC DEPARTMENTS OF THE ACADEMIC INSTITUTION MEMBERS OF THE FOUNDATION, PLUS THREE ADDITIONAL PERSONS WHO HAVE SPECIFIC EXPERTISE PERTAINING TO TRANSPLANTATION E THICS AND RE- SEARCH ACTIVITIES WITHIN THE INDUSTRY WHILE THE SPECIFIC POWERS AND RESPONS IBILITIES OF THE MEDICAL BOARD ARE DETAILED IN ARTICL IV, SECTON 2 OF THE FOUNDATION'S BYL AWS, IN GENERAL IT PROVIDES THAT THE MEDICAL BOARD SHALL ADVISE THE FOUNDATION WITH RESPEC T TO OPTIMIZING THE DISTRIBUTION OF RESEARCH GRANTS, THE CHOICE OF AREAS MERITING RESEARCH FUNDING, AND ESTABLISHING THE STANDARD POLICIES AND PROTOCOLS RELATING TO THE SCREENING, RECOVERY, TRANSPORT, TESTING, PROCESSING, STORAGE AND DISTRIBUTION OF TRANSPLANTABLE BONE AND TISSUE THE DONATION BOARD IS COMPRISED OF INDIVIDUALS KNOWLEDGEABLE IN THE FIELD OF T ISSUE TRANSPLAN- TATION AND ARE LEADERS OF THE FOUNDATION'S RECOVERY ORGANIZATION MEMBER- SHIP WHILE THE SPECIFIC POWERS AND RESPONSIBILITIES OF THE DONATION BOARD ARE DETAILED IN ARTICLE VI, SECTION 2 OF THE FOUNDATION'S BYLAWS, IN GENERAL, THE DONATION BOARD PROVIDES THE BOARD OF DIRECTORS AND SENIOR MANAGEMENT OF THE FOUNDATION WITH RECOMMENDATIONS WITH REGARD TO TISSUE DONATION PRACTICES SUCH AS SCREEING, RECOVERY, AND TESTING CRITERIA THE FOUNDATION SUPPORTS EDUCATIONAL, SCIENTIFIC AND RESEARCH PROJECTS BY DISTRIBUTING FUNDS AN D MAKING AVAILABLE, AT NO CHARGE, A SIGNIFICANT AMOUNT OF DONATED TISSUE FOR RESEARCH THE FOUNDATION FUNDS MANY TYPES OF PROJECTS RELATED TO ADVANCING TRANSPLANT SCIENCE ACCORDIN GLY, GRANTS ARE PROVIDED FOR PROJECTS IN TISSUE DONATION AND APPLICATION IN SUM, ALL OF T HE ACTIVITIES OF THE FOUNDATION (PAST, PRESENT AND FUTURE) HAVE BEEN AND WILL BE DIRECTED A T MEETING THE NEEDS OF THE GENERAL PUBLIC FOR ALLOGRAFT TISSUE AND/OR IMPROVING THE MANNER IN WHICH TRANSPLANT TISSUE IS MADE AVAILABLE TO THE GENERAL PUBLIC THE FOUNDATION RECOVE RS, PROCESSES AND DISTRIBUTES SKIN FOR USE IN VARIOUS APPLICATIONS ADDITIONALLY, THE FOUN DATION SUPPORTS RESEARCH TO ADVANCE THE SCIENCE OF MUSCULOSKELETAL TISSUE APPLICATION IN 2011, THE FOUNDA- TION PROVIDED RESEARCH GRANTS TO ACADEMIC INSTITUTIONS TO PERFORM THIS T YPE OF RESEARCH THE FOUNDATION OFFERS EDUCATIONAL SERVICE TO SURGEONS AND NURSES BY WAY O F CONTINUING MEDICAL EDUCATION(CME) AND CONTACT HOUR PROGRAMS ON TOPICS SUCH AS "THE ART A ND SCIENCE OF ALLOGRAFTING", "TISSUE BANKING WHAT IT TAKES TO GET IT RIGHT", AND "WHAT AR E THE FACTS REGARDING TISSUE SAFETY, INFECTIOUS DISEASE TESTING AND REGULATION" IN ADDITI ON, THE FOUNDATION PROVIDES EDUCATION THROUGH A SPEAKER PROGRAM IN CONJUNCTION WITH ORTHOP AEDIC TEACHING HOSPITALS ACROSS THE UNITED STATES THE FOUNDATION DONATES RESEARCH ALLOGRA FT TISSUE FOR USE IN TRAINING AND EDUCATION OF SURGEONS HELD THROUGHOUT THE YEAR AT THE OR THOPAEDIC LEARNING CENTER, ROSEMONT, IL, TOGETHER WITH VARIOUS ORTHOPAEDIC ORGAN- IZATIONS SURGEONS UTILIZE THE FOUNDATION'S ALLOGRAFT FORMS DURING PROCEDURAL TRAINING OR CADAVERI C SPECIMENS DURING CME COURSES FINALLY, THE FOUNDATION OFFERS GRANTS TO ITS RECOVERY PART NERS TO EDUCATE THE PUBLIC AND HEALTHCARE PROFESSIONAL INVOLVED IN THE DONATION PROCESS T HESE GRANTS PROVIDE FOR PROGRAMS TO INCREASE TISSUE DONATION SIMILAR TO MANY FEDERAL GOVER NMENT PROGRAMS |

| Identifier | Return Reference | Explanation |
|---|---|---|
| EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS | FORM 990, PAGE 1, PART I, LINE 6 | DONOR FAMILY SERVICES VOLUNTEER ROLES - CLERICAL PACKET DEVELOPMENT, PHOTOCOPYING, STOCKING SUPPLIES, ASSISTING WITH MAILINGS, ORGANIZING MATERIALS, FILING, FACILITATING COMMUNICATION BETWEEN DONOR FAMILIES AND TRANSPLANT RECIPIENTS, PREPARATION AND MAILING OF SYMPATHY, BIRTHDAY, AND THINKING OF YOU CARDS, ETC DATA ENTRY DOCUMENTATION OF ALL SUPPORT PROVIDED TO FAMILIES, SURVEY DATA ENTRY, SUPPORT GROUP MANUALS, MAINTAINING VOLUNTEER INFORMATION SPECIAL PROJECTS REVIEW OF MATERIALS, PROGRAM DEVELOPMENT, RESEARCH, PUBLIC RELATIONS, RECOGNITION COMMITTEES, WEB DESIGN AND INFORMATION, NEWSLETTER DESIGN AND INFORMATION, ETC SPEAKER'S BUREAU PARTICIPATION WITH MTF STAFF TO EDUCATE THE PUBLIC AND PROFESSIONALS, MEDIA INTERVIEWS, HEALTH FAIRS, ETC DONOR FAMILY COUNCIL PARTICIPATION ON COUNCIL WITH OTHER DONOR FAMILIES THROUGH TELEPHONE CALLS, EMAIL, AND OTHER WRITTEN COMMUNICATION FOR THE FOLLOWING DONOR FAMILY PROGRAM DEVELOPMENT AND IMPLEMENTATION, INCLUDING ANNUAL RECOGNITION CHILDREN'S ACTIVITIES GREETING AND HOSPITALITY PROGRAM PROGRAM TRIBUTE BOOK FOLLOW-UP BEREAVEMENT PROGRAM FOR FAMILIES REVIEW PROCESS REVIEW LETTER AND BROCHURES REVIEW SURVEYS REVIEW BEREAVEMENT MATERIALS ETHICAL ISSUES |

| Identifier | Return Reference | Explanation |
|---|---|---|
| FIRST ACCOMPLISHMENT DESCRIPTION | FORM 990, PAGE 2, PART III, LINE 4A | FORMS FOR ORTHOPADEDIC AND GENERAL SURGICAL APPLICATIONS MTF HAS MET PROJECT MILESTONES IN THE DEVELOPMENT OF ADULT, ALLOGENEIC STEM CELLS, ALLOGRAFT SOLUTIONS FOR THE REPAIR OF ARTICULAR CARTILAGE, AND NEW FORMS OF DEMINERALIZED BONE MTF CONTINUES TO SEEK NEW APPLICATIONS FOR THE USE OF THE PRECIOUS GIFT OF ALLOGRAFT TISSUES TO RESOLVE UNMET CLINICAL NEEDS AND CONTINUES TO PROVIDE SPECIAL TISSUE FOR RESEARCH PERFORMED BY MEMBERS OF THE ARMED FORCES INSTITUTE OF REGENERATIVE MEDICINE WHICH IS AN ORGANIZATION DEDICATED TO DEVELOPING MEDICAL THERAPIES AND TREATMENTS FOR WOUNDED SOLDIERS IN 2008, MTF COMPLETED A RESEARCH PROJECT TO PROVIDE A NEW TISSUE FORM FOR BONE FORMATION COMPRISING ADULT ALLOGENEIC STEM CELLS AND ALLOGRAFT BONE IN 2009, MTF INTRODUCED A NEW TISSUE FORM CALLED TRINITY EVOLUTION TRINITY EVOLUTION IS A STEM CELL-BASED BONE GROWTH MATRIX DESIGNED TO ADVANCE THE SURGICAL USE OF ALLOGRAFTS PROVIDING CHARACTERISTICS SIMILAR TO AN AUTOGRFT IN SPINAL AND ORTHO-PAEDIC PROCEDURES IN 2010, MTF MADE AVAILABLE TWO NEW TISSUE FORMS DURING THE CALENDAR YEAR 1)ENHANCE(TM) BONE WEDGES FOR CORRECTION OF VARIOUS DEFORMITIES IN THE FOOT AND ANKLE, AND 2)ENHANCE(TM) DEMINERALIZED CANCELLOUS SHEETS FOR USE IN BONE FUSION PROCEDURES IN THE FOOT AND ANKLE |

| Identifier | Return Reference | Explanation |
|---|---|---|
| ALL OTHER ACCOMPLISHMENT DESCRIPTION | FORM 990, PAGE 2, PART III, LINE 4D | MTF PAYS INDEPENDENT RESEARCH EXPERTS TO REVIEW ANY GRANT PROPOSALS SUBMITTED TO THE ORGANIZATION FOR VALIDITY OR MERIT OF THE PROPOSED RESEARCH PROJECT AND ALSO RELATIONSHIP TO MTF'S CORE MISSION OF ADVANCING MUSCULOSKELETAL TRANSPLANT SCIENCE. DURING 2011, MTF RECEIVED 75 APPLICACTIONS FOR PEER REVIEW AND OTHER GRANTS. MTF USED 69 SUCH INDEPENDENT EXPERTS TO REVIEW PEER-REVIEWED RESEARCH GRANT PROJECTS AND 11 PROJECTS WERE APPROVED FOR FUNDING |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| EXPLANATION FOR WHY FORM 990-T NOT FILED | FORM 990, PAGE 5, PART V, LINE 3B | MTF IS NOT REQUIRED TO FILE FORM 990-T BECAUSE MTF'S GROSS INCOME FROM UNRELATED BUSINESS ACTIVITIES IS LESS THAN 1,000 MTF MAY FILE A 990-T IN ORDER TO ESTABLISH NET OPERATING LOSS CARRY FORWARDS TO FUTURE FILINGS |

| Identifier | Return Reference | Explanation |
|---|---|---|
| FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES | FORM 990, PART V, LINE 4B | CANADA |

| Identifier | Return Reference | Explanation |
|---|---|---|
| CLASSES OF MEMBERS OR STOCKHOLDERS | FORM 990, PAGE 6, PART VI, LINE 6 | MTF IS ORGANIZED WITH TWO CLASSES OF MEMBERSHIP WHICH ARE (1) NON- CORPORATE MEMBERSHIP AND (2) CORPORATE MEMBERSHIP THE NON-CORPORATE MEMBERS INCLUDE ACADEMIC MEMBERS, RECOVERY MEMBERS AND RESEARCH MEMBERS THE SOLE CORPORATE MEMBER OF MTF IS BIOCON, INC |

| Identifier | Return Reference | Explanation |
|---|---|---|
| ELECTION OF MEMBERS AND THEIR RIGHTS | FORM 990, PAGE 6, PART VI, LINE 7A | THE SOLE CORPORATE MEMBER MAY APPOINT ALL DIRECTORS SUBJECT TO THE FOLLOWING THE CURRENT CHAIRPERSON AND VICE CHAIR OF MTF'S "MEDICAL BOARD OF TRUSTEES" WILL BE APPOINTED TO THE BOARD ALSO, THE CURRENT CHAIRPERSON AND VICE CHAIR OF MTF'S "DONATION BOARD OF TRUSTEES" WILL BE APPOINTED MEMBERS OF THE BOARD OF DIRECTORS |

| Identifier | Return Reference | Explanation |
|---|---|---|
| DECISIONS SUBJECT TO APPROVAL OF MEMBERS | FORM 990, PAGE 6, PART VI, LINE 7B | ANY CHANGES TO THE MATERIAL GOVERNING DOCUMENTS OF THE FOUNDATION (EX BY-LAWS OR ARTICLES OF INCORPORATION) MUST BE APPROVED BY THE MEMBERS OF THE THE FOUNDATION'S MEDICAL BOARD OF TRUSTEES AND THE DONATION BOARD OF TRUSTEES |

| Identifier | Return Reference | Explanation |
|---|---|---|
| ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 | FORM 990, PAGE 6, PART VI, LINE 11B | MEMBERS OF THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS WERE PROVIDED WITH A PAPER COPY OF FORM 990 AND WAS REVIEWED AT AN OPEN MEETING OF THE AUDIT COMMITTEE. SUBSEQUENT TO MODIFICATIONS, IF ANY, BEING MADE AS A RESULT OF THE AUDIT COMMITTEE MEETING, THE FORM 990 IS THEN CIRCULATED TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR FINAL APPROVAL BEFORE FILING |

| Identifier | Return Reference | Explanation |
|---|---|---|
| ENFORCEMENT OF CONFLICTS POLICY | FORM 990, PAGE 6, PART VI, LINE 12C | MTF SENDS A QUESTIONNAIRE ANNUALLY TO BOARD MEMBERS REQUESTING DISCLOSURE OF ANY CONFLICTS OF INTEREST OFFICERS AND KEY EMPLOYEES ARE EXPECTED TO VOLUNTARILY DISCLOSE ANY CONFLICTS OF INTEREST THE LETTER INCLUDES THE FOLLOWING QUESTIONNAIRE 1 DO YOU OR MEMBERS OF YOUR FAMILY HAVE FAMILY OR BUSINESS RELATIONSHIPS (AS DEFINED BELOW) WITH ANY OF THE FOLLOWING PERSONS OR ORGANIZATIONS LISTED IN ATTACHMENT A? IF YES, PLEASE IDENTIFY THE INDIVIDUAL AND EXPLAIN THE RELATIONSHIP FAMILY RELATIONSHIPS INCLUDE AN INDIVIDUAL'S SPOUSE, CHILDREN, GRAND- CHILDREN, SIBLINGS AND THE SPOUSES OF CHILDREN, GRANDCHILDREN AND SIBLINGS BUSINESS RELATIONSHIPS INCLUDE EMPLOYMENT AND CONTRACTURAL RELATIONSHIPS AND COMMON OWNERSHIPS OF A BUSINESS WHERE ANY OFFICERS, DIRECTORS OR TRUSTEES, INDIVIDUALLY OR TOGETHER, POSSESS MORE THAN 35% OWNERSHIP INTEREST IN COMMON EXPLANATION _____ 2 DO YOU RECEIVE COMPENSATION FROM ANY ORGANIZATIONS, WHETHER TAX EXEMPT OR TAXABLE, THAT ARE RELATED TO MTF? IF YES, ATTACH A STATEMENT THAT EXPLAINS THE RELATIONSHIP BETWEEN MTF AND THE OTHER ORGANIZATION, DESCRIBE THE COMPENSATION ARRANGEMENT, INCLUDING AMOUNTS PAID TO YOU BY THE RELATED ORGANIZATION COMPENSATION INCLUDES SALARY , FEES, BONUSES, CONTRIBUTIONS TO EMPLOYEE BENEFIT PLAN, DEFERRED COMPENSATION PLANS, EXPENSE ALLOWANCES, THE VALUE OF THE PERSONAL USE OF HOUSING, AUTOMOBILES, OR OTHER ASSETS OWNED OR LEASED BY THE ORGANIZATION DEFINITION OF RELATED ORGANIZATION ORGANIZATIONS MAY BE RELATED IN SEVERAL WAYS, THE RELATIONSHIPS ARE NOT MUTUALLY EXCLUSIVE RELATED ORGANIZAITONS ARE TAX-EXEMPT OR TAXABLE ORGANIZATIONS RELATED TO THE TAX-EXEMPT ORGANIZATION IN ONE OR MORE OF THE FOLLOWING WAYS RELATIONSHIP 1 ONE ORGANIZATION OWNS OR CONTROLS THE OTHER ORGANIZATION RELATIONSHIP 2 THE SAME PERSON(S) OWNS OR CONTROLS BOTH ORGANIZATIONS RELATIONSHIP 3 THE ORGANIZATIONS HAVE A RELATIONSHIP AS SUPPORTING AND SUPPORTED ORGANIZATIONS RELATIONSHIP 4 THE ORGANIZATIONS USE A COMMON PAYMASTER RELATIONSHIP 5 THE OTHER ORGANIZATION PAYS PART OF THE COMPENSATION THAT THE ORGANIZATION WOULD OTHERWISE BE CONTRACTURALLY OBLIGATED TO PAY RELATIONSHIP 6 THE ORGANIZATIONS CONDUCT JOINT PROGRAMS OR SHARE FACILITIES OR EMPLOYEES OWNERSHIP THE TERM OWNERSHIP IS HOLDING (DIRECTLY OR INDIRECTLY) 50% OR MORE OF THE VOTING POWER IN A CORPORATION, PROFITS INTEREST IN A PARTNERSHIP, OR BENEFICIAL INTEREST IN A TRUST CONTROL THE TERM CONTROL IS HAVING 50% OR MORE OF THE VOTING POWER IN A GOVERNING BODY, OR THE POWER TO APPOINT 50% OR MORE OF AN ORGANIZATION'S GOVERNING BODY, OR THE POWER TO APPROVE AN ORGANIZATION'S BUDGETS AND EXPENDITURES (AN EFFECTIVE VETO POWER OVER THE ORGANIZATION'S BUDGETS AND EXPENDITURES) ALSO, CONTROL CAN BE INDIRECT BY OWNING OR CONTROLLING ANOTHER ORGANIZATION WITH SUCH POWER COMMON PAYMASTER IN GENERAL, A COMMON PAYMASTER OF A GROUP OF RELATED CORPORATIONS IS ANY MEMBER THEREOF THAT DISBURSES REMUNERATION TO EMPLOYEES OF TWO OR MORE OF THOSE CORPORATIONS ON THEIR BEHALF AND THAT IS RESPONSIBLE FOR KEEPING BOOKS AND RECORDS FOR THE PAYROLL WITH RESPECT TO THOSE EMPLOYEES |

| Identifier | Return Reference | Explanation |
|---|---|---|
| COMPENSATION PROCESS FOR TOP OFFICIAL | FORM 990, PAGE 6, PART VI, LINE 15A | EXECUTIVE COMPENSATION REVIEW EACH YEAR, MTF REVIEWS AND ASSESSES THE REASONABLENESS OF TOTAL COMPENSATION ARRANGEMENTS FOR OUR EXECUTIVE TEAM, INCLUDING THE CEO THE ANALYSIS INCORPORATES COMPENSATION SURVEY DATA, FORM 990'S OF COMPANIES OF RELATED INDUSTRIES AND SIMILAR SIZE A BLEND OF BOTH FOR-PROFIT AND NOT-FOR-PROFIT COMPANIES IS USED EVERY THIRD YEAR, MTF RETAINS THE SERVICES OF AN INDEPENDENT COMPENSA- TION CONSULTANT TO ASCERTAIN AND DETERMINE THAT MTF IS PAYING AND PROVIDING A REASONABLE TOTAL COMPENSATION PACKAGE TO THEIR EXECUTIVES AND TO PROVIDE AN OPINION LETTER OF THEIR FINDINGS COMPENSATION COMMITTEE REVIEW MTF'S BOARD OF DIRECTORS ESTABLISHED A COMPENSATION COMMITTEE IN 1995 THE RESPONSIBILITY OF THE COMMITTEE WAS TO INITIALLY REVIEW AND RECOMMEND TO THE BOARD APPROVAL OF EXECUTIVE AND STAFF COMPENSATION AND CHANGES TO BENEFITS IN 2000, THE AUTHORITY OF THE COMMITTEE WAS EXPANDED TO INCLUDE THE APPROVAL OF SUCH COMPENSATION AND BENEFITS AND REPORTING SUCH APPROVALS TO THE BOARD THE COMPENSATION COMMITTEE TYPICALLY MEETS SEMI-ANNUALLY TO REVIEW MERIT AND BONUS RECOMMENDATIONS A COPY OF THE COMPENSATION COMMITTEE AGENDA, MEETING MATERIALS, AND MEETING MINUTES ARE MAINTAINED |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| COMPENSATION PROCESS FOR OFFICERS | FORM 990, PAGE 6, PART VI, LINE 15B | YES THE PROCESS IS THE SAME AS DESCRIBED ABOVE IN LINE 15A |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| GOVERNING DOCUMENTS DISCLOSURE EXPLANATION | FORM 990, PAGE 6, PART VI, LINE 19 | UPON REQUEST, MTF WILL PROVIDE PUBLIC DOCUMENTS THROUGH EMAIL, MAILINGS, OR OFFICE VISITS |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493342005192

# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**

**Open to Public Inspection**

**Name of the organization**
MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

**Employer identification number**
22-2803458

## Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
| | | | | | |
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## Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| **(1)** BIOCON INC<br>125 MAY STREET<br>EDISON, NJ 08837<br>22-3619257 | HOLDING CO | DC | 501C3 | 11B | NA | | No |
| **(2)** DEUTSCHES INSTITUT FUR ZELL-UND GEWEBEERSATZ GMBH<br>INNOVATIONS PARK WUHLHEIDE<br>KOPENICKER STRABE 325 42 D-12555<br>BERLIN, GERMANY<br>GM | TISSUE DIS | GM | | | BIOCON INC | | No |
| **(3)** MAY STREET MEDICAL LLC<br>125 MAY STREET<br>EDISON, NJ 08837<br>22-3751785 | RENTAL | DE | 501C3 | 11B | BIOCON INC | | No |
| **(4)** OLYPHANT LLC<br>125 MAY STREET<br>EDISON, NJ 08837<br>22-3619257 | RENTAL | DE | 501C3 | 11B | BIOCON INC | | No |
| | | | | | | | |
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**Part III** **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
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**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|---|---|---|---|---|---|---|
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## Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

| | | Yes | No |
|---|---|---|---|
| **Note.** Complete line 1 if any entity is listed in Parts II, III or IV | | | |
| **1** During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| **a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity | 1a | Yes | |
| **b** Gift, grant, or capital contribution to related organization(s) | 1b | | No |
| **c** Gift, grant, or capital contribution from related organization(s) | 1c | | No |
| **d** Loans or loan guarantees to or for related organization(s) | 1d | Yes | |
| **e** Loans or loan guarantees by related organization(s) | 1e | | No |
| **f** Sale of assets to related organization(s) | 1f | Yes | |
| **g** Purchase of assets from related organization(s) | 1g | | No |
| **h** Exchange of assets with related organization(s) | 1h | | No |
| **i** Lease of facilities, equipment, or other assets to related organization(s) | 1i | | No |
| **j** Lease of facilities, equipment, or other assets from related organization(s) | 1j | Yes | |
| **k** Performance of services or membership or fundraising solicitations for related organization(s) | 1k | Yes | |
| **l** Performance of services or membership or fundraising solicitations by related organization(s) | 1l | | No |
| **m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1m | | No |
| **n** Sharing of paid employees with related organization(s) | 1n | | No |
| **o** Reimbursement paid to related organization(s) for expenses | 1o | Yes | |
| **p** Reimbursement paid by related organization(s) for expenses | 1p | | No |
| **q** Other transfer of cash or property to related organization(s) | 1q | | No |
| **r** Other transfer of cash or property from related organization(s) | 1r | Yes | |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| **(1)** See Additional Data Table | | | |
| **(2)** | | | |
| **(3)** | | | |
| **(4)** | | | |
| **(5)** | | | |
| **(6)** | | | |

## Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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Schedule R (Form 990) 2011

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return Reference | Explanation |
|---|---|---|
| ADDITIONAL INFORMATION | SCHEDULE R | MAY STREET MEDICAL LLC IS A SINGLEMEMBER LLC WHOSE SOLE MEMBER IS BIOCON INC OLYPHANT LLC IS A SINGLEMEMBER LLC WHOSE SOLE MEMBER IS BIOCON INC |

## Additional Data

Return to Form

**Software ID:**
**Software Version:**
**EIN:** 22-2803458
**Name:** MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

### Form 990, Schedule R, Part V - Transactions With Related Organizations

| | (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount Involved ($) | (d) Method of determining amount involved |
|---|---|---|---|---|
| (1) | DIZG GMBH | D | 285,440 | ACCTG BOOKSRECORDS |
| (2) | DIZG GMBH | F | 174,000 | ACCTG BOOKSRECORDS |
| (3) | DIZG GMBH | O | 141,000 | ACCTG BOOKSRECORDS |
| (4) | DIZG GMBH | K | 59,000 | ACCTG BOOKSRECORDS |
| (5) | DIZG GMBH | R | 150,196 | ACCTG BOOKSRECORDS |
| (6) | DIZG GMBH | R | 473,425 | ACCTG BOOKSRECORDS |
| (7) | MAY STREET MEDICAL LLC | A | | ACCTG BOOKSRECORDS |
| (8) | MAY STREET MEDICAL LLC | K | 299,667 | ACCTG BOOKSRECORDS |
| (9) | MAY STREET MEDICAL LLC | J | 2,855,559 | ACCTG BOOKSRECORDS |
| (10) | OLYPHANT LLC | A | | ACCTG BOOKSRECORDS |
| (11) | OLYPHANT LLC | J | 424,708 | ACCTG BOOKSRECORDS |
| (12) | OLYPHANT LLC | K | 128,357 | ACCTG BOOKSRECORDS |
| (13) | DIZG GMBH | D | 285,440 | ACCTG BOOKSRECORDS |
| (14) | DIZG GMBH | F | 174,000 | ACCTG BOOKSRECORDS |
| (15) | DIZG GMBH | O | 141,000 | ACCTG BOOKSRECORDS |
| (16) | DIZG GMBH | K | 59,000 | ACCTG BOOKSRECORDS |
| (17) | DIZG GMBH | R | 150,196 | ACCTG BOOKSRECORDS |
| (18) | DIZG GMBH | R | 473,425 | ACCTG BOOKSRECORDS |
| (19) | MAY STREET MEDICAL LLC | A | | ACCTG BOOKSRECORDS |
| (20) | MAY STREET MEDICAL LLC | K | 299,667 | ACCTG BOOKSRECORDS |

## Form 990, Schedule R, Part V - Transactions With Related Organizations

| | (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount Involved ($) | (d) Method of determining amount involved |
|---|---|---|---|---|
| (21) | MAY STREET MEDICAL LLC | J | 2,855,559 | ACCTG BOOKSRECORDS |
| (22) | OLYPHANT LLC | A | | ACCTG BOOKSRECORDS |
| (23) | OLYPHANT LLC | J | 424,708 | ACCTG BOOKSRECORDS |
| (24) | OLYPHANT LLC | K | 128,357 | ACCTG BOOKSRECORDS |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493342005192 |
|---|---|---|

## TY 2011 GeneralDependencySmall

**Name:** MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

**EIN:** 22-2803458

**Business Name or Person Name:**

**Taxpayer Identification Number:**

**Form, Line or Instruction Reference:**

**Regulations Reference:**

**Description:** GENERAL FOOTNOTE

**Attachment Information:** MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC.'S HEADQUARTERS IS LOCATED IN MIDDLESEX COUNTY, NEW JERSEY IN AN AREA WHICH WAS AFFECTED BY HURRICANE SANDY IN LATE OCTOBER 2012. PER IRS NEWS RELEASE DATED 11/2/2012 (IR-2012-83), SEE ATTACHED DOCUMENT, MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC. QUALIFIED FOR ADMINISTRATIVE RELIEF FROM LATE FILING OF ITS 990 TAX RETURN WHICH WAS ORIGINALLY DUE ON THE EXTENDED DUE DATE OF 11/15/2012. PER IR-2012-83, MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC.'S EXTENDED RETURN DUE DATE HAS BEEN FURTHER EXTENDED TO FEBRUARY 1, 2013.

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493342005192 |
|---|---|---|

## TY 2011 GeneralDependencySmall

**Name:** MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

**EIN:** 22-2803458

**Business Name or Person Name:**

**Taxpayer Identification Number:**

**Form, Line or Instruction Reference:**

**Regulations Reference:**

**Description:** GENERAL FOOTNOTE

**Attachment Information:**

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493342005192 |
|---|---|---|

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**EIN:** 22-2803458

**Business Name or Person Name:**

**Taxpayer Identification Number:**

**Form, Line or Instruction Reference:**

**Regulations Reference:**

**Description:** GENERAL FOOTNOTE

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**EIN:** 22-2803458

**Business Name or Person Name:**

**Taxpayer Identification Number:**

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**Name:** MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

**EIN:** 22-2803458

**Business Name or Person Name:**

**Taxpayer Identification Number:**

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**EIN:** 22-2803458

**Business Name or Person Name:**

**Taxpayer Identification Number:**

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**Description:** GENERAL FOOTNOTE

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## TY 2011 GeneralDependencySmall

**Name:** MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

**EIN:** 22-2803458

**Business Name or Person Name:**

**Taxpayer Identification Number:**

**Form, Line or Instruction Reference:**

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**Description:** GENERAL FOOTNOTE

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## TY 2011 GeneralDependencySmall

**Name:** MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

**EIN:** 22-2803458

**Business Name or Person Name:**

**Taxpayer Identification Number:**

**Form, Line or Instruction Reference:**

**Regulations Reference:**

**Description:** GENERAL FOOTNOTE

**Attachment Information:**

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|---|---|---|

## TY 2011 GeneralDependencySmall

**Name:** MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

**EIN:** 22-2803458

**Business Name or Person Name:**

**Taxpayer Identification Number:**

**Form, Line or Instruction Reference:**

**Regulations Reference:**

**Description:** GENERAL FOOTNOTE

**Attachment Information:**

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493342005192 |
|---|---|---|

# TY 2011 GeneralDependencySmall

**Name:** MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

**EIN:** 22-2803458

**Business Name or Person Name:**

**Taxpayer Identification Number:**

**Form, Line or Instruction Reference:**

**Regulations Reference:**

**Description:** OUT OF BONUS DEPR-ALL PROP

**Attachment Information:** YEAR ENDED: DECEMBER 31, 2011 22-2803458 MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC. 125 MAY STREET EDISON, NJ 08837-3264 ELECTING OUT OF BONUS DEPRECIATION ALLOWANCE FOR ALL ELIGIBLE DEPRECIABLE PROPERTY THE TAXPAYER ELECTS OUT OF FIRST-YEAR BONUS DEPRECIATION ALLOWANCE UNDER IRC SECTION 168(K) FOR ALL ELIGIBLE ASSET CLASSES OF DEPRECIABLE PROPERTY ACQUIRED AFTER DECEMBER 31, 2007. THIS ELECTION APPLIES TO ALL ELIGIBLE DEPRECIABLE PROPERTY PLACED IN SERVICE DURING THE TAX YEAR.

Form **8868**
(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

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

▶ File a separate application for each return.

OMB No. 1545-1709

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

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

**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.*

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

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

**Type or print**
File by the due date for filing your return. See instructions.

| Name of exempt organization or other filer, see instructions. | Enter filer's identifying number, see instructions: Employer identification number (EIN) or |
|---|---|
| MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC. | [ ] 22-2803458 |
| Number, street, and room or suite no. If a P.O. box, see instructions. | Social security number (SSN) |
| 125 MAY STREET | [ ] |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| EDISON,NJ 08837 | |

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . 0 1

| Application Is For | Return Code | Application Is For | Return Code |
|---|---|---|---|
| Form 990 | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 01 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

- The books are in the care of ▶ MICHAEL J. KAWAS

Telephone No. ▶ 732-661-0202 FAX No. ▶ 732-661-2291

- 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, _____, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 20 11 or
▶ [ ] tax year beginning _____, 20____, and ending _____, 20____

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

| | | | |
|---|---|---|---|
| 3a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | $ |
| b | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | $ |
| c | **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | $ 0 |

**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.

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

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

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

**Part II** **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

| Type or print / File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions. | Enter filer's identifying number, see instructions: Employer identification number (EIN) or |
|---|---|---|
| | MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC. | [X] 22-2803458 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. | Social security number (SSN) |
| | 125 MAY STREET | [ ] |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| | EDISON, NJ 08837 | |

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . 0 1

| Application Is For | Return Code | Application Is For | Return Code |
|---|---|---|---|
| Form 990 | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 01 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

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

- The books are in the care of ▶ MICHAEL J. KAWAS
  Telephone No. ▶ 732-661-0202 FAX No. ▶ 732-661-2291
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . . . ▶ [ ]. If it is for part of the group, check this box . . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 20 12.

5 For calendar year 2011, or other tax year beginning _____, 20____, and ending _____, 20____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return
[ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NECESSARY TO GATHER DATA REQUIRED IN ORDER TO FILE A COMPLET ACCURATE RETURN.

| | | | |
|---|---|---|---|
| 8a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | $ |
| b | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | $ |
| c | **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | $ 0 |

## Signature and Verification must be completed for Part II only.

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

Signature ▶ _____ Title ▶ EVP/CFO Date ▶ 9/8/12

## Form 990 - Federal General Footnote

Description

MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC.'S HEADQUARTERS IS LOCATED IN MIDDLESEX COUNTY, NEW JERSEY IN AN AREA WHICH WAS AFFECTED BY HURRICANE SANDY IN LATE OCTOBER 2012. PER IRS NEWS RELEASE DATED 11/2/2012 (IR-2012-83), SEE ATTACHED DOCUMENT, MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC. QUALIFIED FOR ADMINISTRATIVE RELIEF FROM LATE FILING OF ITS 990 TAX RETURN WHICH WAS ORIGINALLY DUE ON THE EXTENDED DUE DATE OF 11/15/2012. PER IR-2012-83, MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC.'S EXTENDED RETURN DUE DATE HAS BEEN FURTHER EXTENDED TO FEBRUARY 1, 2013.

Year Ended: December 31, 2011 22-2803458

MUSCULOSKELETAL TRANSPLANT
FOUNDATION, INC.
125 MAY STREET
EDISON, NJ 08837-3264

# Electing out of Bonus Depreciation Allowance for All Eligible Depreciable Property

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.