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EXTENSION GRANTED TO 8/15/12  
**Return of Private Foundation**  
 or Section 4947(a)(1) Nonexempt Charitable Trust  
 Treated as a Private Foundation

Form **990-PF**

Department of the Treasury  
 Internal Revenue Service

OMB No 1545-0052

2011

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

For calendar year 2011 or tax year beginning

, and ending

Name of foundation <b>CURRENT CONCEPTS FOUNDATION ORTHOPAEDIC RESEARCH LABORATORIES</b>		A Employer identification number <b>34-1914963</b>
Number and street (or P O box number if mail is not delivered to street address) <b>2310 SUPERIOR AVENUE EAST</b>	Room/suite <b>100</b>	B Telephone number <b>216-523-7004</b>
City or town, state, and ZIP code <b>CLEVELAND, OH 44114</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input checked="" type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> Foreign organizations meeting the 85% test, 2. check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <b>62,120.</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
(Part I, column (d) must be on cash basis)		

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))</small>	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>				
1 Contributions, gifts, grants, etc., received	77,775.			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	838.	838.	838.	STATEMENT 1
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	4,589.			
b Gross sales price for all assets on line 6a	51,049.			
7 Capital gain net income (from Part IV, line 2)		4,589.		
8 Net short-term capital gain			0.	
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss)				
11 Other income	1,869.	1,869.	1,869.	STATEMENT 2
12 Total. Add lines 1 through 11	85,071.	7,296.	2,707.	
<b>Operating and Administrative Expenses</b>				
13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
14 Other employee salaries and wages	2,500.	0.	0.	0.
15 Pension plans, employee benefits				
16a Legal fees	95.	0.	0.	0.
b Accounting fees	1,312.	0.	0.	0.
c Other professional fees				
17 Interest				
18 Taxes	241.	0.	0.	0.
19 Depreciation and depletion	1,768.	0.	0.	
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses	1,689.	0.	0.	0.
24 Total operating and administrative expenses. Add lines 13 through 23	7,605.	0.	0.	0.
25 Contributions, gifts, grants paid	65,250.			65,250.
26 Total expenses and disbursements. Add lines 24 and 25	72,855.	0.	0.	65,250.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	12,216.			
b Net investment income (if negative, enter -0-)		7,296.		
c Adjusted net income (if negative, enter -0-)			2,707.	

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<b>Part II Balance Sheets</b> <small>Attached schedules and amounts in the description column should be for end-of-year amounts only</small>		Beginning of year		End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
<b>Assets</b>	1 Cash - non-interest-bearing	4,447.	39,771.	39,771.	
	2 Savings and temporary cash investments				
	3 Accounts receivable ▶				
	Less: allowance for doubtful accounts ▶				
	4 Pledges receivable ▶				
	Less: allowance for doubtful accounts ▶				
	5 Grants receivable				
	6 Receivables due from officers, directors, trustees, and other disqualified persons				
	7 Other notes and loans receivable ▶				
	Less: allowance for doubtful accounts ▶				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges				
	10a Investments - U.S. and state government obligations				
	b Investments - corporate stock				
	c Investments - corporate bonds <span style="float: right;">STMT 8</span>	46,460.	25,000.	18,825.	
	11 Investments - land, buildings, and equipment basis ▶				
Less: accumulated depreciation ▶					
12 Investments - mortgage loans					
13 Investments - other					
14 Land, buildings, and equipment: basis ▶ <span style="float: right;">14,731.</span>					
Less: accumulated depreciation <span style="float: right;">STMT 7</span> ▶ <span style="float: right;">11,207.</span>	5,292.	3,524.	3,524.		
15 Other assets (describe ▶ _____)					
<b>16 Total assets (to be completed by all filers)</b>	<b>56,199.</b>	<b>68,295.</b>	<b>62,120.</b>		
<b>Liabilities</b>	17 Accounts payable and accrued expenses				
	18 Grants payable				
	19 Deferred revenue				
	20 Loans from officers, directors, trustees, and other disqualified persons				
	21 Mortgages and other notes payable				
22 Other liabilities (describe ▶ <span style="float: right;">STATEMENT 9</span> )	940.	820.			
<b>23 Total liabilities (add lines 17 through 22)</b>	<b>940.</b>	<b>820.</b>			
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/>				
	<b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24 Unrestricted				
	25 Temporarily restricted				
	26 Permanently restricted				
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/>				
	<b>and complete lines 27 through 31.</b>				
	27 Capital stock, trust principal, or current funds	0.	0.		
28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.			
29 Retained earnings, accumulated income, endowment, or other funds	55,259.	67,475.			
<b>30 Total net assets or fund balances</b>	<b>55,259.</b>	<b>67,475.</b>			
<b>31 Total liabilities and net assets/fund balances</b>	<b>56,199.</b>	<b>68,295.</b>			

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

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	55,259.
2 Enter amount from Part I, line 27a	2	12,216.
3 Other increases not included in line 2 (itemize) ▶ _____	3	0.
4 Add lines 1, 2, and 3	4	67,475.
5 Decreases not included in line 2 (itemize) ▶ _____	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	67,475.

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

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a FORD MTR CO CAP	P	08/09/02	02/11/11
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 51,049.		46,460.	4,589.
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			4,589.
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	4,589.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		3	0.

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

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

N/A

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

Yes  No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2010			
2009			
2008			
2007			
2006			

2 Total of line 1, column (d)	2	
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	4	
5 Multiply line 4 by line 3	5	
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	
7 Add lines 5 and 6	7	
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	8	

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	146.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0.
3	Add lines 1 and 2	3	146.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	5	146.
6	Credits/Payments:		
a	2011 estimated tax payments and 2010 overpayment credited to 2011	6a	
b	Exempt foreign organizations - tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	146.
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	
11	Enter the amount of line 10 to be <b>Credited to 2012 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	11	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a		X
1b		X
1c		X
2		X
3		X
4a		X
4b	N/A	
5		X
6	X	
7	X	
8a		
8b		X
9	X	
10	X	

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

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	13	X	
14 The books are in care of ▶ <u>A. SETH GREENWALD</u> Telephone no. ▶ <u>216-523-7004</u> Located at ▶ <u>2310 SUPERIOR AVE. EAST STE. 100, CLEVELAND, OH</u> ZIP+4 ▶ <u>44114</u>			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	15	N/A	
16 At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶	16	Yes	No
			X

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

		Yes	No
<b>File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.</b>			
1a During the year did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	1b	N/A	
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1c		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? If "Yes," list the years ▶ _____, _____, _____ <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) <span style="float:right;">N/A</span>	2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ _____, _____, _____, _____			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <span style="float:right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
b If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011) <span style="float:right;">N/A</span>	3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b		X

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

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Yes  No  
Organizations relying on a current notice regarding disaster assistance check here  N/A

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No  
If "Yes," attach the statement required by Regulations section 53.4945-5(d)  N/A

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No  
If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes  No

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 12		0.	0.	0.

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

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

**Total number of other employees paid over \$50,000** 0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total number of others receiving over \$50,000 for professional services</b>		<b>0</b>

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

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

	Expenses
1 N/A	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments**

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

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
<b>Total. Add lines 1 through 3</b>	<b>0.</b>

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	22,563.
b	Average of monthly cash balances	1b	41,854.
c	Fair market value of all other assets	1c	3,525.
d	Total (add lines 1a, b, and c)	1d	67,942.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	67,942.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,019.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	66,923.
6	Minimum investment return. Enter 5% of line 5	6	3,346.

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

1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2011 from Part VI, line 5	2a	
b	Income tax for 2011. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	

**Part XII Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	65,250.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	65,250.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	65,250.

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

**Part XIII Undistributed Income** (see instructions)

N/A

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only				
b Total for prior years:				
3 Excess distributions carryover, if any, to 2011:				
a From 2006				
b From 2007				
c From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e				
4 Qualifying distributions for 2011 from Part XII, line 4: ► \$				
a Applied to 2010, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2011 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount - see instructions				
e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7				
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011				

**CURRENT CONCEPTS FOUNDATION  
ORTHOPAEDIC RESEARCH LABORATORIES**

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

- 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling ▶
- b Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2011	(b) 2010	Prior 3 years		
			(c) 2009	(d) 2008	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	2,707.	0.	0.	0.	2,707.
b 85% of line 2a	2,301.	0.	0.	0.	2,301.
c Qualifying distributions from Part XII, line 4 for each year listed	65,250.	63,000.	67,500.	61,500.	257,250.
d Amounts included in line 2c not used directly for active conduct of exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	65,250.	63,000.	67,500.	61,500.	257,250.
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					0.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0.
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0.
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from an exempt organization					0.
(4) Gross investment income		5,915.	1,070.	5,569.	12,554.

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

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

NONE

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

NONE

- 2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**
- Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

**SEE STATEMENT 13**

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

- c Any submission deadlines:

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

**CURRENT CONCEPTS FOUNDATION  
ORTHOPAEDIC RESEARCH LABORATORIES**

Form 990-PF (2011)

34-1914963 Page 11

**Part XV** Supplementary Information (continued)

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
TIMOTHY SAUBER, M.D. C/O ALLEGHENY GENERAL HOSPITAL 1307 FEDORA ST. PITTSBURGH, PA 15212	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
SCOTT C. FAUCETT C/O DARTMOUTH HITCHCOCK MEDICAL CENTER ONE MEDICAL CENTER DR. LEBANON, NH 03755	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
JACOB MUNRO C/O UNIVERSITY OF BRITISH COLUMBIA 2775 LAUREL STREET VANCOUVER, BRITISH COLUMBIA, CANADA V5Z1M9	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
JONATHAN VIGDORCHIK M.D. C/O DMC/PROVIDENCE ORTHOPAEDIC RESEARCH 4201 ST. ANTIONE UHC DETROIT, MI 48201	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
BENJAMIN HANSEN M.D. C/O DUKE UNIVERSITY 200 TRENT DRIVE DURHAM, NC 27710	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>65,250.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>0.</b>





**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

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

OMB No 1545-0047

**2011**

Name of the organization

CURRENT CONCEPTS FOUNDATION  
ORTHOPAEDIC RESEARCH LABORATORIES

Employer identification number

34-1914963

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.**Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization <b>CURRENT CONCEPTS FOUNDATION                  ORTHOPAEDIC RESEARCH LABORATORIES</b>	Employer identification number <b>34-1914963</b>
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**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BIOCLINICA <hr/> 826 NEWTOWN-YARDLEY ROAD <hr/> NEWTOWN, PA 18940	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	BIOMET ORTHOPEDICS <hr/> P.O. BOX 587, 56 EAST BELL DRIVE <hr/> WARSAW, IN 46581	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3	DARLING FAMILY FOUNDATION <hr/> P.O. BOX 11648 <hr/> FORT WAYNE, IN 46859	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4	INNOMED, INC. <hr/> 103 ESTUS DRIVE <hr/> SAVANNAH, GA 31404	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5	SMITH & NEPHEW, INC. <hr/> 1450 BROOKS RD. <hr/> MEMPHIS, TN 38116	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization <b>CURRENT CONCEPTS FOUNDATION                  ORTHOPAEDIC RESEARCH LABORATORIES</b>	Employer identification number <b>34-1914963</b>
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**Part II Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization <b>CURRENT CONCEPTS FOUNDATION                  ORTHOPAEDIC RESEARCH LABORATORIES</b>	Employer identification number <b>34-1914963</b>
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No	Description	Date Acquired	Method	Life	C o v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	OFFICE FURNITURE	10/24/08	200DE	7.00		HXL7	3,800.				3,800.	1,861.		554.	2,415.
2	FILING CABINETS	10/31/08	200DE	7.00		HXL7	1,195.				1,195.	585.		174.	759.
3	TABLES AND CHAIRS	09/01/09	200DE	7.00		HXL7	1,039.				1,039.	721.		91.	812.
4	COMPUTER WORK TABLE	10/10/08	200DE	7.00		HXL7	250.				250.	122.		37.	159.
5	COFFEE MAKER	10/22/08	200DE	7.00		HXL7	130.				130.	64.		19.	83.
6	COPIER, SCANNER, PRINTER	01/07/09	200DE	5.00		HXL7	3,127.				3,127.	2,377.		300.	2,677.
7	ASG OFFICE RUG	08/05/09	200DE	5.00		HXL7	1,745.				1,745.	1,326.		168.	1,494.
8	LIBRARY ORIENTAL RUG	08/05/09	200DE	5.00		HXL7	1,975.				1,975.	1,501.		190.	1,691.
9	CARPETING	05/11/10	200DE	5.00		HXL7	1,470.				1,470.	882.		235.	1,117.
	* TOTAL 990-PF PG 1 DEPR						14,731.				14,731.	9,439.		1,768.	11,207.

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FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES	STATEMENT	1
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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
MERRILL LYNCH	838.	0.	838.
TOTAL TO FM 990-PF, PART I, LN 4	838.	0.	838.

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FORM 990-PF	OTHER INCOME	STATEMENT	2
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DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MERRILL LYNCH	1,869.	1,869.	1,869.
TOTAL TO FORM 990-PF, PART I, LINE 11	1,869.	1,869.	1,869.

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FORM 990-PF	LEGAL FEES	STATEMENT	3
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	95.	0.	0.	0.
TO FM 990-PF, PG 1, LN 16A	95.	0.	0.	0.

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FORM 990-PF	ACCOUNTING FEES	STATEMENT	4
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	1,312.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 16B	1,312.	0.	0.	0.

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FORM 990-PF	TAXES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	191.	0.	0.	0.
OH VERIFICATION OF FILING	50.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	241.	0.	0.	0.

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FORM 990-PF	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE SUPPLIES	116.	0.	0.	0.
INSURANCE	1,335.	0.	0.	0.
SERVICE FEES	138.	0.	0.	0.
WORKERS COMPENSATION INSURANCE	100.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 23	1,689.	0.	0.	0.

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FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	7
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE
OFFICE FURNITURE	3,800.	2,415.	1,385.	1,385.
FILING CABINETS	1,195.	759.	436.	436.
TABLES AND CHAIRS	1,039.	812.	227.	227.
COMPUTER WORK TABLE	250.	159.	91.	91.
COFFEE MAKER	130.	83.	47.	47.
COPIER, SCANNER, PRINTER	3,127.	2,677.	450.	450.
ASG OFFICE RUG	1,745.	1,494.	251.	251.
LIBRARY ORIENTAL RUG	1,975.	1,691.	284.	284.
CARPETING	1,470.	1,117.	353.	353.
TO 990-PF, PART II, LN 14	14,731.	11,207.	3,524.	3,524.

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FORM 990-PF	CORPORATE BONDS	STATEMENT	8
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
SECURITIES	25,000.	18,825.
TOTAL TO FORM 990-PF, PART II, LINE 10C	25,000.	18,825.

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FORM 990-PF	OTHER LIABILITIES	STATEMENT	9
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DESCRIPTION	BOY AMOUNT	EOY AMOUNT
PAYROLL LIABILITIES	940.	820.
TOTAL TO FORM 990-PF, PART II, LINE 22	940.	820.

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FORM 990-PF	EXPLANATION CONCERNING PART VII-A, LINE 8B	STATEMENT	10
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## EXPLANATION

THE FOUNDATION IS NOT REQUIRED TO FURNISH A COPY OF THE 990-PF TO THE ATTORNEY GENERAL.

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FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	11
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## NAME OF CONTRIBUTOR

## ADDRESS

BIOMET ORTHOPEDICS

P.O. BOX 587  
WARSAW, IN 46581

INNOMED

103 ESTUS DRIVE  
SAVANNAH, GA 31404

SMITH &amp; NEPHEW

1450 BROOKS ROAD  
MEMPHIS, TN 38116

DEPUY, A JOHNSON &amp; JOHNSON CO.

700 ORTHOPAEDIC DRIVE  
WARSAW, IN 46581

RAYMOND JAMES

P.O. BOX 14407  
ST. PETERSBURG, FL 33733

SALIENT SURGICAL TECHNOLOGIES	ONE WASHINGTON CTR., SUITE 400 DOVER, NH 03820
STRYKER	325 CORPORATE DRIVE MAHWAH, NJ 07430
WALDEMAR LINK GMBH & CO.	BARKAUSENWEG 10 HAMBURG, GERMANY
ZIMMER INC.	P.O. BOX 569 DOVER, OH 44622

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
A. SETH GREENWALD, D. PHIL (OXON) 2310 SUPERIOR AVE. EAST STE. 100 CLEVELAND, OH 44114	CHAIRMAN OF THE BOARD 1.00	0.	0.	0.
JOHN M. CUCKLER, M.D. 2310 SUPERIOR AVE. EAST STE. 100 CLEVELAND, OH 44114	TRUSTEE 1.00	0.	0.	0.
LAWRENCE D. DORR, M.D. 2310 SUPERIOR AVE. EAST STE. 100 CLEVELAND, OH 44114	TRUSTEE 1.00	0.	0.	0.
VICTOR M. GOLDBERG, M.D. 2310 SUPERIOR AVE. EAST STE. 100 CLEVELAND, OH 44114	TRUSTEE 1.00	0.	0.	0.
DAVID S. HUNGERFORD, M.D. 2310 SUPERIOR AVE. EAST STE. 100 CLEVELAND, OH 44114	TRUSTEE 1.00	0.	0.	0.
RICHARD E. JONES, M.D. 2310 SUPERIOR AVE. EAST STE. 100 CLEVELAND, OH 44114	TRUSTEE 1.00	0.	0.	0.
THOMAS H. MALLORY, M.D. 2310 SUPERIOR AVE. EAST STE. 100 CLEVELAND, OH 44114	TRUSTEE 1.00	0.	0.	0.

CURRENT CONCEPTS FOUNDATION ORTHOPAEDIC

34-1914963

CHITRANJAN S. RANAWAT, M.D.	TRUSTEE			
2310 SUPERIOR AVE. EAST STE. 100	1.00	0.	0.	0.
CLEVELAND, OH 44114				
MERRILL E. RITTER, M.D.	TRUSTEE			
2310 SUPERIOR AVE. EAST STE. 100	1.00	0.	0.	0.
CLEVELAND, OH 44114				
CECIL H. RORABECK, M.D. F.R.C.S.	TRUSTEE			
(C)				
2310 SUPERIOR AVE. EAST STE. 100	1.00	0.	0.	0.
CLEVELAND, OH 44114				

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

0.	0.	0.
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FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION  
PART XV, LINES 2A THROUGH 2D

STATEMENT 13

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

A. SETH GREENWALD  
2310 SUPERIOR AVE. EAST STE. 100  
CLEVELAND, OH 44114

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

216-523-7004

ORTHOPAEDIC RESEARCH SCHOLARSHIP

FORM AND CONTENT OF APPLICATIONS

APPLICATION FORMS AND REQUIREMENTS FOR SCHOLARSHIPS ARE AVAILABLE TO  
DOWNLOAD FROM THE WEBSITE CURRENTCONCEPTS.ORG.

ANY SUBMISSION DEADLINES

SEE WEBSITE FOR DEADLINES.

RESTRICTIONS AND LIMITATIONS ON AWARDS

SEE WEBSITE FOR ELIGIBILITY.

CURRENT CONCEPTS FOUNDATION  
ORTHOPAEDIC RESEARCH LABORATORIES

34-1914963

**Part XV** Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
JEFF SILVERSTEIN C/O FLORIDA ORTHOPAEDIC INSTITUTE 13020 N. TELECOM PARKWAY TAMPA, FL 33637	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
TREVOR BANKA, M.D. C/O HENRY FORD HOSPITAL 2799 W. GRAND BLVD. DETROIT, MI 48202	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
MARK GESELL, M.D. C/O HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH ST. NEW YORK, NY 10021	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
THOMAS J. HEYSE, C/O HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH ST. NEW YORK, NY 10021	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
PARTHIV RATHOD, M.D. C/O LENOX HILL HOSPITAL 130 E. 77TH STREET, 11TH FLOOR NEW YORK, NY 10075	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
MICHAEL PAGNOTTO, M.D. C/O MAYO CLINIC 200 FIRST ST. SW ROCHESTER, MN 55901	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
NATHANIEL NEIMS, C/O MAYO CLINIC 200 FIRST ST. SW ROCHESTER, MN 55901	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
WILLIAM MOORES, M.D. C/O MEMORIAL UNIVERSITY 300 PRINCE PHILIP ST. JOHNS, CANADA, CANADA	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
JOHN TABIT, D.O. C/O MERCY ST. VINCENT 2213 CHERRY ST. TOLEDO, OH 43608	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
VIVEK SAHAI, M.D. C/O NEW ENGLAND BAPTIST HOSPITAL 125 PARKER HILL AVE. BOSTON, MA 02120	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
<b>Total from continuation sheets</b>				<b>57,750.</b>

CURRENT CONCEPTS FOUNDATION  
ORTHOPAEDIC RESEARCH LABORATORIES

34-1914963

**Part XV** | **Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
DAVID FRECCERO C/O NEW ENGLAND BAPTIST HOSPITAL 125 PARKER HILL AVE. BOSTON, MA 02120	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
NIMROD SNIR C/O NYU 301 EAST, 17TH STREET NEW YORK, NY 10003	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
JASON DALLING C/O PENN STATE UNIVERSITY 30 HOPE DRIVE HERSHEY, PA 17033	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
DEMETRI M. ECONOMEDES C/O PHILADELPHIA COLLEGE OF OSTEOPATHIC 4190 CITY AVENUE PHILADELPHIA, PA 19131	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
COY A WRIGHT C/O SCOTT & WHITE HOSPITAL 2401 S. 31ST DEPT OF ORTHOPAEDICS TEMPLE, TX 76508	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
BRADLEY DYRSTAD, M.D. C/O SOUTHERN ILLINOIS UNIVERSITY PO BOX 19679 SPRINGFIELD, IL 62794	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
ANTHONY J. SCILLIA C/O ST. JOSEPHS HOSPITAL 703 MAIN STREET PATERSON, NJ 07503	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
THOMAS G. MYERS, C/O THE CLEVELAND CLINIC 9500 EUCLID AVE. CLEVELAND, OH 44195	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
JOHNATHAN M. CHRISTY C/O THE OHIO STATE UNIVERSITY 4118 CRAMBLETT HALL, 456 W. 10TH AVE. COLUMBUS, OH 43210	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
DAVID VEGARI, M.D. C/O THOMAS JEFFERSON UNIVERSITY 1015 WALNUT STREET ROOM 801 PHILADELPHIA, PA 19107	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
<b>Total from continuation sheets</b>				

**CURRENT CONCEPTS FOUNDATION  
ORTHOPAEDIC RESEARCH LABORATORIES**

34-1914963

**Part XV | Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
VIVEK SHAH M.D. C/O TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOSTON, MA 02111	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
NINA SUH M.D. C/O UNIV. OF WESTERN ONTARIO 268 GROVESNOR STREET LONDON, CANADA, CANADA	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
PARHAM RASOULINEJAD, C/O UNIV. OF WESTERN ONTARIO 268 GROVESNOR STREET LONDON, CANADA, CANADA	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
JAMES E. MURPHY, C/O UNIVERSITY HOSPITALS CASE MEDICAL CENTER 11000 EUCLID AVENUE, DEPARTMENT OF ORTHOP CLEVELAND, OH 44106	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
ANDREW VAN HOUWELINGEN, M.D. C.O UNIVERSITY OF BRITISH COLUMBIA DIAMOND HEALTH CENTRE, 3RD FLOOR VANCOUVER, CANADA, CANADA	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
JEFFREY ARTHUR, D.O. C/O UNIVERSITY OF CALIFORNIA DAVIS MEDICAL 4860 Y STREET SUITE 3800 SACRAMENTO, CA 95817	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
KYLE HAZELWOOD, M.D. UNIVERSITY OF CHICAGO 5841 S MARYLAND AVE MC 3079 CHICAGO, IL 60637	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
PRATIK P. DESAI C/O UNIVERSITY OF FLORIDA, JACKSONVILLE 655 WEST 8TH STREET JACKSONVILLE, FL 32209	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
SCOTT WINGERTER, M.D. UNIVERSITY OF MISSISSIPPI PO BOX 249 UNIVERSITY, MS 38677	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
CLINT BLACKWOOD, M.D. UNIVERSITY OF NEW MEXICO MSC10 5600 1 UNIV. OF NM, NM 87131	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
<b>Total from continuation sheets</b>				

**CURRENT CONCEPTS FOUNDATION  
ORTHOPAEDIC RESEARCH LABORATORIES**

34-1914963

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
KENNY LEE C/O UNIVERSITY OF SASKATCHEWAN 103 HOSPITAL DRIVE SASKATOON, CANADA, CANADA	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
ALI FARNO C/O UNIVERSITY OF TORONTO 555 UNIVERSITY AVE. TORONTO, CANADA, CANADA	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
JEREMY GILLILAND M.D. C/O UNIVERSITY OF UTAH 590 WAKARA WAY SALT LAKE CITY, UT 84108	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
STUART MACKENZIE C/O WALTER C. MACKENZIE HEALTH SCIENCES 2D2.01 WALTER C. MACKENZIE EDMONTON, CANADA, CANADA	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
JOHN SHEILDS, M.D. C/O WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER WINSTON-SALEM, NC 27157	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
BENJAMIN FRYE, C/O WEST VIRGINIA SCHOOL OF MED PO BOX 9196 MORGANTOWN, WV 26506	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
MANNY KONSTANTAKOS, M.D. C/O WRIGHT STATE UNIVERSITY 30 EAST APPLE ST. SUITE 2200 DAYTON, OH 45409	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500.
MICHAEL R. BLOOMFIELD, M.D.	NONE		BARRY FRIEDMAN AWARD  BARRY FRIEDMAN AWARD	500.
JASON C. TANK, M.D.	NONE		BARRY FRIEDMAN AWARD	750.
RYAN M. GARCIA, M.D.	NONE		BARRY FRIEDMAN AWARD	1,000.
<b>Total from continuation sheets</b>				

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

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- 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](http://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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>CURRENT CONCEPTS FOUNDATION ORTHOPAEDIC RESEARCH LABORATORIES</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>34-1914963</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions. <b>2310 SUPERIOR AVENUE EAST, NO. 100</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CLEVELAND, OH 44114</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

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

**A. SETH GREENWALD**

- The books are in the care of ▶ **2310 SUPERIOR AVE. EAST STE. 100 - CLEVELAND, OH 44114**  
 Telephone No ▶ **216-523-7004** FAX No ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ▶  calendar year **2011** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**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

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

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

Form **8868** (Rev. 1-2012)