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Form 990-PF

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

OMB No 1545-0052

2011

Department of the Treasury  
Internal Revenue Service

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

**ILLINOIS BONE AND JOINT FOUNDATION**

Number and street (or P O box number if mail is not delivered to street address)

**8930 WAUKEGAN ROAD**

Room/suite

**200**

City or town, state, and ZIP code

**MORTON GROVE IL 60053**

G Check all that apply

  
  

Initial return  
Final return  
Address change
  
  

Initial return of a former public charity  
Amended return  
Name changeH Check type of organization  Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundationI Fair market value of all assets at  
end of year (from Part II, col. (c),  
line 16) ► \$ **453,635** (Part I, column (d) must be on cash basis.)

J Accounting method.

 Cash  Accrual Other (specify) \_\_\_\_\_

A Employer identification number

**36-4335187**

B Telephone number (see instructions)

**847-375-3000**C If exemption application is pending, check here ► D 1 Foreign organizations, check here ► 2 Foreign organizations meeting the  
85% test, check here and attach computation ► E If private foundation status was terminated under  
section 507(b)(1)(A), check here ► F If the foundation is in a 60-month termination  
under section 507(b)(1)(B), check here ► **Part I Analysis of Revenue and Expenses** (The total of  
amounts in columns (b), (c), and (d) may not necessarily equal  
the amounts in column (a) (see instructions))(a) Revenue and  
expenses per  
books(b) Net investment  
income(c) Adjusted net  
income(d) Disbursements  
for charitable  
purposes  
(cash basis only)

1 Contributions, gifts, grants, etc., received (attach schedule)	<b>683,301</b>			
2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments	<b>6</b>	<b>6</b>		
4 Dividends and interest from securities				
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a				
7 Capital gain net income (from Part IV, line 2)		<b>0</b>		
8 Net short-term capital gain			<b>0</b>	
9 Income modifications				
10a Gross sales less returns & allowances				
b Less Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	<b>683,307</b>	<b>6</b>	<b>0</b>	

13 Compensation of officers, directors, trustees, etc	<b>0</b>			
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)				
b Accounting fees (attach schedule)	<b>10,685</b>			
c Other professional fees (attach schedule)	<b>2,685</b>		<b>RECEIVED</b>	<b>10,685</b>
17 Interest				
18 Taxes (attach schedule) (see instructions)	<b>20,064</b>			
19 Depreciation (attach schedule) and depletion	<b>10,660</b>			
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (att. sch)	<b>619,633</b>			<b>565,352</b>
24 Total operating and administrative expenses.				
Add lines 13 through 23	<b>663,727</b>	<b>0</b>	<b>0</b>	<b>598,771</b>
25 Contributions, gifts, grants paid	<b>26,294</b>			<b>26,294</b>
26 Total expenses and disbursements. Add lines 24 and 25	<b>690,021</b>	<b>0</b>	<b>0</b>	<b>625,065</b>
27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements	<b>-6,714</b>			
b Net investment income (if negative, enter -0-)		<b>6</b>		
c Adjusted net income (if negative, enter -0-)			<b>0</b>	

For Paperwork Reduction Act Notice, see instructions.

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<b>Part II</b> <b>Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)	<b>Beginning of year</b>	<b>End of year</b>	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1	Cash—non-interest-bearing	455,226	434,552	434,552
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less allowance for doubtful accounts ►			
	4	Pledges receivable ►			
		Less allowance for doubtful accounts ►			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (att. schedule) ►	0		
		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 (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
<b>Liabilities</b>	11	Investments—land, buildings, and equipment basis ►			
		Less accumulated depreciation (attach sch) ►			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment. basis ►	124,724		
		Less accumulated depreciation (attach sch) ► <b>STMT 6</b>	105,691		
	15	Other assets (descnbe ►			
	16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item l)		484,915	453,585
	17	Accounts payable and accrued expenses		1,369	7,593
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (descnbe ► <b>SEE STATEMENT 7</b> )		355,470	324,630
	23	<b>Total liabilities</b> (add lines 17 through 22)		356,839	332,223
<b>Net Assets or Fund Balances</b>	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.		► <input checked="" type="checkbox"/>		
	24	Unrestricted		128,076	121,362
	25	Temporarly restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.		► <input type="checkbox"/>		
	27	Capital stock, trust pnncipal, or current funds			
	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	<b>Total net assets or fund balances</b> (see instructions)		128,076	121,362
	31	Total liabilities and net assets/fund balances (see instructions)		484,915	453,585

**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	128,076
2	Enter amount from Part I, line 27a	2	-6,714
3	Other increases not included in line 2 (itemize) ►	3	
4	Add lines 1, 2, and 3	4	121,362
5	Decreases not included in line 2 (itemize) ►	5	
6	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5)—Part II, column (b), line 30	6	121,362

**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 <b>N/A</b>					
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					
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					
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		
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) (see instructions) If (loss), enter -0- in Part I, line 8			3		

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

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

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

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

 Yes  No

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

1 Enter the appropriate amount in each column for each year, see the 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	<b>589,163</b>	<b>420,349</b>	<b>1.401604</b>
2009	<b>895,002</b>	<b>246,250</b>	<b>3.634526</b>
2008	<b>639,769</b>	<b>246,250</b>	<b>2.598047</b>
2007	<b>868,053</b>	<b>246,250</b>	<b>3.525088</b>
2006	<b>1,130,564</b>		

2 Total of line 1, column (d)

**2 11.159265**

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 2.789816**

4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5

**4 438,216**

5 Multiply line 4 by line 3

**5 1,222,542**

6 Enter 1% of net investment income (1% of Part I, line 27b)

**6**

7 Add lines 5 and 6

**7 1,222,542**

8 Enter qualifying distributions from Part XII, line 4

**8 625,065**

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

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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 ►  and enter "N/A" on line 1. (attach copy of letter if necessary—see instructions)

1b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ►  and enter 1% of Part I, line 27b

1c 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-)

3 Add lines 1 and 2

4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)

5 **Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-

6 Credits/Payments

6a 2011 estimated tax payments and 2010 overpayment credited to 2011

6b Exempt foreign organizations—tax withheld at source

6c Tax paid with application for extension of time to file (Form 8868)

6d Backup withholding erroneously withheld

7 Total credits and payments Add lines 6a through 6d

8 Enter any penalty for underpayment of estimated tax. Check here  if Form 2220 is attached

9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed

10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid

11 Enter the amount of line 10 to be Credited to 2012 estimated tax ► **Refunded** ► 11

1	
2	0
3	
4	0
5	0
6a	
6b	
6c	
6d	
7	
8	
9	
10	
11	

**Part VII-A Statements Regarding Activities**

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?

1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?

If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities

1c Did the foundation file Form 1120-POL for this year?

1d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:

(1) On the foundation ► \$ \_\_\_\_\_ (2) On foundation managers ► \$ \_\_\_\_\_

1e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ \_\_\_\_\_

2 Has the foundation engaged in any activities that have not previously been reported to the IRS?

If "Yes," attach a detailed description of the activities

3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes

4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

4b If "Yes," has it filed a tax return on Form 990-T for this year?

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?

If "Yes," attach the statement required by General Instruction T.

6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:

- By language in the governing instrument, or
- By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV

8a Enter the states to which the foundation reports or with which it is registered (see instructions) ► **IL**

8b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses ..

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

**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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <b>NONE</b>	13	<input checked="" type="checkbox"/>
14	The books are in care of ► <b>PROFESSIONAL BUSINESS CONSULTANTS</b> <b>903 COMMERCE DRIVE</b>	Telephone no. ► <b>630-571-6770</b>	
	Located at ► <b>OAK BROOK</b>	IL	ZIP+4 ► <b>60523</b>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the year	► 15	► <input type="checkbox"/>
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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

1a	During the year did the foundation (either directly or indirectly)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	<b>N/A</b>
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?	<b>N/A</b>
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If "Yes," list the years ► 20 , 20 , 20 , 20	
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)	<b>N/A</b>
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20 , 20 , 20 , 20	<b>2b</b>
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 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.)	<b>N/A</b>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	
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?	<b>3b</b> <b>4a</b> <b>4b</b>

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

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 8				

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

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

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

► 0

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."

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

Total number of others receiving over \$50,000 for professional services ►

**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 RESEARCH ISSUES RELATING TO ORTHOPAEDIC MEDICINE AND PUBLISH OR RELEASE SUCH RESEARCH AT CONFERENCES OR IN WHITE PAPERS**

625,065

2

3

4

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

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

Total. Add lines 1 through 3 ►

**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	0
b	Average of monthly cash balances	1b	444,889
c	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	444,889
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	444,889
4	Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see instructions)	4	6,673
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	438,216
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	21,911

**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	<b>Distributable amount as adjusted</b> 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	625,065
b	Program-related investments—total from Part IX-B	1b	
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	3a	
a	Suitability test (prior IRS approval required)	3b	
b	Cash distribution test (attach the required schedule)	4	625,065
4	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	5	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	6	0
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4		625,065

**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)**

	(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: 20____, 20____, 20____				
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 ► \$ <b>625,065</b>				
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	<b>625,065</b>			
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:	<b>625,065</b>			
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 instructions				
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) (see instructions)				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)				
9 <b>Excess distributions carryover to 2012.</b> 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				

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

1a	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				►	N/A																					
b	Check box to indicate whether the foundation is a private operating foundation described in section				<input checked="" type="checkbox"/>	4942(j)(3) or	<input type="checkbox"/> 4942(j)(5)																				
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed				<table border="1"> <thead> <tr> <th colspan="2">Tax year</th> <th colspan="3">Prior 3 years</th> <th rowspan="2">(e) Total</th> </tr> <tr> <th>(a) 2011</th> <th>(b) 2010</th> <th>(c) 2009</th> <th>(d) 2008</th> </tr> </thead> <tbody> <tr> <td>0</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>625,065</td> <td>589,163</td> <td>895,005</td> <td>639,769</td> <td>2,749,002</td> </tr> </tbody> </table>			Tax year		Prior 3 years			(e) Total	(a) 2011	(b) 2010	(c) 2009	(d) 2008	0				0	625,065	589,163	895,005	639,769	2,749,002
Tax year		Prior 3 years						(e) Total																			
(a) 2011	(b) 2010	(c) 2009	(d) 2008																								
0				0																							
625,065	589,163	895,005	639,769	2,749,002																							
b	85% of line 2a																										
c	Qualifying distributions from Part XII, line 4 for each year listed				625,065	589,163	895,005	639,769	2,749,002																		
d	Amounts included in line 2c not used directly for active conduct of exempt activities				625,065	589,163	895,005	639,769	2,749,002																		
e	Qualifying distributions made directly for active conduct of exempt activities				625,065	589,163	895,005	639,769	2,749,002																		
	Subtract line 2d from line 2c																										
3	Complete 3a, b, or c for the alternative test relied upon				453,585	484,915	416,380	483,873	1,838,753																		
a	"Assets" alternative test—enter				453,585	484,915	416,380	483,873	1,838,753																		
(1)	Value of all assets				453,585	484,915	416,380	483,873	1,838,753																		
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i)																										
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed																										
c	"Support" alternative test—enter																										
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)				N/A																						
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)				N/A																						
(3)	Largest amount of support from an exempt organization				N/A																						
(4)	Gross investment income				N/A																						

**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))

N/A

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

N/A

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

Check here ►  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see 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.

N/A

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

N/A

c Any submission deadlines:

N/A

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

N/A

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

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
<b>Name and address (home or business)</b>				
<b>a Paid during the year</b>				
<b>ORTHO RESEARCH &amp; EDUCATION FOUNDATION</b> <b>6300 NORTH RIVER ROAD</b> <b>ROSEMONT IL 60018-4261</b>			<b>CHARITY</b>	<b>26,294</b>
<b>Total</b>			► 3a	<b>26,294</b>
<b>b Approved for future payment</b>				
<b>N/A</b>				
<b>Total</b>			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
<b>1 Program service revenue</b>					
a					
b					
c					
d					
e					
f					
<b>g Fees and contracts from government agencies</b>					
<b>2 Membership dues and assessments</b>					
<b>3 Interest on savings and temporary cash investments</b>					6
<b>4 Dividends and interest from securities</b>					
<b>5 Net rental income or (loss) from real estate</b>					
a Debt-financed property					
b Not debt-financed property					
<b>6 Net rental income or (loss) from personal property</b>					
<b>7 Other investment income</b>					
<b>8 Gain or (loss) from sales of assets other than inventory</b>					
<b>9 Net income or (loss) from special events</b>					
<b>10 Gross profit or (loss) from sales of inventory</b>					
<b>11 Other revenue a</b>					
b					
c					
d					
e					
<b>12 Subtotal Add columns (b), (d), and (e)</b>		0		0	6
<b>13 Total Add line 12, columns (b), (d), and (e)</b>	13				6
(See under Part VI line 12 note, other to self-exemption.)					

## **Relationship of Activities to the Accomplishment of Exempt Purposes**

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of:

- (1) Cash
- (2) Other assets

b Other transactions:

- (1) Sales of assets to a noncharitable exempt organization
- (2) Purchases of assets from a noncharitable exempt organization
- (3) Rental of facilities, equipment, or other assets
- (4) Reimbursement arrangements
- (5) Loans or loan guarantees
- (6) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
1a(1)	X	
1a(2)	X	
1b(1)		X
1b(2)		X
1b(3)		X
1b(4)		X
1b(5)		X
1b(6)		X
1c		X

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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

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

**Sign  
Here**

Signature of officer or trustee

Dat

Title

**Paid  
Preparer**

Print/Type preparer's name

Preparer's signature

Date

Check  if  
self-employed

**Use Only**

**Firm's name ►** **PROFESSI**

PTIN **P00585294**  
Firm's EIN ► **36-3443579**  
Phone no. **630-571-6770**

DAA

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

Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**

OMB No 1545-0047

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

**2011**

Name of the organization

**ILLINOIS BONE AND JOINT FOUNDATION**

Employer identification number

**36-4335187**

Organization type (check one)

**Filers of:**

Form 990 or 990-EZ  501(c)( ) (enter number) organization

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

527 political organization

Form 990-PF  501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, 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)

## Name of organization

ILLINOIS BONE AND JOINT FOUNDATION

Employer identification number

36-4335187

## 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	BIOMIMETIC THERAPEUTICS 389-A NICHOL MILL LANE  FRANKLIN TN 37067	\$ 8,125	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
2	DEPUY ORTHOPAEDICS, INC. 700 ORTHOPAEDIC DRIVE  WARSAW IN 46581-0988	\$ 35,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
3	DEPUY PRODUCTS, INC. 700 ORTHOPAEDIC DRIVE  WARSAW IN 46581	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
4	NEUBAUER-PERKINS, INC. 673 ACADEMY DRIVE  NORTHBROOK IL 60062	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	STRYKER ORTHOPAEDICS 325 CORPORATE DRIVE  MAHWAH NJ 07430	\$ 43,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
6	SMITH & NEPHEW 1450 BROOKS RD  MEMPHIS TN 38116	\$ 33,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )

Name of organization

**ILLINOIS BONE AND JOINT FOUNDATION**

Employer identification number

**36-4335187****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
7	<b>SYNTHES USA SALES, LLC 1302 WRIGHTS LANE EAST WESTCHESTER PA 19380</b>	\$ 79,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
8	<b>INNOMED, INC. 103 ESTUS DRIVE SAVANNAH GA 31404</b>	\$ 29,389	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
9	<b>ZIMMER INC. PO BOX 708 WARSAW IN 46581-0708</b>	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
10	<b>MEDTRONIC 710 MEDTRONIC PARKWAY MINNEAPOLIS MN 55432-5604</b>	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
11	<b>AUDIO - DIGEST FOUNDATION 1577 E. CHEVY CHASE DRIVE GLENDALE CA 91206</b>	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
12	<b>DEPUY SPINE 325 PARAMOUNT DRIVE RAYNHAM MA 02767</b>	\$ 13,339	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )

Name of organization

**ILLINOIS BONE AND JOINT FOUNDATION**

Employer identification number

**36-4335187****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
13	BIOMET 55 EAST BELL DRIVE  WARSAW IN 46580	\$ 6,500	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II if there is a noncash contribution)
14	SWANSON, MARTIN & BELL LLP 330 NORTH WABASH, SUITE 3300  CHICAGO IL 60611	\$ 5,833	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II if there is a noncash contribution)
15	BAY GROUP HEALTH CARE, LLC 4105 OAKTON ST.  SKOKIE IL 60076	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II if there is a noncash contribution.)
16	ETEX CORPORATION 675 MASSACHUSETTS AVE, SUITE 12  CAMBRIDGE MA 02139	\$ 38,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II if there is a noncash contribution)
17	GLENVIEW TERRACE NURSING CENTER 1511 GREENWOOD ROAD  GLENVIEW IL 60026	\$ 7,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II if there is a noncash contribution)
18	RESURRECTION HEALTH CARE 100 NORTH RIVER ROAD  DES PLAINES IL 60016	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II if there is a noncash contribution)

Name of organization

**ILLINOIS BONE AND JOINT FOUNDATION**

Employer identification number

**36-4335187****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
19	NORTHSORE UNIVERSITY HEALTHSYSTEM 1301 CENTRAL STREET  EVANSTON IL 60201	\$ 10,006	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II if there is a noncash contribution.)
20	WHITEHALL NORTH LLC 300 WAUKEGAN ROAD  DEERFIELD IL 60015	\$ 8,400	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II if there is a noncash contribution )
21	SPINECRAFT 2215 ENTERPRISE DRIVE #1504  WESTCHESTER IL 60154	\$ 9,129	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II if there is a noncash contribution )
22	THE CUSTOM COMPANIES 317 W. LAKE ST.  NORTHLAKE IL 60164	\$ 7,500	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II if there is a noncash contribution.)
23	THE POTTS LAW FIRM, LLC 908 BROADWAY, 3RD FLOOR  KANSAS CITY MO 64105	\$ 7,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II if there is a noncash contribution )
24	WEST BEND 1900 SOUTH 18TH AVE.  WEST BEND WI 53095	\$ 6,167	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II if there is a noncash contribution.)

Form 4562

Department of the Treasury  
Internal Revenue Service (99)Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment  
Sequence No 179

Name(s) shown on return

ILLINOIS BONE AND JOINT FOUNDATION

Identifying number  
36-4335187

Business or activity to which this form relates

## INDIRECT DEPRECIATION

## Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	389

## Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

## Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	10,271
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►		

## Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property		25 yrs			S/L	
h Residential rental property		27 5 yrs	MM		S/L	
i Nonresidential real property		27 5 yrs	MM		S/L	
		39 yrs	MM		S/L	
			MM		S/L	

## Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year		12 yrs			S/L	
c 40-year		40 yrs	MM		S/L	

## Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	10,660
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

FOUNDATION ILLINOIS BONE AND JOINT FOUNDATION  
36-4335187  
FYE: 12/31/2011

**FOUNDATION ILLINOIS BONE AND JOINT FOUNDATION  
Federal Statements**

8/27/2012 9:15 AM

**Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees**

<u>Description</u>	<u>Total</u>	<u>Net Investment</u>	<u>Adjusted Net</u>	<u>Charitable Purpose</u>
INDIRECT AUDIT FEES & TAX PREP.	\$ 10,685	\$ 0	\$ 0	\$ 10,685
<b>TOTAL</b>	<b>\$ 10,685</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 10,685</b>

**Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees**

<u>Description</u>	<u>Total</u>	<u>Net Investment</u>	<u>Adjusted Net</u>	<u>Charitable Purpose</u>
INDIRECT PROFESSIONAL FEES	\$ 2,685	\$ 0	\$ 0	\$ 2,685
<b>TOTAL</b>	<b>\$ 2,685</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 2,685</b>

**Statement 3 - Form 990-PF, Part I, Line 18 - Taxes**

<u>Description</u>	<u>Total</u>	<u>Net Investment</u>	<u>Adjusted Net</u>	<u>Charitable Purpose</u>
ILLINOIS CHARITY BUREAU	\$ 15	\$ 0	\$ 0	\$ 0
PAYROLL TAXES	20,049	\$ 0	\$ 0	\$ 20,049
US TREASURY EXCISE TAX				
<b>TOTAL</b>	<b>\$ 20,064</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 20,049</b>

**Statement 4 - Form 990-PF, Part I, Line 19 - Depreciation**

<u>Description</u>	<u>Cost Basis</u>	<u>Prior Year Depreciation</u>	<u>Method</u>	<u>Life</u>	<u>Current Year Depreciation</u>	<u>Net Investment Income</u>	<u>Adjusted Net Income</u>
COMPUTER-WMG	\$ 7,221	\$ 7,221	200DB	5	\$ 5	\$ 5	\$ 5
8/02/00							
COMPUTER-JLV	4,081	4,081	200DB	5	5	5	5
4/05/00							

**Statement 4 - Form 990-PF, Part I, Line 19 - Depreciation (continued)**

Description		Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
Date Acquired	Cost Basis						
CAMERA							\$
2/14/01	\$ 1,313	\$ 1,313	200DB	5	\$ 5	\$	\$
PHOTO & RESEARCH EQUIPMENT							
1/11/01	901	901	200DB	5			
RESEARCH COMPUTER							
10/24/01	3,012	3,012	200DB	5			
RESEARCH LAPTOP							
12/31/01	1,157	1,157	200DB	5			
OPERATING ROOM CAMERA							
12/31/01	204	204	200DB	5			
COMPUTER							
2/14/01	4,199	4,199	200DB	5			
VIDAR SCANNER							
3/01/02	13,245	13,245	S/L	7			
COMPUTER & EQUIPMENT							
9/05/03	8,351	8,351	S/L	5			
COMPUTER							
5/05/03	1,317	1,317	S/L	5			
COMPUTER							
1/15/03	2,403	2,403	S/L	5			
NOTEBOOK COMPUTERS							
1/15/04	10,401	10,401	S/L	5			
DELL COMPUTERS							
3/25/04	4,249	4,249	S/L	5			
SONY LAPTOP							
3/02/04	2,189	2,189	S/L	5			
RESEARCH COMPUTER							
5/20/04	1,557	1,557	S/L	5			
RESEARCH COMPUTER							
11/17/04	4,999	4,999	S/L	5			
FURNITURE							
4/25/05	1,446	1,171	S/L	7			
COMPUTERS - GLENVIEW							
10/13/05	10,090	10,090	S/L	5			

**Statement 4 - Form 990-PF, Part I, Line 19 - Depreciation (continued)**

<u>Date Acquired</u>	<u>Cost Basis</u>	<u>Prior Year Depreciation</u>	<u>Method</u>	<u>Life</u>	<u>Current Year Depreciation</u>	<u>Net Investment Income</u>	<u>Adjusted Net Income</u>
12/14/05	\$ 533	\$ 533	S/L	5	\$ 5	\$	\$
COMPUTER 1/20/06	2,450	2,409	S/L	5	41		
COMPUTER 1/20/06	5,871	5,773	S/L	5	98		
PDA 5/04/06	649	605	S/L	5	44		
COMPUTER EQUIPMENT (IBJI-MLJ) 8/26/08	6,630	5,675	200DB	5	382		
COMPUTER EQUIPMENT (STEVEN HADDAD, MD) 11/21/08	6,730	5,761	200DB	5	388		
COMPUTER EQUIPMENT (IBJI-MLJ) 9/26/08	1,305	1,117	200DB	5	76		
COMPUTER EQUIPMENT (IBJI-MLJ) 3/04/08	1,091	934	200DB	5	63		
COMPUTER EQUIPMENT (IBJI-MLJ) 8/26/08	476	407	200DB	5	28		
COMPUTER EQUIPMENT (STEVEN HADDAD, MD) 8/25/08	3,920	3,356	200DB	5	226		
COMPUTER EQUIPMENT (HADDAD) 9/25/09	8,858	6,732	200DB	5	851		
COMPUTER EQUIPMENT (HADDAD) 11/01/10	17,648	882	200DB	5	6,707		
COMPUTER EQUIPMENT (GARAPATI) 7/02/10	3,082	462	200DB	5	1,048		
COMPUTER EQUIPMENT (WILLIAMS) 9/18/09	3,418	2,597	200DB	5	328		
COMPUTER EQUIPMENT (GORDON) 9/03/09	1,817	1,381	200DB	5	174		

**Statement 4 - Form 990-PF, Part I, Line 19 - Depreciation (continued)**

<u>Description</u>	<u>Date Acquired</u>	<u>Cost Basis</u>	<u>Prior Year Depreciation</u>	<u>Method</u>	<u>Life</u>	<u>Current Year Depreciation</u>	<u>Net Investment Income</u>	<u>Adjusted Net Income</u>
TOTAL	\$ 146,813	\$ 120,684				\$ 10,660	\$ 0	\$ 0

**Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses**

<u>Description</u>	<u>Total</u>	<u>Net Investment</u>	<u>Adjusted Net</u>	<u>Charitable Purpose</u>
EXPENSES	\$	\$	\$	\$
ADVERTISING	9,180			
BANK CHARGES	1,093			1,093
COMPUTER	19,704			19,704
CONSULTING FEES	525			
CONTINUING EDUCATION	2,009			2,009
DRUGS & PROFESSIONAL SUPPLIES	158			158
DUES & SUBSCRIPTIONS	3,535			
INSURANCE	1,290			1,290
MEALS & ENTERTAINMENT	2,590			
MESSENGER / FREIGHT SERVICE	19			
OFFICE	27,593			
OUTSIDE SERVICES-SYMPONIUM	10,000			10,000
POSTAGE	6,381			
PROFESSIONAL MEETINGS	208,729			208,729
REPAIRS & MAINTENANCE	35			
RESEARCH SALARIES	294,149			294,149
TELEPHONE	4,423			
TRAVEL	28,220			28,220
TOTAL	\$ 619,633	\$ 0	\$ 0	\$ 565,352

FOUNDATION ILLINOIS BONE AND JOINT FOUNDATION  
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**Statement 6 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment**

Description	Beginning Net Book	End Cost / Basis	End Accumulated Depreciation	Net FMV
MEDICAL EQUIPMENT	\$ 29,689	\$ 124,724	\$ 105,691	\$ 19,083
TOTAL	\$ 29,689	\$ 124,724	\$ 105,691	\$ 19,083

**Federal Statements****Statement 7 - Form 990-PF, Part II, Line 22 - Other Liabilities**

Description	Beginning of Year	End of Year
ACCRUED SALARIES	\$ 355,470	\$ 324,630
TOTAL	<u>\$ 355,470</u>	<u>\$ 324,630</u>

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**Statement 8 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
CHRIST PAVLATOS 1301 N. DEARBORN PARKWAY #804 CHICAGO IL 60610	DIRECTOR	5.00	0	0	0
ARNOLD K. COHN, M.D. 1415 MEADOW LN GLENVIEW IL 60025	SECRETARY/TR	10.00	0	0	0
MATTHEW JIMENEZ 104 LONGMEADOW ROAD WINNETKA IL 60093	DIRECTOR	5.00	0	0	0
TOMAS NEMICKAS 701 N. MAYFLOWER ROAD LAKE FOREST IL 60045	DIRECTOR	5.00	0	0	0
CRAIG WESTIN 387 SHERIDAN ROAD WINNETKA IL 60093	DIRECTOR	5.00	0	0	0
JAMES COHEN 575 LINCOLN AVE. GLENCOE IL 60022	DIRECTOR	5.00	0	0	0
LEON S. BENSON, M.D. 1728 SUNNYSIDE AVE HIGHLAND PARK IL 60035	PRESIDENT	10.00	0	0	0
WAYNE GOLDSTEIN 2887 LEXINGTON LANE HIGHLAND PARK IL 60035	DIRECTOR	5.00	0	0	0
E. QUINN REGAN 710 BORDEAUX CT INVERNESS IL 60010	DIRECTOR	5.00	0	0	0
MICHAEL O'ROURKE	DIRECTOR	5.00	0	0	0

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**Statement 8 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees,**

Etc. (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
154 WARWICK LANE KENILWORTH IL 60043					