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Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization’s mission

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

2

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

If “Yes,” describe these new services on Schedule O

3

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

If “Yes,” describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 395,869,636 including grants of \$ 2,310,802) (Revenue \$)

MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC. (MTF) PROVIDES ALLOGRAFT TISSUES TO THE MEDICAL COMMUNITY. MTF MARKED ITS 25TH ANNIVERSARY ON JANUARY 30, 2012. SINCE ITS INCEPTION IN 1987, MTF, THE NATION'S LEADING TISSUE BANK, HAS RECEIVED DONATED TISSUE FROM OVER 98,000 DONORS AND HAS PROVIDED OVER 5.5 MILLION GRAFTS TO HELP IMPROVE LIVES. IN 2012, MTF RECOVERED TISSUE FROM APPROXIMATELY 6,222 DONORS FOR USE IN MUSCULOSKELETAL AND BONE ALLOGRAFT APPLICATIONS, 3,182 DERMAL RECOVERIES FOR USE IN BURN, GENERAL, AND PLASTIC SURGERY APPLICATIONS, AND OVER 500 DONORS FOR ORGANS AND TISSUES FOR RESEARCH. OVERALL, MTF DISTRIBUTED OVER 487,000 UNITS OF ALLOGRAFT TISSUE DURING 2012. IN 2011, MTF RECOVERED TISSUE FROM APPROXIMATELY 6,322 DONORS FOR USE IN MUSCULOSKELETAL AND BONE ALLOGRAFT APPLICATIONS AND 2,725 DERMAL RECOVERIES FOR USE IN GENERAL AND PLASTIC SURGERY APPLICATIONS. OVERALL, MTF DISTRIBUTED OVER 490,000 UNITS OF ALLOGRAFT TISSUE DURING 2011. IN ADDITION, TO THIS SERVICE, MTF DONATES ALLOGRAFT TISSUES FOR RESEARCH, MEDICAL AND EDUCATIONAL PURPOSES. MTF'S RESEARCH AND DEVELOPMENT HAS CONTINUED DEVELOPMENT OF UNIQUE TISSUE FORMS FOR ORTHOPAEDIC AND GENERAL SURGICAL APPLICATIONS. MTF HAS MET PROJECT MILESTONES IN THE DEVELOPMENT OF ADULT, ALLOGENEIC STEM CELLS, ALLOGRAFT SOLUTIONS FOR THE REPAIR OF ARTICULAR CARTILAGE, AND NEW FORMS OF DEMINERALIZED BONE. MTF CONTINUES TO SEEK NEW APPLICATIONS FOR THE USE OF THE GIFT OF ALLOGRAFT TISSUES TO RESOLVE UNMET CLINICAL NEEDS AND CONTINUES TO PROVIDE SPECIAL TISSUE FOR RESEARCH PERFORMED BY MEMBERS OF THE ARMED FORCES INSTITUTE OF REGENERATIVE MEDICINE WHICH IS AN ORGANIZATION DEDICATED TO DEVELOPING MEDICAL THERAPIES AND TREATMENTS FOR WOUNDED SOLDIERS. IN 2012, MTF MADE AVAILABLE TWO NEW TISSUE FORMS DURING THE CALENDAR YEAR: 1) FLEX HD PLIABLE(TM) ACELLULAR DERMAL GRAFTS SPECIFICALLY DESIGNED FOR USE IN BREAST RECONSTRUCTION, AND 2) FLEX HD DIAMOND(TM) ACELLULAR DERMAL GRAFTS SPECIFICALLY DESIGNED FOR USE IN HERNIA REPAIR. DURING 2012, MTF, WITH THE SUPPORT OF ITS RECOVERY PARTNERS, JOINED WITH THE AMERICAN SOCIETY OF PLASTIC SURGEONS (ASPS) AND THE PLASTIC SURGERY FOUNDATION (PSF) IN SUPPORT OF THE FIRST NATIONAL BREAST RECONSTRUCTION AWARENESS (BRA) DAY USA ON OCTOBER 17, 2012. AS A SPONSOR, MTF, JOINED THE WORLD'S LARGEST ORGANIZATION OF BOARD-CERTIFIED PLASTIC SURGEONS IN A CAMPAIGN TO SUPPORT BREAST CANCER SURVIVORS' RIGHTS TO MAKE AN INFORMED DECISION WHEN CHOOSING WHICH BREAST RECONSTRUCTION OPTION, FOLLOWING MASTECTOMY, IS RIGHT FOR THEM.

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

(Code) (Expenses \$ 54,250 including grants of \$ 54,250) (Revenue \$)

MTF PAYS INDEPENDENT RESEARCH EXPERTS TO REVIEW ANY GRANT PROPOSALS SUBMITTED TO THE ORGANIZATION FOR VALIDITY OR MERIT OF THE PROPOSED RESEARCH PROJECT AND ALSO RELATIONSHIP TO MTF'S CORE MISSION OF ADVANCING MUSCULOSKELETAL TRANSPLANT SCIENCE. DURING 2012, MTF RECEIVED 84 APPLICATIONS FOR PEER REVIEW AND OTHER GRANTS. MTF USED 76 SUCH INDEPENDENT EXPERTS TO REVIEW PEER-REVIEWED RESEARCH GRANT PROJECTS AND 10 PROJECTS WERE APPROVED FOR FUNDING. DURING 2011, MTF RECEIVED 75 APPLICATIONS FOR PEER REVIEW AND OTHER GRANTS. MTF USED 69 SUCH INDEPENDENT EXPERTS TO REVIEW PEER-REVIEWED RESEARCH GRANT PROJECTS AND 11 PROJECTS WERE APPROVED FOR FUNDING.

4d

Other program services (Describe in Schedule O)

(Expenses \$ 54,250 including grants of \$ 54,250) (Revenue \$)

4e

Total program service expenses

395,923,886

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	399
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	1,329
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes
b	If "Yes," enter the name of the foreign country: CA See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?	7c	No
d	If "Yes," indicate the number of Forms 8822 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	12	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	CA , GA , NJ
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	MICHAEL J KAWAS 125 MAY STREET EDISON, NJ (732) 661-0202

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM W TOMFORD MD BOD, CHAIRMA	1 00	X						50,000	0	0
(2) WILLIAM F ENNEKING MD DIRECTOR EME	1 00	X						17,450	0	0
(3) GERALD FINERMAN MD BOD	1 00	X						12,000	0	0
(4) DAN M SPENGLER MD BOD	1 00	X						11,000	0	0
(5) VICTOR FRANKEL MDPHD DIRECTOR EME	1 00	X						11,000	0	0
(6) DONALD HACKBARTH MD BOD, VICE CH	1 00	X						10,000	0	0
(7) CRAIG BOTTONI MD BOD	1 00	X						10,000	0	0
(8) HERBERT S SCHWARTZ BOD, MBOT	1 00	X						8,750	0	0
(9) SUSAN GUNDERSON FOR LIFESOURCE BOD, DBOT	1 00	X						8,000	0	0
(10) JOSEPH A BUCKWALTER MD BOD	1 00	X						8,000	0	0
(11) ALLAN GROSS MD BOD	1 00	X						8,000	0	0
(12) HOWARD M NATHAN BOD	1 00	X						5,000	0	0
(13) MARK BOLANDER MD BOD	1 00	X						0	0	0
(14) JOSEPH ZUCKERMAN MD BOD	1 00	X						0	0	0
(15) BRUCE W STROEVER PRESIDENT/CE	60 00			X				763,618	0	34,051
(16) MICHAEL J KAWAS TREASURER/CF	60 00			X				470,346	0	43,491
(17) GEORGE A ORAM EXECUTIVE VP	60 00				X			487,645	0	39,575

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARTHA ANDERSON EXECUTIVE VP	60 00				X			382,661	0	34,286
(19) JOSEPH YACCARINO EXECUTIVE VP	60 00				X			366,493	0	36,528
(20) MARK H SPILKER EXECUTIVE VP	60 00					X		352,881	0	37,544
(21) DONALD E LARSON VP CONTRACT	50 00					X		292,668	0	38,341
(22) DAVID C PAUL VP FINANCE	50 00					X		281,895	0	41,211
(23) KIMBERLY A ROUNDS VP MARKETING	50 00					X		281,498	0	40,825
(24) GEORGE HERRERA VP DONOR SER	50 00					X		278,466	0	35,734
(25) RICHARD NICHOLAS MD BOD, MBOT	1 00						X	4,000	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,121,371		381,586

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶156		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
(A) Name and business address	(B) Description of services	(C) Compensation
SYNTHES 1302 WRIGHTS LANE EAST WEST CHESTER PA 19380	TISSUE PROMOTIO	74,230,932
ORTHOFIX INC 1401 ELM ST 5TH FLOOR DALLAS TX 75202	TISSUE PROMOTIO	42,065,226
CASCADE MEDICAL ENTERPRISES LLC 20 GREENUP COURT WAYNE NJ 07470	SUPPLIER	13,667,098
CONMED LINVATEC 1250 TERMINUS DRIVE LITHIA SPRINGS GA 30122	TISSUE PROMOTIO	13,492,974
ONE LEGACY TISSUE SERVICES 221 S FIGUEROA ST STE 500 LOS ANGELES CA 90012	RECOVERY PRNTR	9,451,816
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶189		

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e	44,041			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	171,545			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	215,586			
Program Service Revenue	2a	TISSUE PROCESSING & DISTRIB	Business Code			
	b	DONOR TRIAGE SCREENING		388,769,664	388,769,664	
	c	DISTRIBUTION RIGHTS PAYMENTS		6,430,560	6,430,560	
	d	OTHER REVENUE		3,100,216	3,100,216	
	e	FAMILY SERVICE REVENUE		3,057,803	3,057,803	
	f	All other program service revenue		535,334	535,334	
	g	All other program service revenue		-3,947,865	-3,947,865	
	g	Total. Add lines 2a-2f		397,945,712		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	2,398,377			2,398,377
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real	(ii) Personal		
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less cost or other basis and sales expenses	2,250,000	27,500		
	c	Gain or (loss)	2,851,679			
	d	Net gain or (loss)	-601,679	27,500	-601,679	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	a			
	b	Less cost of goods sold	b			
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue	Business Code			
	11a	OTHER MISCELLANEOUS REVENUE		2,741,221		2,741,221
	b	FREIGHT & FEES REVENUE		2,452,284		2,452,284
	c	VAT REFUNDS		354,175		354,175
	d	All other revenue		-230,441		-230,441
	e	Total. Add lines 11a-11d		5,317,239		
	12	Total revenue. See Instructions		404,881,569	397,973,212	-1,022,845
						7,715,616

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	2,310,802	2,310,802		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	54,250	54,250		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	4,121,371	2,695,377	1,425,994	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	62,836,430	52,393,015	10,443,415	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,988,333	2,879,857	108,476	
9	Other employee benefits.	12,535,206	10,451,855	2,083,351	
10	Payroll taxes.	5,403,269	4,505,246	898,023	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	4,452,091	4,179,178	272,913	
c	Accounting.	352,663		352,663	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	4,646,102	4,348,751	297,351	
12	Advertising and promotion.	1,386,061	1,359,171	26,890	
13	Office expenses.	1,273,846	356,549	917,297	
14	Information technology.	438,717	24,788	413,929	
15	Royalties.				
16	Occupancy.	10,476,886	8,352,174	2,124,712	
17	Travel.	1,952,634	1,598,231	354,403	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	1,883,935	1,420,864	463,071	
20	Interest.	382,625	339,809	42,816	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	8,551,981	7,504,363	1,047,618	
23	Insurance.	928,710	798,412	130,298	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	STORAGE & DISTRIBUTION	182,208,968	182,208,968		
b	PROCESSING COSTS	82,625,209	82,625,209		
c	RECOVERY EXPENSES	14,690,023	14,690,023		
d	RESEARCH AND DEVELOPMENT	8,753,720	8,753,720		
e	All other expenses	6,167,761	2,073,274	4,094,487	
25	Total functional expenses. Add lines 1 through 24e.	421,421,593	395,923,886	25,497,707	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		1,870	1	
	2	Savings and temporary cash investments		12,797,792	2	24,599,258
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		56,556,167	4	53,401,149
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		92,870,687	8	104,717,103
	9	Prepaid expenses and deferred charges		1,842,016	9	845,246
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a88,299,496			
	b	Less accumulated depreciation	10b59,276,643	28,137,019	10c	29,022,853
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		500,000	12	500,000
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		21,101,697	15	36,131,348
	16	Total assets. Add lines 1 through 15 (must equal line 34)		213,807,248	16	249,216,957
Liabilities	17	Accounts payable and accrued expenses		52,052,395	17	57,260,534
	18	Grants payable		3,309,600	18	3,415,289
	19	Deferred revenue		7,277,987	19	68,179,693
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		25,950,000	23	8,250,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		5,490,056	25	5,352,785
	26	Total liabilities. Add lines 17 through 25		94,080,038	26	142,458,301
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		119,727,210	27	106,758,656
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		119,727,210	33	106,758,656
	34	Total liabilities and net assets/fund balances		213,807,248	34	249,216,957

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	404,881,569
2	Total expenses (must equal Part IX, column (A), line 25)	2	421,421,593
3	Revenue less expenses Subtract line 2 from line 1	3	-16,540,024
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	119,727,210
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3,571,470
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	106,758,656

Part XII Financial Statements and Reporting

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

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public
Inspection

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

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

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

1	☐	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	☐	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	☐	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	☐	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
5	☐	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6	☐	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	☐	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8	☐	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	☒	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10	☐	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	☐	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated
e	☐	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	☐	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g	☐	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	217,644	38,886	31,236	99,556	215,586	602,908
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	347,833,254	374,326,325	389,546,992	392,360,791	397,945,712	1,902,013,074
3 Gross receipts from activities that are not an unrelated trade or business under section 513	608,595	5,540,367	5,583,873	4,420,468	5,317,239	21,470,542
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	348,659,493	379,905,578	395,162,101	396,880,815	403,478,537	1,924,086,524
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						1,924,086,524

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	348,659,493	379,905,578	395,162,101	396,880,815	403,478,537	1,924,086,524
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	325,827	582,317	1,509,436	1,762,794	2,398,377	6,578,751
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	325,827	582,317	1,509,436	1,762,794	2,398,377	6,578,751
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	348,985,320	380,487,895	396,671,537	398,643,609	405,876,914	1,930,665,275
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	99.660%	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99.710%	

Section D. Computation of Investment Income Percentage		
17	Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17 0 %
18	Investment income percentage from 2011 Schedule A, Part III, line 17	18
19a	33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	☒
b	33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	☐
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	☐

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

Facts And Circumstances Test

Explanation
SCHEDULE A, PART III, SECTION A PUBLIC SUPPORT, LINE 3 AND SECTION B TOTAL SUPPORT, LINES 11 AND 12 HAVE BEEN MODIFIED TO REFLECT THE FACT THAT ALL REVENUES SHOWN, EXCEPT UNRELATED BUSINESS INCOME/LOSS, ARE RELATED TO THE FOUNDATION'S CORE MISSION AND ARE DERIVED FROM SUCH ACTIVITIES. THUS, PRIOR YEARS' DATA LOCATION HAS BEEN MODIFIED TO REFLECT THE CURRENT YEAR'S PRESENTATION. SCHEDULE A, PART III, LINE 3 CONTAINS VARIOUS OTHER REVENUE ITEMS SUMMARIZED ON FORM 990, PART VIII, LINE 11D. REALIZED LOSS ON FOREIGN CURRENCY EXCHANGE - 328,094 A/P DISCOUNTS REVENUE 45,229 SERVICE FEES 52,424 ----- -230,441 =====

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MUSCULOSKELETAL TRANSPLANT
FOUNDATION INC

Employer identification number

22-2803458

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes☐ No	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

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

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,767,468		8,767,468
b Buildings				
c Leasehold improvements		28,767,173	21,299,107	7,468,066
d Equipment		29,955,059	23,116,420	6,838,639
e Other		20,809,796	14,861,116	5,948,680
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				29,022,853

Schedule D (Form 990) 2012

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return				
1	Total revenue, gains, and other support per audited financial statements		1	408,645,019
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		3,101,496
e	Add lines 2a through 2d		2e	3,101,496
3	Subtract line 2e from line 1		3	405,543,523
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		-661,954
c	Add lines 4a and 4b		4c	-661,954
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	404,881,569

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements		1	421,613,573
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		191,980
e	Add lines 2a through 2d		2e	191,980
3	Subtract line 2e from line 1		3	421,421,593
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	421,421,593

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	UNCERTAIN TAX POSITIONS ASC 740-10 (FORMERLY, FASB INTERPRETATION NO. 48, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES") REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY, THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION ADOPTED THE PROVISIONS OF ASC 740-10 IN FISCAL 2009. THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS AND CONCLUDED THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT MEET THE CRITERIA UNDER ASC 740-10.
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 2D	UNREALIZED GAIN ON FX EXCHANGE - TRADE RECEIVABLES 177,817 UNREALIZED GAIN ON FX EXCHANGE - CURRENCY 72,000 ADJ. GAIN ON SALE OF CASCADE/AESTHETIC FACTORS TO TAX LOSS 2,851,679
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 4B	PRIOR PERIOD ADJUSTMENT -661,954
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	ACCRUED GRANTS 191,980

Additional Data

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

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

(a) Description	(b) Book value
(1) GOODWILL AND OTHER INTANGIBLE ASSETS	19,606,667
(2) AFFILIATE RECEIVABLE	12,218,139
(3) OTHER RECEIVABLES	2,924,727
(4) DEFERRED R&D COSTS	844,824
(5) DEFERRED FINANCING COSTS	149,340
(6) SECURITY DEPOSITS	147,820
(7) INTEREST RECEIVABLE	129,831
(8) OTHER ASSETS	110,000

OMB No 1545-0047

**Open to Public
Inspection**

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

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

Employer identification number
22-2803458

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

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

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

Schedule F (Form 990) 2012

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ►

3 Enter total number of other organizations or entities ►

Part III

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

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes

☒ No

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Schedule F (Form 990) 2012

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization
MUSCULOSKELETAL TRANSPLANT
FOUNDATION INC

Employer identification number
22-2803458

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

62

3

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

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) STIPENDS FOR GRANT REVIEW		54,250			

Part IV

Supplemental Information.
Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	GRANTEE QUALIFICATIONS GRANTS ARE AWARDED BY THE BOARD OF DIRECTORS IN THE FOLLOWING CATEGORIES 1)ORTHOPAEDIC RESEARCH GRANT AWARDED THROUGH THE OREF (ORTHOPAEDIC RESEARCH & EDUCATION FOUNDATION) THIS AWARD IS FOR RESEARCH RELATING TO ALLOGRAFT SCIENCE THE PURPOSE IS TO FOSTER, PROMOTE, SUPPORT, AUGMENT, DEVELOP, AND ENCOURAGE INVESTIGATIVE KNOWLEDGE OF THE CAUSES, CURE, AND PREVENTION OF ORTHOPAEDIC RELATED INJURIES AND CONDITIONS, AND TO ENCOURAGE RESEARCH IN THE FIELD OF ORTHOPAEDIC SURGERY IN THE MUSCULOSKELETAL SYSTEM THROUGH THE AWARDING OF RESEARCH AND EDUCATIONAL GRANTS ORGANIZATIONS FROM ANY ACCREDITED INSTITUTION MAY QUALIFY FOR THIS GRANT 100,000 EACH 2)PEER-REVIEW GRANTS SCIENTIFIC RESEARCH GRANTS ARE AWARDED FOR THE CONTINUED RESEARCH TO DESIGN AND SUPPORT THE ADVANCEMENT OF ALLOGRAFT SCIENCE TO BOTH MEMBER (50%) AND NON-MEMBER ACADEMIC INSTITUTIONS (50%) THERE ARE TWO LEVELS OF THIS TYPE OF GRANT A)JUNIOR INVESTIGATOR AWARDS FOR NEW PRINCIPAL RESEARCHERS ARE AVAILABLE FOR UP TO 100,000 EACH FOR ONE YEAR, NON-RENEWABLE AND B)ESTABLISHED INVESTIGATOR AWARDS FOR EXPERIENCED PRINCIPAL RESEARCHERS ARE AVAILABLE FOR UP TO 100,000 EACH PER YEAR FOR UP TO THREE YEARS IN ADDITION, PEER REVIEW GRANTS ARE SUBJECT TO REVIEW BY INDEPENDENT GRANT REVIEWERS FOR 2012, TOTAL GRANT REVIEW EXPENSE WAS 54,250 3)DIRECT MEMBER ALLOCATIONS ALL ACADEMIC MEMBERS ARE AWARDED GRANTS FOR THEIR ANNUAL PARTICIPATION IN RECOVERIES OF DONOR TISSUE AND PARTICIPATION IN THE FOUNDATION'S DIRECTORSHIP AND/OR TRUSTEESHIP THESE FUNDS ARE USED TO SUPPORT RESIDENT EDUCATION, CLINICAL OR BASIC SCIENCE AT THE BOARD OF TRUSTEE MEMBER'S INSTITUTION ONLY MTF ACADEMIC MEMBER ORGANIZATIONS MAY QUALIFY UP TO 10,000 EACH 4)ACADEMIC CAREER DEVELOPMENT THIS AWARD IS INTENDED TO FOSTER THE DEVELOPMENT OF OUTSTANDING ORTHOPAEDIC CLINICIANS AND ENABLE THEM TO EXPAND THEIR POTENTIAL TO MAKE SIGNIFICANT RESEARCH CONTRIBUTIONS TO THE FIELD OF ORTHOPAEDICS ONLY APPLICANTS FROM FOUNDATION MEMBER INSTITUTIONS ARE ELIGIBLE UP TO 300,000 EACH 5)HERDON RESIDENCY AWARD THE AWARD IS AWARDED FOR ORTHOPAEDIC RESIDENT RESEARCH PROJECTS THROUGH THE OREF (ORTHOPAEDIC RESEARCH & EDUCATION FOUNDATION) ORGANIZATIONS FROM ANY ACCREDITED INSTITUTION MAY QUALIFY FOR THIS GRANT TWO AWARDS AT 20,000 EACH 6)GRANT REVIEWER STIPENDS GRANT REVIEWER STIPENDS ARE PAID TO INDEPENDENT REVIEWERS FOR REVIEWING THE PEER REVIEW GRANT PROPOSALS 7)MTF BOD DIRECTED RESEARCH PROJECTS DIRECTLY DISCUSSED, AUTHORIZED AND INITIATED BY THE BOARD OF DIRECTORS ORGANIZATIONS FROM ANY ACCREDITED INSTITUTION MAY QUALIFY FOR THIS TYPE OF GRANT INDIVIDUAL AMOUNTS VARY BASED ON THE BUDGET NECESSARY TO CONCLUDE THE RESEARCH INITIATIVE ALL RECIPIENTS OF MTF GRANT AWARDS WILL RECEIVE 90% OF THEIR SUPPORT MADE IN PAYMENTS DURING THE GRANT PERIOD WHICH MAY BE AS LONG AS SEVERAL YEARS A FINAL 10% PAYMENT WILL BE MADE UPON RECEIPT OF A FINAL RESEARCH REPORT, WHICH IS DUE DECEMBER 31, OF THE CALENDAR YEAR A DETAILED BUDGET SHOWING USE OF ALL FUNDS AWARDED IS ALSO REQUIRED AS PART OF THE REPORT MADE TO THE FOUNDATION PRIOR TO THE RELEASE OF THE FINAL 10% OF FUNDING TWO 6-MONTH, NO COST EXTENSIONS OF THE GRANT MAY BE REQUESTED FORMALLY IF THE GRANT IS NOT COMPLETED BY THE AGREED COMPLETION DATE, THE GRANTEE WILL LOSE THE REMAINING 10% OF THE GRANTED FUNDS UNUSUAL CIRCUMSTANCES WILL BE CONSIDERED

Software ID:

Software Version:

EIN: 22-2803458

Name: MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON UNIV MED CTR ORTHO LAB72 EAST CONCORD ST E-243 BOSTON,MA 02118	04-2103547	3	90,000				SCIENTIFIC RESEARCH
CASE WESTERN RESERVE UNIVERSITY10900 EUCLID AVE SCH OF MED CLEVELAND,OH 44106	34-1018992	3	10,000				RESIDENT EDUCATION
CASE WESTERN RESERVE UNIVERSITY10900 EUCLID AVE GLENNAN BLDG CLEVELAND,OH 44106	34-1018992	3	100,000				SCIENTIFIC RESEARCH
CASE WESTERN RESERVE UNIVERSITY11100 EUCLID AVENUE HAN-5043 CLEVELAND,OH 441064976	34-1018992	3	7,000				RESIDENT EDUCATION
CHILDERN'S HOSPITAL BOSTON ORTHOPAEDIC SURGERY 300 LONGWOOD AVE ENDERS 260 BOSTON,MA 02115	04-2774441	3	89,378				SCIENTIFIC RESEARCH
COLORADO ST UNIV CHEM & BIO ENG1370 CAMPUS DELIVERY FT COLLINS,CO 805232002	84-6000545	3	90,000				SCIENTIFIC RESEARCH
DUKE UNIVERSITY MEDICAL CENTER200 TRENT DRIVE RM 1581 DURHAM,NC 27710	56-0532129	3	8,500				RESIDENT EDUCATION
HENRY FORD HOSPITAL 2799 WEST GRAND BLVD DETROIT,MI 48202	38-1357020	3	7,000				RESIDENT EDUCATION
HOSPITAL FOR JOINT DISEASES ORTHOPA301 EAST 17TH STREET NEWYORK,NY 10003	13-1624135	3	8,500				RESIDENT EDUCATION
LOMA LINDA UNIV MED CNTR11406 LOMA LINDA DR RM 218 LOMA LINDA,CA 92354	95-3522679	3	7,000				RESIDENT EDUCATION
LOUISIANA STATE UNIVERSITY2020 GRAVIER ST RM 330 NEWORLEANS,LA 70112	72-6000848	3	8,500				RESIDENT EDUCATION
MASSACHUSETTS GEN HOSPITALMGH E BLDG 149 13TH ST STE 9019 BOSTON,MA 02129	41-6011702	3	100,000				SCIENTIFIC RESEARCH
MAYO CLINIC200 FIRST STREET SW ROCHESTER,MN 55905		3	90,000				SCIENTIFIC RESEARCH
MEDICAL COLLEGE OF WISCONSIN9200 WEST WISCONSIN AVE BOX 26099 MILWAUKEE,WI 532260099	39-0806261	3	10,000				RESIDENT EDUCATION
MEDICAL UNIVERSITY OF SO CAROLINA171 ASHLEY AVENUE CSB 708 CHARLESTON,SC 294252239	57-6000722	3	10,000				RESIDENT EDUCATION
MEMORIAL SLOAN-KETTERING CANCER CTR 1275 YORK AVENUE NEWYORK,NY 10021	13-1924236	3	7,000				RESIDENT EDUCATION
MISSOURI ORTHOPAEDIC INST1100 VIRGINIA AVE DC95300 COLUMBIA,MO 65212	43-1212976	501C3	10,000				RESIDENT EDUCATION
OHIO STATE UNIVERSITY 2050 KENNY RD STE 3100 COLUMBUS,OH 43221	31-6025986	3	8,500				RESIDENT EDUCATION
OSCHSNER CLINIC FOUNDATION1201 S CLEARVIEW PKWY STE 104 NEWORLEANS,LA 70121	72-0502505	3	8,500				RESIDENT EDUCATION
PA STATE UNIV COLLEGE OF MED500 STATE UNIVERSITY DRIVE H089 HERSHEY,PA 17033		3	100,000				SCIENTIFIC RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUSH UNIV MED CTR600 SOUTH PAULINA ST RM 507 CHICAGO,IL 60612	36-2174823	3	100,000				SCIENTIFIC RESEARCH
STANFORD UNIVERSITY HOSPITAL450 BROADWAY STREET MC 6342 REDWOOD CITY,CA 94063	94-1156365	3	8,500				RESIDENT EDUCATION
THE CLEVELAND CLINIC 9500 EUCLID AVENUE ND-20 CLEVELAND,OH 44195	34-0714585	3	10,000				SCIENTIFIC RESEARCH
THE CLEVELAND CLINIC 9500 EUCLID AVENUE A-41 CLEVELAND,OH 44195	34-0714585	3	100,000				SCIENTIFIC RESEARCH
THE CLEVELAND CLINIC FOUNDATION9500 EUCLID AVENUE A-41 CLEVELAND,OH 44195	34-0714585	3	10,000				RESIDENT EDUCATION
THE QUEENS MEDICAL CTR 1329 LUSITANA ST STE 501 HONOLULU,HI 96813	99-0073524	3	7,000				RESIDENT EDUCATION
THE UNIVERSITY OF TEXAS1400 HOLCOMBE BLVD RM FC-11-3099 HOUSTON,TX 77230	74-6001118	3	7,000				RESIDENT EDUCATION
TULANE UNIV SCHOOL OF MEDICINE1430 TULANE AVENUE SL32 NEW ORLEANS,LA 70112	72-0423889	3	7,000				RESIDENT EDUCATION
TULANE UNIV CELL & MOLECULAR BIO6400 FRERET ST RM 2000 NEW ORLEANS,LA 701185698	72-0423889	3	89,564				SCIENTIFIC RESEARCH
UMDMJ-RWJ MEDICAL SCHOOL51 FRENCH ST NEW BRUNSWICK,NJ 08903	22-1775306	GOV	7,000				RESIDENT EDUCATION
UMDNJ MEDICAL SCHOOL 140 BERGEN ST ACC D1765 NEWARK,NJ 07103	22-1775306	3	7,000				RESIDENT EDUCATION
UNIV OF ARKANSAS-MEDICAL SCIENCES4301 W MARKHAM ST 531 LITTLE ROCK,AR 72205	71-6056774	3	8,500				RESIDENT EDUCATION
UNIV OF CA DAVIS MEDICAL CTR4860 Y STREET SUITE 3800 SACRAMENTO,CA 95817	94-6036494	3	7,000				RESIDENT EDUCATION
UNIV OF CA SAN FRAN 2550 23RD ST BLDG 9 3RD FL SAN FRANCISCO,CA 94110	94-6036493	3	89,999				SCIENTIFIC RESEARCH
UNIV OF CT HEALTH CTR 263 FARMINGTON AVENUE FARMINGTON,CT 06030	52-1725543	3	7,000				RESIDENT EDUCATION
UNIV OF CT HEALTH CTR 263 FARMINGTON AVE MC 3711 FARMINGTON,CT 06030	52-1725543	3	10,000				SCIENTIFIC RESEARCH
UNIV OF CT HEALTH CTR 263 FARMINGTON AVENUE FARMINGTON,CT 06030	52-1725543	3	70,000				RESIDENT EDUCATION
UNIV OF IOWA ORTHO-BIOMECH LAB2181-H WESTLAWN BLDG S IOWA CITY,IA 522421100	42-6004813	3	90,000				SCIENTIFIC RESEARCH
UNIV OF MO COLUMBIA DEPT OF SURGERY1 HOSPITAL DR RM M349 DC06400 COLUMBIA,MO 65212	43-6003859	3	77,861				DERMAL RESEARCH
UNIV OF NC AT CHAPEL HILL101 MANNING DR BOX 7055 CHAPEL HILL,NC 27599		3	7,000				RESIDENT EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF PENNSYLVANIA OFFICE OF RESEARCH SERVICES3451 WALNUT ST P-221 PHILADELPHIA, PA 191046205	23-1352685	3	90,000				SCIENTIFIC RESEARCH
UNIV OF TX HEALTH SCIENCE CTR6431 FANNIN STREET SUITE 6140 MSB HOUSTON,TX 77030	74-1761309	3	7,000				RESIDENT EDUCATION
UNIV OF TX SOUTH WESTERN MED CTR1801 INWOOD ROAD DALLAS,TX 753908883	75-6002868	3	7,000				RESIDENT EDUCATION
UNIVERISITY OF PITTSBURGH3820 S WATER STREET PITTSBURGH,PA 15203	25-0965591	3	100,000				SCIENTIFIC RESEARCH
UNIVERISITY OF PITTSBURGH MED CTR3200 S WATER STREET PITTSBURGH,PA 15261	25-0965591	3	20,000				HERNDON AWARD
UNIVERSITY OF ARIZONA 1501 N CAMPBELL AVE RM 85724-5194 TUCSON,AZ 857245194	74-2652689	3	7,000				RESIDENT EDUCATION
UNIVERSITY OF CA LOS ANGELES10833 LE CONTE AVENUE BOX 956902 LOS ANGELES,CA 90095	95-6006143	3	10,000				RESIDENT EDUCATION
UNIVERSITY OF CALIFORNIA SAN FRAN500 PARNASSUS AVENUE MU320 WEST SAN FRANCISCO,CA 94143	94-6036493	3	7,000				RESIDENT EDUCATION
UNIVERSITY OF CALIFORNIA SAN FRAN500 PARNASSUS AVE BX 0728 MU320W SAN FRANCISCO,CA 941430728	94-6036493	3	100,000				CAREER DEVELOPMENT
UNIVERSITY OF MINNESOTA2450 RIVERSIDE AVE S R200 MINNEAPOLIS,MN 55454	41-6007513	3	8,500				RESIDENT EDUCATION
UNIVERSITY OF NEBRASKA MED CTR668 SOUTH 41ST ST ORTHO 1080 OMAHA,NE 681981080	16-0743209	3	10,000				RESIDENT EDUCATION
UNIVERSITY OF ROCHESTER601 ELMWOOD AVE BOX 665 ROCHESTER,NY 14642		3	90,000				SCIENTIFIC RESEARCH
UNIVERSITY OF ROCHESTER601 ELMWOOD AVE BOX 665 ROCHESTER,NY 14642		3	100,000				RESIDENT EDUCATION
UNIVERSITY OF SOUTH ALABAMA3421 MEDICAL PARK DR MOBILE,AL 36693	87-6000525	3	100,000				SCIENTIFIC RESEARCH
UNIVERSITY OF UTAH SCH OF MED HUNTSMAN CANCER INST 2000 CIRCLE OF HOPE SUITE 4260 SALT LAKE CITY,UT 841125550		3	8,500				RESIDENT EDUCATION
UNIVERSITY OF VIRGINIA HEALTH SYS400 RAY C HUNT DR STE 330 CHARLOTTESVILLE,VA 22903	54-1124769	3	7,000				RESIDENT EDUCATION
VANDERBILT UNIVERSITY MEDICAL CTRMED CTR EAST SOUTH TOWER STE 4200 NASHVILLE,TN 372328774	62-0476822	3	8,500				RESIDENT EDUCATION
VANDERBILT UNIVERSITY MEDICAL CTR DEPT OF ORTHOPAEDICS MED CTR EAST SOUTH TOWER STE 4200 NASHVILLE,TN 372328774	62-0476822	3	90,000				CAREER DEVELOPMENT
WAKE FOREST UNIV HEALTH SCIENCES MEDICAL CENTER BOULEVARD WINTSTON SALEM,NC 27157	22-3849199	3	10,000				RESIDENT EDUCATION
WASHINGTON UNIVERSITY 600 SO EUCLID AVE BOX 8109 ST LOUIS,MO 63110	43-0653611	3	10,000				DERMAL RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON UNIVERSITY 600 SO EUCLID AVE BOX 8109 ST LOUIS,MO 63110	43-0653611	3	20,000				HERNDON AWARD
TRIPLER ARMY MEDICAL CENTER2877 KALAKAUA AVE HONOLULU,HI 968154034	52-1317896	GOV	10,000				RESIDENT EDUCATION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MUSCULOSKELETAL TRANSPLANT
FOUNDATION INC

Employer identification number

22-2803458

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☒ Compensation committee	☒ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	GEORGE A ORAM 0 355,150 0

Software ID:

Software Version:

EIN: 22-2803458

Name: MUSCULOSKELETAL TRANSPLANT
FOUNDATION INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
BRUCE W STROEVER	(i) (ii)	602,931	154,400	6,287	14,679	19,372	797,669	
MICHAEL J KAWAS	(i) (ii)	381,496	88,850		15,000	28,491	513,837	
GEORGE A ORAM	(i) (ii)	380,220	89,550	17,875	14,583	24,992	527,220	355,150
MARTHA ANDERSON	(i) (ii)	310,861	71,800		14,657	19,629	416,947	
JOSEPH YACCARINO	(i) (ii)	296,525	65,550	4,418	15,000	21,528	403,021	
MARK H SPILKER	(i) (ii)	290,031	62,850		15,000	22,544	390,425	
DONALD E LARSON	(i) (ii)	240,918	51,750		15,000	23,341	331,009	
DAVID C PAUL	(i) (ii)	232,045	49,850		15,000	26,211	323,106	
KIMBERLY A ROUNDS	(i) (ii)	232,248	49,250		13,784	27,041	322,323	
GEORGE HERRERA	(i) (ii)	229,216	49,250		11,944	23,790	314,200	
RICHARD NICHOLAS MD	(i) (ii)			4,000			4,000	

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization MUSCULOSKELETAL TRANSPLANT FOUNDATION INC	Employer identification number 22-2803458
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2	Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$	

Part II Loans to and/or From Interested Persons.												
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22												
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total												

Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) DR HERBERT S SCHWARTZ	MEMBER OF MTF B O D	750	GRANT REVIEW STIPEND (REPORTED AS BOD COMPENSATION)	

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MUSCULOSKELETAL TRANSPLANT
FOUNDATION INC

Employer identification number
22-2803458

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
TISSUE				
25 Other ► (FORMS)	X	9,904		
26 Other ►()				
27 Other ►()				
28 Other ► ()				

29

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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2012)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

2012

Open to Public
Inspection

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization
MUSCULOSKELETAL TRANSPLANT
FOUNDATION INC

Employer identification number

22-2803458

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC ("MTF" OR THE "FOUNDATION") IS DEDICATED TO PROVIDING QUALITY ALLOGRAFT TISSUE FOR TRANSPLANTATION THROUGH A COMMITMENT TO EXCELLENCE IN EDUCATION, RESEARCH, RECOVERY , AND CARE FOR RECIPIENTS, DONORS AND THEIR FAMILIES MTF CONTINUES TO PROMOTE THE HEALTH AND WELFARE OF THE GENERAL PUBLIC BY (1)MAXIMIZING THE AVAILABILITY OF HIGH QUALITY HUMAN TISSUE INCLUDING BONE AND DERMAL TISSUE, 2)SUPPORTING MEDICAL, SCIENTIFIC AND OTHER EDUCATIONAL RESEARCH WITH RESPECT TO TISSUE DONATION, RECOVERY AND TRANSPLANTATION, (3)EDUCATING THE GENERAL PUBLIC WITH RESPECT TO THE IMPORTANCE AND BENEFITS OF TISSUE DONATION AND TRANSPLANTATION, AND (4)OTHERWISE PROMOTING TISSUE DONATION THROUGH A COMMITMENT TO EXCELLENCE IN EDUCATION, RESEARCH, RECOVERY AND CARE FOR DONORS, RECIPIENTS, AND THEIR FAMILIES THE MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC WAS INCORPORATED ON JANUARY 30, 1987, AS A DISTRICT OF COLUMBIA NON-PROFIT MEMBERSHIP ORGANIZATION AND IS A 501(C)(3) ORGANIZATION THERE IS A CRITICAL NEED FOR MUSCULOSKELETAL, CARDIOVASCULAR , SKIN AND OCULAR TISSUE FOR TRANSPLANTATION IN ORDER TO ACCOMPLISH MTF'S MISSION AND THE SE ACTIVITIES, THE FOUNDATION MAINTAINS A DONOR RECOVERY NETWORK, CONDUCTS DONOR AWARENESS PROGRAMS FOR THE PUBLIC, DONATES BONE AND OTHER TISSUE FOR RESEARCH, PROVIDES RESEARCH GRANTS, AND OTHERWISE SUPPORTS BONE, SKIN AND CARDIOVASCULAR TISSUE TRANSPLANTATION, RESEARCH AND EDUCATIONAL PROGRAMS THE FOUNDATION'S MEMBERSHIP IS COMPRISED OF 501(C)(3) NON-PROFIT ORGANIZATIONS THE MEMBERSHIP CONSISTS OF FORTY- SEVEN ACADEMIC MEMBERS (ORTHOPAEDIC TEACHING INSTITUTIONS), THIRTY-THREE RECOVERY ORGANIZATION MEMBERS (ORGAN, EYE AND TISSUE PROCUREMENT ORGANIZATIONS) AND FIVE REFERRING RECOVERY ORGANIZATIONS AND ORGAN PROCUREMENT ORGANIZATIONS ("OPO'S") THROUGHOUT THE UNITED STATES BIOCON,INC , A NON-PROFIT 501(C)(3) ORGANIZATION, SERVES AS THE SOLE CORPORATE MEMBER OF THE FOUNDATION THE FOUNDATION IS RESPONSIBLE FOR THE MAINTENANCE OF A NATIONWIDE DONOR RECOVERY NETWORK THAT IS BASED ON ITS AFFILIATION WITH ITS RECOVERY AND REFERRING MEMBERS THIS NATIONAL NETWORK ALLOWS THE PUBLIC TO QUICKLY ACCESS NEEDED ALLOGRAFT TISSUE BONE AND OTHER ALLOGRAFT TISSUE RECOVERED THROUGH THIS NETWORK IS SUBJECT TO STANDARDIZED SCREENING CRITERIA FOR DONATION ESTABLISHED BY THE FOUNDATION'S MEDICAL BOARD OF TRUSTEES AND DONATION BOARD OF TRUSTEES (DESCRIBED BELOW) THE FOUNDATION ALSO MAINTAINS A QUALITY ASSURANCE PROGRAM WITH RESPECT TO ALLOGRAFT TISSUES RECOVERED THROUGH THE NETWORK THIS PROGRAM IS BASED ON THE POLICIES ADOPTED BY THE AMERICAN ASSOCIATION OF TISSUE BANKS AND THE REGULATIONS PUBLISHED BY THE FOOD & DRUG ADMINISTRATION THE FOUNDATION PROVIDES RECOVERY ORGANIZATION MEMBERS AND THE GENERAL COMMUNITY THEY SERVE WITH FUNDING FOR HOSPITAL DEVELOPMENT AND DONOR AWARENESS SERVICES THESE SERVICES ALSO INCLUDE PROVIDING TRAINING TO RECOVERY ORGANIZATION MEMBERS, EDUCATIONAL SYMPOSIUMS TO BOTH RECOVERY ORGANIZATION MEMBERS AND HOSPITAL STAFF, AND EDUCATIONAL MATERIALS FOR USE IN SEMINARS TO HOSPITAL PROFESSIONALS AND THE GENERAL PUBLIC AS INDICATED IN ARTICLE III OF THE FOUNDATION'S BYLAWS, A MEMBER OF THE FOUNDATION CAN BE AN ACADEMIC MEDICAL INSTITUTION WITH AN ACCREDITED RESIDENCY TRAINING PROGRAM, A FEDERALLY CHARTERED OPO, OR A NEYETISSUE BANK ALL MEMBERS AGREE TO SUPPORT THE FOUNDATION'S MISSION EITHER THROUGH A SERVICES AND SUPPLY AGREEMENT OR SERVICES AND RECOVERY AGREEMENT SOME MEMBERS ARE ELIGIBLE FOR RESEARCH FUNDING (SEE SCHEDULE I, PART IV FOR GRANT PROGRAM OVERVIEW) FROM THE FOUNDATION UPON RECOMMENDATION AND/OR APPROVAL OF EITHER THE BOARD OF DIRECTORS OR THE MEDICAL BOARD OF TRUSTEES ALTHOUGH ALL OF THE FOUNDATION'S MEMBERS ARE NON-PROFIT 501(C)(3) ORGANIZATIONS, THE FOUNDATION MAKES ITS TRANSPLANTATION TISSUE NETWORK AND PROGRAMS AVAILABLE TO ANY PERSON OR ORGANIZATIONS (TYPICALLY THROUGH THEIR HOSPITALS AND PHYSICIANS) IN NEED OF ALLOGRAFT TISSUE THE FOUNDATION FUNDS ALL COSTS ASSOCIATED WITH THE RECOVERY OF DONOR TISSUES IT SUPPORTS THESE COSTS WITH FEES INTENDED TO COVER ITS EXPENSES (INCLUDING FUNDING FOR RESEARCH) FROM THE USER OF THE TISSUE THE FOUNDATION WILL MAKE SUCH TISSUE AVAILABLE AT A REDUCED FEE OR NO CHARGE FOR VARIOUS CAUSES INCLUDING TRANSPLANTATION AND FOR PURPOSES OF RESEARCH BY 501(C)(3) ORGANIZATIONS ALL FUNDS REALIZED BY THE FOUNDATION ARE USED TO COVER THE COSTS OF ITS PROGRAM ACTIVITIES (INCLUDING OVERHEAD) WITH ANY SURPLUS APPLIED TOWARDS SUBSIDIZING THE COSTS OF THOSE IN NEED OF TISSUE WHO ARE UNABLE TO AFFORD IT, TO FUND EDUCATION AND RESEARCH, TO MAINTAIN THE APPROPRIATE INFRASTRUCTURE AND/OR TO BUILD UP RESERVES NEEDED TO MAINTAIN AND EXPAND THE FOUNDATION'S PROGRAMS WHILE THE FOUNDATION'S ACTIVITIES ARE MONITORED BY ITS MEMBERS, THE FOUNDATION HAS A FOURTEEN PERSON BOARD OF DIRECTORS INCLUDING TWO NON-VOTING EMERITUS MEMBERS THIS BOARD IS COMPRISED PRIMARILY OF WORLD RENOWN EXPERTS FROM THE NON-PROFIT HEALTHCARE

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	COMMUNITY HAVING VARIOUS SCIENTIFIC, TRANSPLANT, AND MEDICAL SPECIALTIES THE BOARD OF DI RECTORS HAS ULTIMATE RESPONSIBILITY TO MANAGE THE FOUNDATION OF THE BOARD'S 12 VOTING MEM BERS, THERE ARE TWO MEMBERS EACH FROM THE MEDICAL BOARD AND THE DONATION BOARD OF TRUSTEES SERVING IN TANDEM WITH OTHER BOARD OF DIRECTORS, THE FOUNDATION HAS A MEDICAL BOARD OF T RUSTEES (THE "MEDICAL BOARD") AND A DONATION BOARD OF TRUSTEES ("DONATION BOARD") THE MED ICAL BOARD IS COMPRISED OF RESPECTIVE PHY SICIANS FROM ORTHOPAEDIC DEPARTMENTS OF THE ACADE MIC INSTITUTION MEMBERS OF THE FOUNDATION, PLUS THREE ADDITIONAL PERSONS WHO HAVE SPECIFIC EXPERTISE PERTAINING TO TRANSPLANTATION ETHICS AND RESEARCH ACTIVITIES WITHIN THE INDUSTR Y WHILE THE SPECIFIC POWERS AND RESPONSIBILITIES OF THE MEDICAL BOARD ARE DETAILED IN ART ICLE IV, SECTION 2 OF THE FOUNDATION'S BYLAWS, IN GENERAL IT PROVIDES THAT THE MEDICAL BOA RD SHALL ADVISE THE FOUNDATION WITH RESPECT TO OPTIMIZING THE DISTRIBUTION OF RESEARCH GRA NTS, THE CHOICE OF AREAS MERITING RESEARCH FUNDING, AND ESTABLISHING THE STANDARD POLICIES AND PROTOCOLS RELATING TO THE SCREENING, RECOVERY, TRANSPORT, TESTING, PROCESSING, STORAG E AND DISTRIBUTION OF TRANSPLANTABLE BONE AND TISSUE THE DONATION BOARD IS COMPRISED OF I NDIVIDUALS KNOWLEDGE- ABLE IN THE FIELD OF TISSUE DONATION AND RECOVERY AND ARE LEADERS OF THE FOUNDATION'S RECOVERY ORGANIZATION MEMBERSHIP WHILE THE SPECIFIC POWERS AND RESPONSI BILITIES OF THE DONATION BOARD ARE DETAILED IN ARTICLE VI, SECTION 2 OF THE FOUNDATION'S B YLAWS, IN GENERAL, THE DONATION BOARD PROVIDES THE BOARD OF DIRECTORS AND SENIOR MANAGEMEN T OF THE FOUNDATION WITH RECOMMENDATIONS WITH REGARD TO TISSUE DONATION PRACTICES SUCH AS SCREENING, RECOVERY, AND TESTING CRITERIA THE FOUNDATION SUPPORTS EDUCATIONAL, SCIENTIFIC AND RESEARCH PROJECTS BY DISTRIBUTING FUNDS AND MAKING AVAILABLE, AT NO CHARGE, A SIGNIFI CANT AMOUNT OF DONATED TISSUE FOR RESEARCH THE FOUNDATION FUNDS MANY TYPES OF PROJECTS RELATED TO ADVANCING TRANSPLANT SCIENCE ACCORDINGLY, GRANTS ARE PROVIDED FOR PROJECTS IN TI SSUE DONATION AND APPLICATION IN SUM, ALL OF THE ACTIVITIES OF THE FOUNDATION(PAST, PRESE NT AND FUTURE) HAVE BEEN AND WILL BE DIRECTED AT MEETING THE NEEDS OF THE GENERAL PUBLIC F OR ALLOGRAFT TISSUE AND/OR IMPROVING THE MANNER IN WHICH TRANSPLANT TISSUE IS MADE AVAILAB LE TO THE GENERAL PUBLIC THE FOUNDATION RECOVERS, PROCESSES AND DISTRIBUTES SKIN FOR USE IN VARIOUS APPLICATIONS ADDITIONALLY, THE FOUNDATION SUPPORTS RESEARCH TO ADVANCE THE SCI ENCE OF MUSCULOSKELETAL AND SKIN TISSUE APPLICATION IN 2012, THE FOUNDATION PROVIDED RESE ARCH GRANTS TO ACADEMIC INSTITUTIONS TO PERFORM THIS TYPE OF RESEARCH THE FOUNDATION OFFE RS EDUCATIONAL SERVICE TO SURGEONS AND NURSES BY WAY OF CONTINUING MEDICAL EDUCATION (CME) AND CONTACT HOUR PROGRAMS ON TOPICS SUCH AS "THE ART AND SCIENCE OF ALLOGRAFTING", "TISSU E BANKING WHAT IT TAKES TO GET IT RIGHT", AND "WHAT ARE THE FACTS REGARDING TISSUE SAFETY , INFECTIOUS DISEASE TESTING AND REGULATION" IN ADDITION, THE FOUNDATION PROVIDES EDUCATI ON THROUGH A SPEAKER PROGRAM IN CONJUNCTION WITH ORTHOPAEDIC TEACHING HOSPITALS ACROSS THE UNITED STATES THE FOUNDATION DONATES RESEARCH ALLOGRAFT TISSUE FOR USE IN TRAINING AND E DUCATION OF SURGEONS HELD THROUGHOUT THE YEAR AT THE ORTHOPAEDIC LEARNING CENTER, ROSEMONT , IL, TOGETHER WITH VARIOUS ORTHOPAEDIC ORGANIZATIONS SURGEONS UTILIZE THE FOUNDATION'S A LLOGRAFT FORMS DURING PROCEDURAL TRAINING OR CADAVERIC SPECIMENS DURING CME COURSES FINAL LY, THE FOUNDATION OFFERS GRANTS TO ITS RECOVERY PARTNERS TO EDUCATE THE PUBLIC AND HEALTH CARE PROFESSIONAL INVOLVED IN THE DONATION PROCESS THESE GRANTS PROVIDE FOR PROGRAMS TO I NCREASE TISSUE DONATION SIMILAR TO MANY FEDERAL GOVERNMENT PROGRAMS

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

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	2011, MTF RECOVERED TISSUE FROM APPROXIMATELY 6,322 DONORS FOR USE IN MUSCULOSKELETAL AND BONE ALLOGRAFT APPLICATIONS AND 2,725 DERMAL RECOVERIES FOR USE IN GENERAL AND PLASTIC SURGERY APPLICATIONS OVERALL, MTF DISTRIBUTED OVER 490,000 UNITS OF ALLOGRAFT TISSUE DURING 2011 IN ADDITION, TO THIS SERVICE, MTF DONATES ALLOGRAFT TISSUES FOR RESEARCH, MEDICAL AND EDUCATIONAL PURPOSES MTF'S RESEARCH AND DEVELOPMENT HAS CONTINUED DEVELOPMENT OF UNIQUE TISSUE FORMS FOR ORTHOPAEDIC AND GENERAL SURGICAL APPLICATIONS MTF HAS MET PROJECT MILESTONES IN THE DEVELOPMENT OF ADULT, ALLOGENEIC STEM CELLS, ALLOGRAFT SOLUTIONS FOR THE REPAIR OF ARTICULAR CARTILAGE, AND NEW FORMS OF DEMINERALIZED BONE MTF CONTINUES TO SEEK NEW APPLICATIONS FOR THE USE OF THE GIFT OF ALLOGRAFT TISSUES TO RESOLVE UNMET CLINICAL NEEDS AND CONTINUES TO PROVIDE SPECIAL TISSUE FOR RESEARCH PERFORMED BY MEMBERS OF THE ARMED FORCES INSTITUTE OF REGENERATIVE MEDICINE WHICH IS AN ORGANIZATION DEDICATED TO DEVELOPING MEDICAL THERAPIES AND TREATMENTS FOR WOUNDED SOLDIERS IN 2012, MTF MADE AVAILABLE TWO NEW TISSUE FORMS DURING THE CALENDAR YEAR 1)FLEX HD PLIABLE(TM) ACELLULAR DERMAL GRAFTS SPECIFICALLY DESIGNED FOR USE IN BREAST RECONSTRUCTION, AND 2)FLEX HD DIAMOND(TM) ACELLULAR DERMAL GRAFTS SPECIFICALLY DESIGNED FOR USE IN HERNIA REPAIR DURING 2012, MTF, WITH THE SUPPORT OF ITS RECOVERY PARTNERS, JOINED WITH THE AMERICAN SOCIETY OF PLASTIC SURGEONS (ASPS) AND THE PLASTIC SURGERY FOUNDATION (PSF) IN SUPPORT OF THE FIRST NATIONAL BREAST RECONSTRUCTION AWARENESS (BRA) DAY USA ON OCTOBER 17, 2012 AS A SPONSOR, MTF, JOINED THE WORLD'S LARGEST ORGANIZATION OF BOARD-CERTIFIED PLASTIC SURGEONS IN A CAMPAIGN TO SUPPORT BREAST CANCER SURVIVORS' RIGHTS TO MAKE AN INFORMED DECISION WHEN CHOOSING WHICH BREAST RECONSTRUCTION OPTION, FOLLOWING MASTECTOMY, IS RIGHT FOR THEM

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	MTF PAYS INDEPENDENT RESEARCH EXPERTS TO REVIEW ANY GRANT PROPOSALS SUBMITTED TO THE ORGANIZATION FOR VALIDITY OR MERIT OF THE PROPOSED RESEARCH PROJECT AND ALSO RELATIONSHIP TO MTF'S CORE MISSION OF ADVANCING MUSCULOSKELETAL TRANSPLANT SCIENCE. DURING 2012, MTF RECEIVED 84 APPLICATIONS FOR PEER REVIEW AND OTHER GRANTS. MTF USED 76 SUCH INDEPENDENT EXPERTS TO REVIEW PEER-REVIEWED RESEARCH GRANT PROJECTS AND 10 PROJECTS WERE APPROVED FOR FUNDING. DURING 2011, MTF RECEIVED 75 APPLICATIONS FOR PEER REVIEW AND OTHER GRANTS. MTF USED 69 SUCH INDEPENDENT EXPERTS TO REVIEW PEER-REVIEWED RESEARCH GRANT PROJECTS AND 11 PROJECTS WERE APPROVED FOR FUNDING.

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

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

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

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

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

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

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

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

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

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

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	FORM 990, PART XI, LINE 9	UNREALIZED GAIN ON FX EXCHANGE - TRADE RECEIVABLES 177,817 UNREALIZED GAIN ON FX EXCHANGE - CURRENCY 72,000 ADJ GAIN ON SALE OF CASCADE/AESTHETIC FACTORS TO TAX LOSS 2,851,679 PRIOR PERIOD ADJUSTMENT 661,954 ACCRUED GRANTS -191,980

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MUSCULOSKELETAL TRANSPLANT
FOUNDATION INC

Employer identification number

22-2803458

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

[illegible]

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE R	MAY STREET MEDICAL LLC IS A SINGLEMEMBER LLC WHOSE SOLE MEMBER IS BIOCON INC OLYPHANT LLC IS A SINGLEMEMBER LLC WHOSE SOLE MEMBER IS BIOCON INC SCHEDULE R PART V LINE 23 AND 24 DURING 2012 DIZG REPAID MTF OUTSTANDING ADVANCES TOTALING 369182 MTF ALSO CONVERTED OTHER OUTSTANDING ADVANCES TOTALING 793384 TO A LOAN BUT THERE WAS NO CASH INVOLVED GIVEN THESE CIRCUMSTANCES NO FORM 926 WAS DEEMED NECESSARY

Software ID:

Software Version:

EIN: 22-2803458

Name: MUSCULOSKELETAL TRANSPLANT
FOUNDATION INC

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BIOCON INC	S	54,770	ACCTG BOOKSRECORDS
BIOCON INC	A	7,178	ACCTG BOOKSRECORDS
DIZG GMBH	D		ACCTG BOOKSRECORDS
DIZG GMBH	S	369,182	ACCTG BOOKSRECORDS
MAY STREET MEDICAL LLC	A	170,795	ACCTG BOOKSRECORDS
MAY STREET MEDICAL LLC	L	319,897	ACCTG BOOKSRECORDS
MAY STREET MEDICAL LLC	K	2,741,062	ACCTG BOOKSRECORDS
OLYPHANT LLC	A	5,552	ACCTG BOOKSRECORDS
OLYPHANT LLC	K	369,110	ACCTG BOOKSRECORDS
OLYPHANT LLC	L	84,448	ACCTG BOOKSRECORDS
BIOCON INC	S	54,770	ACCTG BOOKSRECORDS
BIOCON INC	A	7,178	ACCTG BOOKSRECORDS
DIZG GMBH	D		ACCTG BOOKSRECORDS
DIZG GMBH	S	369,182	ACCTG BOOKSRECORDS
MAY STREET MEDICAL LLC	A	170,795	ACCTG BOOKSRECORDS
MAY STREET MEDICAL LLC	L	319,897	ACCTG BOOKSRECORDS
MAY STREET MEDICAL LLC	K	2,741,062	ACCTG BOOKSRECORDS
OLYPHANT LLC	A	5,552	ACCTG BOOKSRECORDS
OLYPHANT LLC	K	369,110	ACCTG BOOKSRECORDS
OLYPHANT LLC	L	84,448	ACCTG BOOKSRECORDS

TY 2012 GeneralDependencySmall

Name: MUSCULOSKELETAL TRANSPLANT
FOUNDATION INC

EIN: 22-2803458



Business Name or Person Name:

Taxpayer Identification Number:

**Form, Line or Instruction
Reference:**

Regulations Reference:

Description: OUT OF BONUS DEPR-ALL PROP

Attachment Information: YEAR ENDED: DECEMBER 31, 2012 22-2803458 MUSCULOSKELETAL
TRANSPLANT FOUNDATION, INC. 125 MAY STREET EDISON, NJ
08837-3264 ELECTING OUT OF BONUS DEPRECIATION ALLOWANCE
FOR ALL ELIGIBLE DEPRECIABLE PROPERTY THE TAXPAYER ELECTS
OUT OF FIRST-YEAR BONUS DEPRECIATION ALLOWANCE UNDER
IRC SECTION 168(K) FOR ALL ELIGIBLE ASSET CLASSES OF
DEPRECIABLE PROPERTY ACQUIRED AFTER DECEMBER 31, 2007.
THIS ELECTION APPLIES TO ALL ELIGIBLE DEPRECIABLE PROPERTY
PLACED IN SERVICE DURING THE TAX YEAR.

**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 ☒ **X**
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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

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

Enter filer's identifying number, see instructions

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

Name of exempt organization or other filer, see instructions.

Employer identification number (EIN) or

MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC.**X 22-2803458**

Number, street, and room or suite no. if a P.O. box, see instructions.

Social security number (SSN)

125 MAY STREET

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

EDISON, NJ 08837Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☒ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720- (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

Telephone No. ► **732-661-0202**FAX No. ► **732-661-2291**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15**, 20 **13**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year **2012** or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 1-2013)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box, ☒ **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

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

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (Individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

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

- I request an additional 3-month extension of time until **NOVEMBER 15**, 20 **13**.
- For calendar year **2012**, or other tax year beginning, 20, and ending, 20
- If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- State in detail why you need the extension **ADDITIONAL TIME IS NECESSARY TO GATHER DATA REQUIRED IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.**

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

Signature and Verification must be completed for Part II only.

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

Signature **► [Signature]** Title **► EVP/CFO** Date **► 7/23/13**

Musculoskeletal Transplant Foundation, Inc.					Employer ID: 22-2803458				
Form 990-T									
Schedule of NOL, Contributions, and General Business Credit Carryforwards and Carryovers									
12/31/2012									
Net Operating Loss (NOL)									
Taxable Year		Prior Years			Current Year		Next Year		Expiration
		NOL Generated			NOL Utilized		Carryover		Utilized
		NOL Utilized			Carryover		Utilized		Carryover
12/31/2005		441,740			126,319		315,421		-
12/31/2007		569,082			-		569,082		-
12/31/2008		292,662			-		292,662		-
12/31/2009		1,109,410			-		1,109,410		-
12/31/2010		1,040,140			-		1,040,140		-
12/31/2011		1,973,323			-		1,973,323		-
12/31/2012		421,166			-		421,166		-
Totals - NOL		5,847,523			126,319		5,721,204		-
Charitable Contributions									
Taxable Year		Prior Years			Current Year		Next Year		Expiration
		Contribution Available			Deduction		Carryover		Allowed
		Deduction			Carryover		Allowed		Carryover
12/31/2006		-			-		-		-
12/31/2007		-			-		-		-
12/31/2008		2,884,289			-		2,884,289		-
12/31/2009		2,546,200			-		2,546,200		-
12/31/2010		3,214,869			-		3,214,869		-
12/31/2011		2,819,968			-		2,819,968		-
12/31/2012		2,872,711			-		2,872,711		-
Totals - Contributions		14,338,037			-		14,338,037		-
General Business Credit (GBC)									
Taxable Year		Prior Years			Current Year		Next Year		Expiration
		Credit Generated			Credit Utilized		Carryover		Utilized
		Credit Utilized			Carryover		Utilized		Carryover
12/31/2011		19,000			-		19,000		-
Totals - GBC		19,000			-		19,000		-
NOTE: A NOL AS PER 2008 990-T AS ORIGINALLY FILED									
LESS: UNREALIZED LOSS ON INVESTMENT ERRONEOUSLY TREATED AS R&D EXPENSE									
CORRECTED NET 12/31/2008 NOL CARRYFORWARD PER AMENDED 2008 990-T.									
B 2012 CHARITABLE CONTRIBUTIONS:									
CONTRIBUTIONS									
RESEARCH GRANTS									
ADD'L CONTRIBUTIONS PER RETURN - CTDN BARGAIN SALE (2010)									
TOTAL FOR 2012									
C General Business Credit arose solely from New Hire Retention Credit for Retained Workers. No credit was utilized in 2011 or 2012 since MTF had an overall Net Loss for its Unrelated Business Income Taxable activities.									

**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 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.

Enter filer's identifying number, see instructions

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

Name of exempt organization or other filer, see instructions.

Employer identification number (EIN) or

MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC.**X 22-2803458**

Number, street, and room or suite no. If a P.O. box, see instructions.

Social security number (SSN)

125 MAY STREET

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

EDISON, NJ 08837Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☐ 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720- (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

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

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15**, 20 **13**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year 20 **12** or
- ▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EQ and Form 8879-EQ for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2013)