



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

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

OMB No 1545-0052

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

For calendar year 2012, or tax year beginning 01-01-2012, and ending 12-31-2012

Name of foundation: CURRENT CONCEPTS FOUNDATION ORTHOPAEDIC RESEARCH LABORATORIES. A Employer identification number: 34-1914963. B Telephone number: (216) 523-7004. G Check all that apply: Initial return, Final return, Address change. H Check type of organization: Section 501(c)(3) exempt private foundation. I Fair market value of all assets at end of year: \$ 77,829. J Accounting method: Cash.

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12), Operating and Administrative Expenses (13-26), and Summary (27-29).

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

<b>Part II Balance Sheets</b>		Beginning of year		End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	39,771	75,465	75,465	
	<b>2</b> Savings and temporary cash investments . . . . .				
	<b>3</b> Accounts receivable <input type="checkbox"/> _____ Less allowance for doubtful accounts <input type="checkbox"/> _____				
	<b>4</b> Pledges receivable <input type="checkbox"/> _____ Less allowance for doubtful accounts <input type="checkbox"/> _____				
	<b>5</b> Grants receivable . . . . .				
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) . . . . .				
	<b>7</b> Other notes and loans receivable (attach schedule) <input type="checkbox"/> _____ Less allowance for doubtful accounts <input type="checkbox"/> _____				
	<b>8</b> Inventories for sale or use . . . . .				
	<b>9</b> Prepaid expenses and deferred charges . . . . .				
	<b>10a</b> Investments—U S and state government obligations (attach schedule)				
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .				
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	25,000 <input type="checkbox"/>	0	0	
	<b>11</b> Investments—land, buildings, and equipment basis <input type="checkbox"/> _____ Less accumulated depreciation (attach schedule) <input type="checkbox"/> _____				
	<b>12</b> Investments—mortgage loans . . . . .				
	<b>13</b> Investments—other (attach schedule) . . . . .				
	<b>14</b> Land, buildings, and equipment basis <input type="checkbox"/> <u>14,731</u> Less accumulated depreciation (attach schedule) <input type="checkbox"/> <u>12,367</u>	3,524 <input type="checkbox"/>	2,364	2,364	
<b>15</b> Other assets (describe <input type="checkbox"/> _____)					
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	68,295	77,829	77,829		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .				
	<b>18</b> Grants payable . . . . .				
	<b>19</b> Deferred revenue . . . . .				
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons				
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .				
<b>22</b> Other liabilities (describe <input type="checkbox"/> _____)	<input type="checkbox"/> 820 <input type="checkbox"/>	<input type="checkbox"/> 741 <input type="checkbox"/>			
<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	820	741			
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input type="checkbox"/> <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	<b>24</b> Unrestricted . . . . .				
	<b>25</b> Temporarily restricted . . . . .				
	<b>26</b> Permanently restricted . . . . .				
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>				
	<b>27</b> Capital stock, trust principal, or current funds . . . . .	0	0		
	<b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund	0	0		
	<b>29</b> Retained earnings, accumulated income, endowment, or other funds	67,475	77,088		
<b>30 Total net assets or fund balances</b> (see page 17 of the instructions) . . . . .	67,475	77,088			
<b>31 Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .	68,295	77,829			

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

<b>1</b>	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	67,475
<b>2</b>	Enter amount from Part I, line 27a . . . . .	<b>2</b>	9,613
<b>3</b>	Other increases not included in line 2 (itemize) <input type="checkbox"/> _____	<b>3</b>	0
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b>	77,088
<b>5</b>	Decreases not included in line 2 (itemize) <input type="checkbox"/> _____	<b>5</b>	0
<b>6</b>	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	<b>6</b>	77,088

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

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
<b>1 a</b> FORD STEPS ISSUER SEK	P	2011-03-10	2012-03-23
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 22,149		25,000	-2,851
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			-2,851
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	-2,851
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		<b>3</b>	0

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2011	65,250	66,923	0.975001
2010	0		
2009	0		
2008	0		
2007	0		

<b>2</b> Total of line 1, column (d).	<b>2</b>	0.975001
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0.975001
<b>4</b> Enter the net value of noncharitable-use assets for 2012 from Part X, line 5.	<b>4</b>	96,043
<b>5</b> Multiply line 4 by line 3.	<b>5</b>	93,642
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b).	<b>6</b>	6
<b>7</b> Add lines 5 and 6.	<b>7</b>	93,648
<b>8</b> Enter qualifying distributions from Part XII, line 4.	<b>8</b>	61,475

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	13
<b>c</b>	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	13
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .	<b>5</b>	13
<b>6</b>	Credits/Payments		
<b>a</b>	2012 estimated tax payments and 2011 overpayment credited to 2012	<b>6a</b>	
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments Add lines 6a through 6d. . . . .	<b>7</b>	0
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	13
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2013 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? . . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .		No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation <input type="checkbox"/> \$ <u>0</u> <b>(2)</b> On foundation managers <input type="checkbox"/> \$ <u>0</u>		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ <u>0</u>		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>		No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .		No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .		No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>		No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	Yes	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	Yes	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> OH _____		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> . . . . .		No
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	Yes	
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	Yes	

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

<b>11</b> At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). . . . .	<b>11</b>		<b>No</b>
<b>12</b> Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) . . . . .	<b>12</b>		<b>No</b>
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶N/A	<b>13</b>	<b>Yes</b>	
<b>14</b> The books are in care of ▶A SETH GREENWALD Telephone no ▶(216) 523-7004 Located at ▶2310 SUPERIOR AVE EAST STE 100 CLEVELAND OH ZIP+4 ▶44114			
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶	<b>15</b>		
<b>16</b> At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>		<b>No</b>

See instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes", enter the name of the foreign country ▶

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

		<b>Yes</b>	<b>No</b>
<b>File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.</b>			
<b>1a</b> During the year did the foundation (either directly or indirectly)			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>	<b>1b</b>		
<b>c</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012? . . . . .	<b>1c</b>		<b>No</b>
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
<b>a</b> At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions) . . . . .	<b>2b</b>		
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012.</i> ) . . . . .	<b>3b</b>		
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	<b>4b</b>		<b>No</b>

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

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

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

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

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

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

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

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

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

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

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

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

**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? **7b**  Yes  No

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

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

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

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

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

**Total** number of other employees paid over \$50,000.  Yes  No **0**

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

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

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

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
<b>1</b> ORTHOPAEDIC RESEARCH SCHOLARSHIPS AWARDED TO 51 RECIPIENTS	61,475
<b>2</b>	
<b>3</b>	
<b>4</b>	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See page 24 of the instructions	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3. . . . .	0

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	4,422
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	90,720
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	2,364
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	97,506
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	97,506
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	1,463
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	96,043
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	4,802

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

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	
<b>2a</b>	Tax on investment income for 2012 from Part VI, line 5. . . . .	<b>2a</b>	
<b>b</b>	Income tax for 2012 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	61,475
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	61,475
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	<b>5</b>	6
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	61,469

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

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

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
<b>1</b> Distributable amount for 2012 from Part XI, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2012				
<b>a</b> Enter amount for 2011 only. . . . .				
<b>b</b> Total for prior years 20___, 20___, 20___				
<b>3</b> Excess distributions carryover, if any, to 2012				
<b>a</b> From 2007. . . . .				
<b>b</b> From 2008. . . . .				
<b>c</b> From 2009. . . . .				
<b>d</b> From 2010. . . . .				
<b>e</b> From 2011. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2012 from Part XII, line 4 ► \$ _____				
<b>a</b> Applied to 2011, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2012 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2012 <i>(If an amount appears in column (d), the same amount must be shown in column (a).)</i>				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013. . . . .				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions). . . . .				
<b>8</b> Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9</b> <b>Excess distributions carryover to 2013.</b> Subtract lines 7 and 8 from line 6a. . . . .				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2008. . . . .				
<b>b</b> Excess from 2009. . . . .				
<b>c</b> Excess from 2010. . . . .				
<b>d</b> Excess from 2011. . . . .				
<b>e</b> Excess from 2012. . . . .				

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling. . . . .

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2012	(b) 2011	(c) 2010	(d) 2009	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	638	2,707	0	0	3,345
<b>b</b> 85% of line 2a . . . . .	542	2,301	0	0	2,843
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .	61,475	65,250	63,000	67,500	257,225
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .	0	0	0	0	0
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .	61,475	65,250	63,000	67,500	257,225
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					0
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					0
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					0
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					0
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					0
<b>(3)</b> Largest amount of support from an exempt organization					0
<b>(4)</b> Gross investment income			5,915	1,070	6,985

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

**1 Information Regarding Foundation Managers:**

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

---

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

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

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

**a** The name, address, and telephone number or e-mail of the person to whom applications should be addressed  
 A SETH GREENWALD  
 2310 SUPERIOR AVE EAST STE 100  
 CLEVELAND, OH 44114  
 (216) 523-7004

---

**b** The form in which applications should be submitted and information and materials they should include  
 APPLICATION FORMS AND REQUIREMENTS FOR SCHOLARSHIPS ARE AVAILABLE TO DOWNLOAD FROM THE WEBSITE  
 CURRENTCONCEPTS.ORG

---

**c** Any submission deadlines  
 SEE WEBSITE FOR DEADLINES

---

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

**Part XV Supplementary Information** (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>				<b>3a</b> 61,475
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>				<b>3b</b> 0



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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code... a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash (2) Other assets b Other transactions (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule

Table with 4 columns: (a) Line No, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship

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

Paid Preparer Use Only Print/Type preparer's name Preparer's Signature Date Check if self-employed PTIN Firm's name Firm's address Firm's EIN Phone no

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a) Name and address</b>	<b>(b) Title, and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>(e) Expense account, other allowances</b>
A SETH GREENWALD D PHIL OXON 2310 SUPERIOR AVE EAST STE 100 CLEVELAND, OH 44114	CHAIRMAN OF THE BOARD 1 00	0	0	0
JOHN M CUCKLER MD 2310 SUPERIOR AVE EAST STE 100 CLEVELAND, OH 44114	TRUSTEE 1 00	0	0	0
LAWRENCE D DORR MD 2310 SUPERIOR AVE EAST STE 100 CLEVELAND, OH 44114	TRUSTEE 1 00	0	0	0
VICTOR M GOLDBERG MD 2310 SUPERIOR AVE EAST STE 100 CLEVELAND, OH 44114	TRUSTEE 1 00	0	0	0
DAVID S HUNGERFORD MD 2310 SUPERIOR AVE EAST STE 100 CLEVELAND, OH 44114	TRUSTEE 1 00	0	0	0
RICHARD E JONES MD 2310 SUPERIOR AVE EAST STE 100 CLEVELAND, OH 44114	TRUSTEE 1 00	0	0	0
THOMAS H MALLORY MD 2310 SUPERIOR AVE EAST STE 100 CLEVELAND, OH 44114	TRUSTEE 1 00	0	0	0
CHITRANJAN S RANAWAT MD 2310 SUPERIOR AVE EAST STE 100 CLEVELAND, OH 44114	TRUSTEE 1 00	0	0	0
MERRILL E RITTER MD 2310 SUPERIOR AVE EAST STE 100 CLEVELAND, OH 44114	TRUSTEE 1 00	0	0	0
CECIL H RORABECK MD FRCS C 2310 SUPERIOR AVE EAST STE 100 CLEVELAND, OH 44114	TRUSTEE 1 00	0	0	0

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MATTHEW LOVELL CO SOUTHERN ILLINOIS PO BOX 19679 SPRINGFIELD,IL 627949679	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,000
FARSHAD ADIB CO UNIVERSITY OF VIRGI 545 RAY C HUNT DR STE 150 CHARLOTTESVILLE,VA 22908	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500
SULAIMAN ALMOUSA CO THE UNIVERSITY 3114-910 WEST 10TH AVE VANCOUVER,BRITISH COLUMBIA V5Z 1M9 CA	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500
ADAM BERGESON CO JOINT IMPLANT SURG 7277 SMITHS MILL ROAD SUITE 200 NEW ALBANY,NY 43054	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500
BRIAN DAINES CO ROCKY MOUNTAIN MUSC 2535 SOUTH DOWNING STREET STE 100 DENVER,CO 80210	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500
AIDIN ESLAM POUR CO EMORY UNIVERSIT 59 EXECUTIVE PARK SOUTH ATLANTA,GA 30329	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500
AARON GLYNN CO ROTHMAN INSTITUTE 925 CHESTNUT ST 5TH FLOOR PHILADELPHIA,PA 19107	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,075
KIMONA ISSA CO RUBIN INSTITIUTE FOR 2401 W BELVEDERE AVE BALTIMORE,MD 21215	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500
BHAVEEN KAPADIA CO RUBIN INSTITUTE 2401 W BELVEDERE AVE BALTIMORE,MD 21215	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500
GLENN KERR CO THOMAS JEFFERSON THE 925 CHESTNUT ST PHILADELPHIA,PA 19107	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,075
QAIS NAZIRI CO RUBIN INSTITUTE FOR 2401 W BELVEDERE AVE BALTIMORE,MA 21218	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500
RUPAL PATEL CO VIRGINIA COMMONWEALT 1200 EAST BROAD STREET RICHMOND,VA 23298	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500
RISHI BALKISSOON CO THE JOHNS HOPKI 601 N CAROLINE STREET 5252 BALTIMORE,MD 21287	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,000
ROBERT DUARTE CO FLORIDA ORTHOPAEDI 13020 TELECOM PARKWAY N TAMPA,FL 33637	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,000
KEVIN DWYER CO DARTMOUTH HITCHCOCK ONE MEDICAL CENTER DR LEBANON,NH 03756	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DEREK JENKINS CO MAYO CLINIC 100 THIRD AVE SW ROCHESTER, MN 55905	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,000
JASON JENNINGS CO DUKE UNIVERSITY M DEPT OF ORTHOPAEDIC SURGERY BOX 3956 DURHAM, NC 27710	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,000
DENIS NAM CO HOSPITAL FOR SPECIAL S 535 E 70TH ST 8TH FLOOR NEW YORK, NY 10021	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,000
JORDAN SCHAEFFER CO DUKE UNIVERSITY 5335 DUKE CLINIC BLDG ORANGE Z DURHAM, NC 27710	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,000
MICHAEL STOESZ CO WESTERN MICHIGAN 1000 OAKLAND DR KALAMAZOO, MI 49008	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,000
MIHAI VIOREANU CO UNIV OF BRITISH C 3114-910 WEST 10TH AVE VANCOUVER, BRITISH COLUMBIA V5Z 1M9 CA	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,000
STEVEN WIDMER CO SUMMA HEALTH SYSTE 444 N MAIN ST AKRON, OH 44309	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,000
MARIE FRANCE RANCOURT CO UNIVERSITY 501 SMYTH ROAD BOX 502 OTTAWA, ONTARIO K1H 8L6 CA	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,000
JOSPEH ASSINI CO UNIVERSITY OF WEST 339 WINDERMERE ROAD LONDON, ONTARIO N6A 5A5 CA	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,000
FAHAD ATTAR CO SUNNYBROOK HEALTH SC 43 WELLESLEY STREET EAST TORONTO, TORONTO M4Y 1H1 CA	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,000
MICHAEL CHEN CO KECK MEDICAL CENTER 1500 SAN PABLO STREET LOS ANGELES, CA 90033	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,000
JESSEE CHRASTIL CO UNIVERSITY OF UT 590 WAKARA WAY SALT LAKE CITY, UT 84108	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,000
THOMAS JOHN CO ALBERT EINSTEIN MEDI 5501 OLD YORK RD PHILADELPHIA, PA 19141	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP BARRY FRIEDMAN AWARD	1,000
DANYAL NAWABI CO HOSPITAL FOR SPECI 535 E 70TH ST NEW YORK, NY 10021	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,000
DE JUAN NG CO SUNNYBROOK HEALTH SCI 43 WELLESLEY STREET EAST TORONTO, TORONTO M4Y 1H1 CA	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JAY PATEL CO HOSPITAL FOR SPECIAL S 535 E 70TH ST NEW YORK, NY 10021	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,000
JEREMY REID CO UCLA ORTHOPAEDIC HOS 757 WESTWOOD PLAZA RM B-711 LOS ANGELES, CA 90095	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,000
THOMAS RING CO JOHNS HOPKINS 601 N CAROLINE STREET BALTIMORE, MD 21287	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,000
STEPHEN APPLETON CO DUKE UNIVERSITY 200 TRENT DRIVE HOSPITAL SOUTH DURHAM, NC 27710	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500
ADAM BLOEMKE CO MAYO CLINIC 5777 E MAYO BLVD PHOENIX, AZ 85054	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500
AJIT DESHMUKH CO NYU HOSPITAL FOR J 301 EAST 17TH ST 14TH FLOOR NEW YORK, NY 10003	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500
JAMES JOHNSTON CO MAYO CLINIC 200 FIRST ST SW ROCHESTER, MN 55905	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500
SURESH PATIL CO LENOX HILL HOSPITAL 100 EAST 77TH ST NEW YORK, NY 10075	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500
DANIIL POLISHCHUK CO COLUMBIA UNIVE 622 W 168TH ST NEW YORK, NY 10032	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500
CHRISTINE PUI CO HOSPITAL FOR SPECI 535 E 70TH ST NEW YORK, NY 10021	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500
DAVID SHEPHARD CO JOHNS HOPKINS 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500
JOHN SHIELDS CO NEW ENGLAND BAPTIST 125 PARKER HILL AVE BOSTON, MA 02120	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500
DAVID VEGARI CO THOMAS JEFFERSON UN 1015 WALNUT STREET ROOM 801 PHILADELPHIA, PA 19107	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500
STEVEN WERNER CO NEW ENGLAND BAPTIS 125 PARKER HILL AVE BOSTON, MA 02120	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500
MOHAN PUTTASWAMY CO UB ORTHOPAEDICS 100 HIGH ST SUITE B-2 BUFFALO, NY 14203	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
EDUARDO GOMES MACHADO RUA ARNALDO LOURENCE ROSSI 125 JUNDIAI 13205-640 BR	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,500
OSVALDO GUIHERME NUNES PIRES 460 S MARION PARKWAY DENVER, CO 80209	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,075
VIRGINIE GAUVREAU CO UNIV OF WESTER 339 WINDERMERE ROAD LONDON, ONTARIO N6A 5A5 CA	NONE		ORTHOPAEDIC RESEARCH SCHOLARSHIP	1,000
MENA MISHA MD CO CLEVELAND CLINIC 9500 EUCLID AVE A41 CLEVELAND, OH 44195	NONE		BARRY FRIEDMAN AWARD	1,000
JONATHAN STREIT MD CO UNIVERSITY HO 11000 ADELBERT ROAD CLEVELAND, OH 44106	NONE		BARRY FRIEDMAN AWARD	750
MATTHEW F DILISIO MD CO SUMMA HEALT 444 N MAIN ST AKRON, OH 44310	NONE		BARRY FRIEDMAN AWARD	500
<b>Total . . . . . ▶ 3a</b>				61,475

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

**Schedule of Contributors**

OMB No 1545-0047

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

**2012**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
CURRENT CONCEPTS FOUNDATION  
ORTHOPAEDIC RESEARCH LABORATORIES

**Employer identification number**  
34-1914963

**Organization type** (check one)

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**Name of organization**  
 CURRENT CONCEPTS FOUNDATION  
 ORTHOPAEDIC RESEARCH LABORATORIES

**Employer identification number**  
 34-1914963

**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CERAMTEC GMBH CERAMTEC PLAZ 1-9 PLOCHINGEN, GM	\$ 46,475	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
2	BIOMET ORTHOPEDICS PO BOX 587 56 EAST BELL DRIVE WARSAW, IN 46581	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
3	DARLING FAMILY FOUNDATION PO BOX 11648 FORT WAYNE, IN 46859	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
4	CONFORMIS 11 NORTH AVENUE CURLINGTON, MA 01803	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
5	WRIGHT MEDICAL TECHNOLOGY 5677 AIRLINE ROAD ARLINTON, TN 68002	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )

Name of organization  
CURRENT CONCEPTS FOUNDATION  
ORTHOPAEDIC RESEARCH LABORATORIES

Employer identification number  
34-1914963

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

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

Name of organization  
CURRENT CONCEPTS FOUNDATION  
ORTHOPAEDIC RESEARCH LABORATORIES

Employer identification number  
34-1914963

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry  
For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once. See instructions.) \$  
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____ _____	_____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____ _____	_____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____ _____	_____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____ _____	_____ _____

## TY 2012 Accounting Fees Schedule

**Name:** CURRENT CONCEPTS FOUNDATION  
 ORTHOPAEDIC RESEARCH LABORATORIES

**EIN:** 34-1914963

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	2,900	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2012 Depreciation Schedule

**Name:** CURRENT CONCEPTS FOUNDATION  
 ORTHOPAEDIC RESEARCH LABORATORIES

**EIN:** 34-1914963

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
OFFICE FURNITURE	2008-10-24	3,800	2,415	200DB	7 000000000000	396	0	543	
FILING CABINETS	2008-10-31	1,195	759	200DB	7 000000000000	125	0	171	
TABLES AND CHAIRS	2009-09-01	1,039	812	200DB	7 000000000000	65	0	148	
COMPUTER WORK TABLE	2008-10-10	250	159	200DB	7 000000000000	26	0	36	
COFFEE MAKER	2008-10-22	130	83	200DB	7 000000000000	13	0	19	
COPIER, SCANNER, PRINTER	2009-01-07	3,127	2,677	200DB	5 000000000000	180	0	450	
ASG OFFICE RUG	2009-08-05	1,745	1,494	200DB	5 000000000000	100	0	251	
LIBRARY ORIENTAL RUG	2009-08-05	1,975	1,691	200DB	5 000000000000	114	0	284	
CARPETING	2010-05-11	1,470	1,117	200DB	5 000000000000	141	0	294	

**TY 2012 Explanation of Non-Filing  
with Attorney General Statement**

**Name:** CURRENT CONCEPTS FOUNDATION  
ORTHOPAEDIC RESEARCH LABORATORIES

**EIN:** 34-1914963

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

**TY 2012 Investments Corporate  
Bonds Schedule**

**Name:** CURRENT CONCEPTS FOUNDATION  
 ORTHOPAEDIC RESEARCH LABORATORIES

**EIN:** 34-1914963

Name of Bond	End of Year Book Value	End of Year Fair Market Value
SECURITIES	0	0

**TY 2012 Land, Etc. Schedule**

**Name:** CURRENT CONCEPTS FOUNDATION  
ORTHOPAEDIC RESEARCH LABORATORIES

**EIN:** 34-1914963

<b>Category / Item</b>	<b>Cost / Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
OFFICE FURNITURE	3,800	2,811	989	
FILING CABINETS	1,195	884	311	
TABLES AND CHAIRS	1,039	877	162	
COMPUTER WORK TABLE	250	185	65	
COFFEE MAKER	130	96	34	
COPIER, SCANNER, PRINTER	3,127	2,857	270	
ASG OFFICE RUG	1,745	1,594	151	
LIBRARY ORIENTAL RUG	1,975	1,805	170	
CARPETING	1,470	1,258	212	

## TY 2012 Other Expenses Schedule

**Name:** CURRENT CONCEPTS FOUNDATION  
 ORTHOPAEDIC RESEARCH LABORATORIES

**EIN:** 34-1914963

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	1,263	0	0	0
SERVICE FEES	114	0	0	0
WORKERS COMPENSATION INSURANCE	100	0	0	0

## TY 2012 Other Income Schedule

**Name:** CURRENT CONCEPTS FOUNDATION  
 ORTHOPAEDIC RESEARCH LABORATORIES

**EIN:** 34-1914963

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MERRILL LYNCH	609	609	609

## TY 2012 Other Liabilities Schedule

**Name:** CURRENT CONCEPTS FOUNDATION  
 ORTHOPAEDIC RESEARCH LABORATORIES  
**EIN:** 34-1914963

Description	Beginning of Year - Book Value	End of Year - Book Value
PAYROLL LIABILITIES	820	741

## TY 2012 Substantial Contributors Schedule

**Name:** CURRENT CONCEPTS FOUNDATION  
 ORTHOPAEDIC RESEARCH LABORATORIES

**EIN:** 34-1914963

Name	Address
WRIGHT MEDICAL TECHNOLOGY	5677 AIRLINE ROAD ARLINGTON, TN 68002
CERAMTEC	CERAMTEC PLATZ 1-9 D-73207 PLOCHINGEN GM

## TY 2012 Taxes Schedule

**Name:** CURRENT CONCEPTS FOUNDATION  
 ORTHOPAEDIC RESEARCH LABORATORIES

**EIN:** 34-1914963

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	191	0	0	0
OH VERIFICATION OF FILING	50	0	0	0
990 PF TAX DUE	146	0	0	0