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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
EDISON, NJ 088373264

D Employer identification number
22-2803458

E Telephone number
(732)661-0202

G Gross receipts $ 435,975,000

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW MTF ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1987

M State of legal domicile DC

Part I Summary

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

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	1,271
6	Total number of volunteers (estimate if necessary)	**6**	57
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-691,384
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-691,384

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	422,194	280,000
9	Program service revenue (Part VIII, line 2g)	423,148,073	424,644,834
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,130,103	2,774,745
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,397,567	5,111,137
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	430,097,937	432,810,716
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,062,560	1,713,501
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	91,625,713	91,863,739
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	341,520,179	339,700,039
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	435,208,452	433,277,279
19	Revenue less expenses Subtract line 18 from line 12	-5,110,515	-466,563

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	262,280,774	268,525,493
21	Total liabilities (Part X, line 26)	174,793,481	175,484,594
22	Net assets or fund balances Subtract line 21 from line 20	87,487,293	93,040,899

Part II Signature Block

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

Sign Here

****** | 2015-11-16
Signature of officer | Date

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2015-11-16	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 406,891,904 including grants of $ 1,647,951) (Revenue $)

MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC (MTF) PROVIDES ALLOGRAFT TISSUES TO THE MEDICAL COMMUNITY MTF MARKED ITS 27TH ANNIVERSARY ON JANUARY 30, 2014 SINCE ITS INCEPTION IN 1987, MTF, THE NATION'S LEADING TISSUE BANK, HAS RECEIVED DONATED TISSUE FROM OVER 100,000 DONORS AND HAS PROVIDED OVER 6 0 MILLION GRAFTS TO HELP IMPROVE LIVES IN 2014, MTF RECOVERED TISSUE FROM OVER 5,500 DONORS FOR USE IN MUSCULOSKELETAL AND BONE ALLOGRAFT APPLICATIONS, OVER 2,700 DERMAL RECOVERIES FOR USE IN BURN, GENERAL, AND PLASTIC SURGERY APPLICATIONS, AND OVER 1200 DONORS FOR ORGANS AND TISSUES FOR RESEARCH OVERALL, MTF DISTRIBUTED MORE THAN 468,000 UNITS OF ALLOGRAFT TISSUE DURING 2014 IN ADDITION, TO THIS SERVICE, MTF DONATES ALLOGRAFT TISSUES FOR RESEARCH, MEDICAL AND EDUCATIONAL PURPOSES MTF'S RESEARCH AND DEVELOP- MENT HAS CONTINUED DEVELOPMENT OF UNIQUE TISSUE FORMS FOR ORTHOPADEDIC AND GENERAL SURGICAL APPLICATIONS MTF HAS MET PROJECT MILESTONES IN THE DEVELOPMENT OF ADULT, ALLOGENEIC STEM CELLS, ALLOGRAFT SOLUTIONS FOR THE REPAIR OF ARTICULAR CARTILAGE, AND NEW FORMS OF DEMINERALIZED BONE MTF CONTINUES TO SEEK NEW APPLICATIONS FOR THE USE OF THE 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 DURING 2014, MTF LAUNCHED MTF WOUND CAREA NEW MTF DIVISION DEDICATED TO RESEARCHING, DEVELOPING AND PROVIDING ALLOGRAFT-BASED, BIOLOGIC SOLUTIONS TO TREAT ACUTE AND CHRONIC WOUNDS MTF WOUND CARE WILL INITIALLY OFFER TWO TISSUE FORMS AMNIOBANDTM MEMBRANE, A HUMAN DERIVED ALLOGRAFT PLACENTAL MATRIX, AND ALLOPATCHTM PLIABLE, A HUMAN DERIVED ALLOGRAFT DERMAL MATRIX BOTH WILL BE AVAILABLE IN JANUARY 2015 IN 2013, MTF MADE AVAILABLE TWO NEW TISSUE FORMS DURING THE CALENDAR YEAR 1)TRINITY ELITE(TM) - A THIRD GENERATION ALLOGRAFT WITH VIABLE CELLS THAT PROVIDES SURGEONS WITH AN ALTERNATIVE TO AUTOGRAFT WHILE PROVIDING ENHANCED HANDLING AND IMPROVED GRAFT CONTAINMENT PROPERTIES, AND 2)VERASHIELD(TM) - A THIN HYDROPHILIC AMNIOTIC MEMBRANE DESIGNED TO SERVE AS A WOUND COVERING FOR A VARIETY OF SURGICAL DEMANDS IN ADDI- TION, MTF ALSO BEGAN DISTRIBUTING LARGER SIZES OF SPLIT THICKNESS SKIN GRAFTS (STSG) IN SHEET FORM UP TO 16CM X 35CM, THE LARGER SIZE CAN DECREASE OPERATING ROOM TIME, ENHANCE PATIENT OUTCOMES, AND MAKE MORE EFFICIENT USE OF GIFTED DONOR TISSUE DURING 2013, MTF ANNOUNCED IT WAS THE FIRST TISSUE BANK TO RECEIVE APPROVAL TO MARKET HUMAN ALLOGRAFTS IN AUSTRALIA UNDER THE NEW AUSTRALIAN BIOLOGICS FRAMEWORK WHICH WAS IMPLEMENTED BY THE AUSTRALIAN THERPEUTIC GOODS ADMINISTRATION (TGA)IN 2011 THIS APPROVAL ALLOWS MTF TO DISTRIBUTE DBX PUTTY, FLEX-HD AND FLEX-HD PLIABLE IN AUSTRALIA DURING 2014 AND 2013, 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 NATIONAL BREAST RECONSTRUCTION AWARENESS (BRA) DAY USA IN OCTOBER OF EACH YEAR 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 FOR INDIVIDUAL STORIES OF DONOR FAMILIES, PLEASE VISIT MTF'S WEBSITE AT HTTP //WWW MTF ORG/DONOR_FAMILY_STORIES HTML AND ALSO ON ITS YOUTUBE CHANNEL AT WWW YOUTUBE COM/USER/THEMTF1 STORIES ABOUT DONOR RECIPIENTS ARE ALSO AVAILABLE ON MTF'S WEBSITE AT HTTP //WWW MTF ORG/RECIPIENT_STORIES HTML

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

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

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 65,550 including grants of $ 65,550) (Revenue $)

4e **Total program service expenses** ▶ 406,957,454

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 other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *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 or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 or note to any line in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	431		
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	1,271		
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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring 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 or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	13		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records

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

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

Check if Schedule O contains a response or note to any line 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			

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			

1b	**Sub-Total**			
c	**Total from continuation sheets to Part VII, Section A**			
d	**Total (add lines 1b and 1c)**	4,560,065		412,786

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 ▶186

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SYNTHES 1302 WRIGHTS LANE EAST WEST CHESTER, PA 19380	TISSUE PROMO	69,834,333
BLACKSTONE MEDICAL INC 1401 ELM ST 5TH FLOOR DALLAS, TX 75202	TISSUE PROMO	55,417,139
CONMED LINVATEC 1250 TERMINUS DRIVE LITHIA SPRINGS, GA 30122	TISSUE PROMO	30,148,530
MENTOR CORPORATION 201 MENTOR DRIVE SANTA BARBARA, CA 93111	TISSUE PROMO	10,919,163
GIFT OF LIFE MICHIGAN 3861 RESEARCH PARK DRIVE ANN ARBOR, MI 48108	RECOVERY PTR	4,905,155

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 ▶182

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 280,000				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	280,000			
Program Service Revenue		Business Code				
	2a	TISSUE PROCESSING & DISTRIB	413,756,698	413,756,698		
	b	DONOR TRIAGE SCREENING	6,432,994	6,432,994		
	c	DISTRIBUTION RIGHTS PAYMENTS	5,548,296	5,548,296		
	d	OTHER REVENUE	894,705	894,705		
	e	FAMILY SERVICE REVENUE	485,041	485,041		
	f	All other program service revenue	-2,472,900	-2,472,900		
	g	**Total.** Add lines 2a–2f . . . . . ▶	424,644,834			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	2,340,045			2,340,045
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: (ii) Other	434,700			
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss): (ii) Other	434,700			
	d	Net gain or (loss) . . . . . ▶	434,700			434,700
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a 2,472,900				
	b	Less cost of goods sold . . b 3,164,284				
	c	Net income or (loss) from sales of inventory . . ▶	-691,384		-691,384	
		Miscellaneous Revenue / Business Code				
	11a	OTHER MISCELLANEOUS REVENUE	3,375,028			3,375,028
	b	FREIGHT & FEES REVENUE	1,627,901			1,627,901
	c	GAIN ON INSURANCE RECOVERY	473,000			473,000
	d	All other revenue	326,592			326,592
	e	**Total.** Add lines 11a–11d . . . . . ▶	5,802,521			
	12	**Total revenue.** See Instructions . . . . . ▶	432,810,716	424,644,834	-691,384	8,577,266

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 or note to any line 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 domestic organizations and domestic governments See Part IV, line 21	1,601,419	1,601,419		
2 Grants and other assistance to domestic individuals See Part IV, line 22	65,550	65,550		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	46,532	46,532		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,563,065	2,984,245	1,578,820	
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	68,190,930	56,857,597	11,333,333	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,068,395	2,957,012	111,383	
9 Other employee benefits	11,105,240	9,259,549	1,845,691	
10 Payroll taxes	4,936,109	4,115,728	820,381	
11 Fees for services (non-employees)				
a Management				
b Legal	4,164,530	3,909,244	255,286	
c Accounting	355,102		355,102	
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)	633,909	593,339	40,570	
12 Advertising and promotion	1,100,029	1,078,688	21,341	
13 Office expenses	1,223,975	342,591	881,384	
14 Information technology	604,741	34,168	570,573	
15 Royalties				
16 Occupancy	10,697,947	8,528,403	2,169,544	
17 Travel	2,100,553	1,719,303	381,250	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,341,143	1,765,690	575,453	
20 Interest	291,485	258,868	32,617	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,238,354	7,229,156	1,009,198	
23 Insurance	1,095,844	942,097	153,747	
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	187,408,913	187,408,913		
b PROCESSING COSTS	89,604,727	89,604,727		
c RECOVERY EXPENSES	11,473,278	11,473,278		
d RESEARCH AND DEVELOPMENT	9,864,155	9,864,155		
e All other expenses	8,501,354	4,317,202	4,184,152	
25 **Total functional expenses.** Add lines 1 through 24e	433,277,279	406,957,454	26,319,825	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 or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		49,248,832	2	53,303,651
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		52,839,447	4	51,701,578
	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		111,811,420	8	113,869,735
	9	Prepaid expenses and deferred charges		1,209,816	9	1,665,463
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 94,603,727			
	b	Less accumulated depreciation	10b 69,414,401	27,520,470	10c	25,189,326
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		500,000	12	5,154,000
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		19,150,789	15	17,641,740
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		262,280,774	16	268,525,493
Liabilities	17	Accounts payable and accrued expenses		51,508,994	17	48,708,081
	18	Grants payable		3,390,883	18	1,833,280
	19	Deferred revenue		99,904,337	19	111,103,957
	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		15,468,750	23	9,343,750
	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		4,520,517	25	4,495,526
	26	**Total liabilities.** Add lines 17 through 25		174,793,481	26	175,484,594
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		87,487,293	27	93,040,899
	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		87,487,293	33	93,040,899
	34	Total liabilities and net assets/fund balances		262,280,774	34	268,525,493

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	432,810,716
2	Total expenses (must equal Part IX, column (A), line 25)	2	433,277,279
3	Revenue less expenses Subtract line 2 from line 1	3	-466,563
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	87,487,293
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	6,020,169
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	93,040,899

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 22-2803458

Name: MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 65,550 including grants of $ 65,550) (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 2014, MTF RECEIVED 80 APPLICACTIONS FOR PEER REVIEW AND OTHER GRANTS MTF USED 88 SUCH INDEPENDENT EXPERTS TO REVIEW PEER-REVIEWED RESEARCH GRANT PROJECTS AND 10 PROJECTS WERE APPROVED FOR FUNDING DURING 2013, MTF RECEIVED 95 APPLICACTIONS FOR PEER REVIEW AND OTHER GRANTS MTF USED 81 SUCH INDEPENDENT EXPERTS TO REVIEW PEER-REVIEWED RESEARCH GRANT PROJECTS AND 10 PROJECTS WERE APPROVED FOR FUNDING

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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	2 00 0 00	X						50,000	0	0
(1) MARK BOLANDER MD BOD	1 00 0 00	X						26,000	0	0
(2) DAN M SPENGLER MD BOD	1 00 0 00	X						12,000	0	0
(3) HERBERT S SCHWARTZ BOD, MBOT	1 00 0 00	X						10,550	0	0
(4) HOWARD M NATHAN BOD	1 00 0 00	X						10,000	0	0
(5) ALAN MILANAZZO BOD	1 00 0 00	X						10,000	0	0
(6) GERALD FINERMAN MD BOD	1 00 0 00	X						9,000	0	0
(7) DONALD HACKBARTH MD BOD, VICE CH	1 00 0 00	X						8,000	0	0
(8) ALLAN GROSS MD BOD	1 00 0 00	X						8,000	0	0
(9) VICTOR FRANKEL MDPHD DIRECTOR EME	1 00 0 00	X						7,000	0	0
(10) JOSEPH ZUCKERMAN MD BOD	1 00 0 00	X						7,000	0	0
(11) JOSEPH A BUCKWALTER MD BOD	1 00 0 00	X						1,000	0	0
(12) CRAIG BOTTONI MD BOD	1 00 0 00	X						769	0	0
(13) WILLIAM F ENNEKING MD DIRECTOR EME	1 00 0 00	X						0	0	0
(14) TRACY SCHMIDT BOD	1 00 0 00	X						0	0	0
(15) BRUCE W STROEVER PRESIDENT/CE	60 00 0 00			X				812,191	0	37,312
(16) MICHAEL J KAWAS TREASURER/CF	60 00 0 00			X				512,029	0	44,823
(17) MARTHA ANDERSON EXECUTIVE VP	60 00 0 00				X			422,652	0	34,598
(18) JOSEPH YACCARINO EXECUTIVE VP	60 00 0 00				X			394,970	0	42,111
(19) MARK H SPILKER EXECUTIVE VP	60 00 0 00				X			386,371	0	41,876
(20) THOMAS C SHAFFER EXECUTIVE VP	60 00 0 00				X			206,756	0	19,084
(21) KATHERINE MARIE TYLER SURGICAL CON	55 00 0 00					X		361,738	0	28,133
(22) DONALD E LARSON VP CONTRACT	50 00 0 00					X		330,438	0	36,321
(23) KIMBERLY A ROUNDS VP MARKETING	50 00 0 00					X		326,793	0	44,681
(24) DAVID C PAUL VP FINANCE	50 00 0 00					X		326,714	0	44,132

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
(26) CATHERINE COLLINS ..... SURGICAL CON	55 00 ..... 0 00					X		320,094	0	39,715

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

Employer identification number
22-2803458

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

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

1 ☐ A church, convention of churches, or association of churches 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	31,236	99,556	215,586	422,194	280,000	1,048,572
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	389,546,992	392,360,791	397,945,712	423,148,073	424,644,834	2,027,646,402
3 Gross receipts from activities that are not an unrelated trade or business under section 513	5,583,873	4,420,468	5,317,239	5,408,082	5,802,521	26,532,183
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	395,162,101	396,880,815	403,478,537	428,978,349	430,727,355	2,055,227,157
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)						2,055,227,157

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	395,162,101	396,880,815	403,478,537	428,978,349	430,727,355	2,055,227,157
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,509,436	1,762,794	2,398,377	2,234,564	2,340,045	10,245,216
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,509,436	1,762,794	2,398,377	2,234,564	2,340,045	10,245,216
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 VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)	396,671,537	398,643,609	405,876,914	431,212,913	433,067,400	2,065,472,373

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	99 500 %
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	99 580 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	0 %
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	0 %

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SUPPLEMENTAL INFORMATION	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 VAT REFUNDS 408,048 REALIZED LOSS ON FOREIGN CURRENCY EXCHANGE -231,509 A/P DISCOUNTS REVENUE 78,192 SERVICE FEES 71,861 ------- 326,592 =======

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 value of contributions to (during year)		
3	Aggregate value of 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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) Revenue 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 Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ 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	(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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		34,011,489	27,869,265	6,142,224
d Equipment		35,099,116	28,981,215	6,117,901
e Other		16,725,654	12,563,921	4,161,733
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				25,189,326

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) AFFILIATE RECEIVABLE	12,228,645
(2) GOODWILL AND OTHER INTANGIBLE ASSETS	4,125,000
(3) DEFERRED R&D COSTS	622,008
(4) OTHER RECEIVABLES	459,661
(5) SECURITY DEPOSITS	147,226
(6) DEFERRED FINANCING COSTS	59,200
(7) INTEREST RECEIVABLE	
(8) OTHER ASSETS	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	17,641,740

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
OTHER DEFERRED REVENUE	2,322,607
OTHER	2,020,038
DUE TO AFFILIATES	150,881
SWAP LIABILITY	2,000
CAPITAL LEASE	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	4,495,526

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	437,371,225
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) 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	4,558,000		
e	Add lines **2a** through **2d**			2e	4,558,000
3	Subtract line **2e** from line **1**			3	432,813,225
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	-2,509		
c	Add lines **4a** and **4b**			4c	-2,509
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	432,810,716

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	431,817,619
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	882,360		
e	Add lines **2a** through **2d**			2e	882,360
3	Subtract line **2e** from line **1**			3	430,935,259
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	2,342,020		
c	Add lines **4a** and **4b**			4c	2,342,020
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	433,277,279

Part XIII Supplemental Information

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

Return Reference	Explanation
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
SCHEDULE D, PAGE 4, PART XI, LINE 2D	UNREALIZED GAIN/(LOSS) ON FX EXCHANGE - CURRENCY -96,000 NET GAIN ON INVESTMENT IN BBC 4,654,000
SCHEDULE D, PAGE 4, PART XI, LINE 4B	K-1 INCREMENTAL INCOME 20,562 K-1 INCREMENTAL LOSS -23,071
SCHEDULE D, PAGE 4, PART XII, LINE 2D	ACCRUED GRANTS 8,500 UNREALIZED GAIN/(LOSS) ON FX EXCHANGE - TRADE RECEIVABLES 873,860
SCHEDULE D, PAGE 4, PART XII, LINE 4B	GRANTS PAID 1,258,687 BOOK / TAX DEPRECIATION DIFFERENCE 1,083,333

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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) AFFILIATE RECEIVABLE	12,228,645
(2) GOODWILL AND OTHER INTANGIBLE ASSETS	4,125,000
(3) DEFERRED R&D COSTS	622,008
(4) OTHER RECEIVABLES	459,661
(5) SECURITY DEPOSITS	147,226
(6) DEFERRED FINANCING COSTS	59,200
(7) INTEREST RECEIVABLE	
(8) OTHER ASSETS	

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

Employer identification number
22-2803458

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other 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 its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total		9			14,185,837
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)		9			14,185,837

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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)				SCIENTIFIC RESEARCH	46,532	CHECK			
(2)									
(3)									
(4)									

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

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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; do not file with Form 990)*	☐ 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, Information 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; do not file with Form 990)*	☐ Yes	☑ No

Part V Supplemental Information

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 2	ALL RECIPIENTS OF MTF GRANT AWARDS WILL RECEIVE 90% OF THEIR SUPPORT MADE IN PAYMENTS DURI NG THE GRANT PERIOD WHICH MAY BE AS LONG AS SEVERAL YEARS A FINAL 10% PAYMENT WILL BE MAD E 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 MTF PRIOR TO THE RELEASE OF THE FINAL 10% OF FUNDING TWO 6-MONTH, NO COST EXTENS IONS OF THE GRANT MAY BE REQUESTED FORMALLY IF THE GRANT IS NOT COMPLETED BY THE AGREED C OMPLETION DATE, THE GRANTEE WILL LOSE THE REMAINING 10% OF THE GRANTED FUNDS UNUSUAL CIRC UMSTANCES WILL BE CONSIDERED

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	EUROPE 5,157,790 0 NORTH AMERICA 2,753,598 0 EAST ASIA AND THE PACIFIC 2,678,329 0 CENTRAL AMERICA & CARIBBEAN 288,910 0 MIDDLE EAST & NORTH AFRICA 162,968 0 SOUTH AMERICA 3,097,71 0 0 SOUTH ASIA 0 0 SUB-SAHARAN AFRICA 0 0 NORTH AMERICA 46,532 0

Additional Data

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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE		1	PROGRAM SERVICES	TISSUE DISTRIBUTION	5,157,790
NORTH AMERICA		1	PROGRAM SERVICES	TISSUE DISTRIBUTION	2,753,598
EAST ASIA AND THE PACIFIC		1	PROGRAM SERVICES	TISSUE DISTRIBUTION	2,678,329

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA & CARIBBEAN		1	PROGRAM SERVICES	TISSUE DISTRIBUTION	288,910
MIDDLE EAST & NORTH AFRICA		1	PROGRAM SERVICES	TISSUE DISTRIBUTION	162,968
SOUTH AMERICA		1	PROGRAM SERVICES	TISSUE DISTRIBUTION	3,097,710

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA		1	PROGRAM SERVICES	TISSUE DISTRIBUTION	
SUB-SAHARAN AFRICA		1	PROGRAM SERVICES	TISSUE DISTRIBUTION	
NORTH AMERICA		1	PROGRAM SERVICES	GRANTS	46,532

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

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 Domestic Organizations and Domestic Governments.

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 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 . . . ▶ 64

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

Part III **Grants and Other Assistance to Domestic Individuals.** 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	88	65,550			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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 2014, TOTAL GRANT REVIEW EXPENSE WAS 65,500 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

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALBANY MEDICAL COLLEGEALBANY MEDICAL CENTER HOSPITAL ALBANY,NY 12203	14-1338307	3	7,000				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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	100,000				SCIENTIFIC RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BROOKE ARMY MEDICAL CENTER3400 RAWLEY E CHAMBERS AVE FORT SAM HOUSTON,TX 78234	91-1593913	GOV	8,500				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CASE WESTERN RESERVE UNIVERSITY10900 EUCLID AVE SCH OF MED CLEVELAND,OH 44106	34-1018992	3	17,000				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHILDERN'S HOSPITAL BOSTON ORTHOPAEDIC SURGERY 300 LONGWOOD AVE ENDERS 260 BOSTON,MA 02115	04-2774441	3	9,931				SCIENTIFIC RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COLOMBIA UNIV MED CTRSHONY3959 BROADWAY BHN816 NEW YORK,NY 10032	13-5598093	3	10,000				SCIENTIFIC RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COLORADO ST UNIV CHEM & BIO ENG1370 CAMPUS DELIVERY FT COLLINS,CO 805232002	84-6000545	3	100,000				SCIENTIFIC RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DUKE UNIVERSITY MEDICAL CENTER200 TRENT DRIVE RM 1581 DURHAM,NC 27710	56-0532129	3	8,500				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FOUNDATION FOR LSU HEALTH2020 GRAVIER ST RM 330 NEW ORLEANS,LA 70112	72-1115391	3	8,500				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HARVARD SCHOOL OF DENTAL MEDICINE188 LONGWOOD AVENUE BOSTON,MA 02115	04-2103580	3	10,000				SCIENTIFIC RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HENRY FORD HOSPITAL 2799 WEST GRAND BLVD DETROIT,MI 48202	38-1357020	3	8,500				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HOSPITAL FOR JOINT DISEASES ORTHOPA301 EAST 17TH STREET NEW YORK, NY 10003	13-3971298	3	7,000				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LOUISIANNA STATE UNIVERSITY2020 GRAVIER ST RM 330 NEW ORLEANS,LA 70112	72-6000848	3	8,500				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MAYO CLINIC200 FIRST STREET SW ROCHESTER,MN 55905	41-6011702	3	90,000				SCIENTIFIC RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MAYO CLINIC200 FIRST STREET SW ROCHESTER,MN 55905	41-6011702	3	7,000				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MEDICAL COLLEGE OF WISCONSIN9200 WEST WISCONSIN AVE BOX 26099 MILWAUKEE,WI 532260099	39-0806261	3	7,000				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MEDICAL UNIVERSITY OF SO CAROLINA171 ASHLEY AVENUE CSB 708 CHARLESTON,SC 294252239	57-6000722	3	8,500				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MEMORIAL SLOAN-KETTERING CANCER CTR 1275 YORK AVENUE NEW YORK, NY 10021	13-1924236	3	7,000				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NJ INST OF TECHNOLOGY BIOMED ENGR323 MARTIN LUTHER KING BLVD NEWARK,NJ 07102	22-6000910	3	100,000				SCIENTIFIC RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OHIO STATE UNIVERSITY 2050 KENNY RD STE 3100 COLUMBUS,OH 43221	31-6025986	3	8,500				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PA STATE UNIV COLLEGE OF MED500 STATE UNIVERSITY DRIVE H089 HERSHEY,PA 17033	24-6000376	3	90,000				SCIENTIFIC RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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	10,000				SCIENTIFIC RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RUTGERS UNIVERSITY FDTN140 BERGEN ST ACC D1765 NEWARK,NJ 07103	23-7318742	3	7,000				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
STANFORD UNIVERSITY DEPT OF RADIOLOGY725 WELCH ROAD STANFORD,CA 943055614	94-1156365	3	90,000				SCIENTIFIC RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
STANFORD UNIVERSITY HOSPITAL450 BROADWAY STREET MC 6342 REDWOOD CITY,CA 94063	94-1156365	3	8,500				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE UNIVERSITY OF TEXAS1400 HOLCOMBE BLVD RM FC-11-3099 HOUSTON,TX 77230	74-6001118	3	7,000				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TULANE UNIV SCHOOL OF MEDICINE1430 TULANE AVENUE SL32 NEW ORLEANS,LA 70112	72-0423889	3	7,000				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TULANE UNIV CELL & MOLECULAR BIO6400 FRERET ST RM 2000 NEW ORLEANS, LA 701185698	72-0423889	3	9,952				SCIENTIFIC RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UMDMJ-RWJ MEDICAL SCHOOL51 FRENCH ST NEW BRUNSWICK, NJ 08903	22-1775306	GOV	8,500				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIV OF ARKANSAS-MEDICAL SCIENCES4301 W MARKHAM ST 531 LITTLE ROCK,AR 72205	71-6056774	3	17,000				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 CA SAN FRAN 2550 23RD ST BLDG 9 3RD FL SAN FRANCISCO,CA 94110	94-6036493	3	10,000				SCIENTIFIC RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 COLORADO ORTHOPAEDICS12800 E 19TH AVE MS 8343 RC1 NORTH AURORA,CO 80045	84-6000555	3	90,000				SCIENTIFIC RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIV OF CT HEALTH CTR 263 FARMINGTON AVE FARMINGTON,CT 06030	52-1725543	3	30,000				SCIENTIFIC RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 DELAWARE130 ACADEMY ST SPL 126 NEWARK,DE 19716	51-6000297	3	9,627				SCIENTIFIC RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 IOWA ORTHO-BIOMECH LAB2181-H WESTLAWN BLDG S IOWA CITY,IA 522421100	42-6004813	3	91,409				SCIENTIFIC RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 MISSOURI1100 VIRGINIA AVE DC95300 COLUMBIA,MO 65212	43-6003859	3	7,000				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 NC AT CHAPEL HILL101 MANNING DR BOX 7055 CHAPEL HILL,NC 27599	56-6001393	3	8,500				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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	10,000				SCIENTIFIC RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIV OF TX HEALTH SCIENCE CTR7703 FLOYD CURL DRIVE SAN ANTONIO,TX 78229	74-1586031	3	8,500				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIV OF TX SOUTH WESTERN MED CTR1801 INWOOD ROAD DALLAS,TX 753908883	75-6002868	3	8,500				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNIVERISITY OF PITTSBURGH3820 S WATER STREET PITTSBURGH,PA 15203	25-0965591	3	10,000				SCIENTIFIC RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF ARIZONA 1501 N CAMPBELL AVE RM 85724-5194 TUCSON,AZ 857245194	74-2652689	3	7,000				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF CA - LOS ANGELES11000 KINROSS AVE STE 211 LOS ANGELES,CA 900951406	95-6006143	3	90,000				CAREER DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF CA LOS ANGELES10833 LE CONTE AVENUE BOX 956902 LOS ANGELES,CA 90095	95-6006143	3	10,000				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA SAN FRAN500 PARNASSUS AVENUE MU320 WEST SAN FRANCISCO,CA 94143	94-6036493	3	7,000				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA SAN FRAN500 PARNASSUS AVE BX 0728 MU320W SAN FRANCISCO,CA 941430728	94-6036493	3	10,000				CAREER DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF MINNESOTA2450 RIVERSIDE AVE S R200 MINNEAPOLIS,MN 55454	41-6007513	3	8,500				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF MISSISSIPPI FDTNPO BOX 249 UNIVERSITY,MS 38677	23-7310293	3	7,000				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF NEBRASKA MED CTR668 SOUTH 41ST ST ORTHO 1080 OMAHA,NE 681981080	47-0049123	3	8,500				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF ROCHESTER601 ELMWOOD AVE BOX 665 ROCHESTER,NY 14642	16-0743209	3	10,000				SCIENTIFIC RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF SO CALIFORNIA1520 SAN PABLO ST SUITE 2000 LOS ANGELES,CA 90033	95-1642394	3	7,000				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF SOUTH ALABAMA3421 MEDICAL PARK DR MEDIII MOBILE,AL 36693	63-0477348	3	10,000				SCIENTIFIC RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF UTAH SCH OF MED HUNTSMAN CANCER INST 2000 CIRCLE OF HOPE SUITE 4260 SALT LAKE CITY, UT 841125550	87-6000525	3	8,500				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF VIRGINIA HEALTH SYS400 RAY C HUNT DR STE 330 CHARLOTTESVILLE,VA 22903	54-1124769	3	8,500				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY ORTHOPAEDIC ASSOC UNIVERSITY OF ROCHESTER601 ELMWOOD AVE BOX 665 ROCHESTER,NY 14642	16-1598826	3	7,000				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
VANDERBILT UNIVERSITY MEDICAL CTRMED CTR EAST SOUTH TOWER STE 4200 NASHVILLE,TN 372328774	62-0476822	3	7,000				RESIDENT EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
VANDERBILT UNIVERSITY MEDICAL CTR DEPT OF ORTHOPAEDICS MED CTR EAST SOUTH TOWER STE 4200 NASHVILLE,TN 372328774	62-0476822	3	100,000				CAREER DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WAKE FOREST UNIV HEALTH SCIENCES MEDICAL CENTER BOULEVARD WINTSTONSALEM, NC 271571094	22-3849199	3	90,000				SCIENTIFIC RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WAKE FOREST UNIV HEALTH SCIENCES MEDICAL CENTER BOULEVARD WINTSTONSALEM, NC 271571094	22-3849199	3	8,500				RESIDENT EDUCATION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

Employer identification number
22-2803458

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ 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 directors, trustees, officers, including 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**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in 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 in column(B) 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

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

Return Reference	Explanation

Additional Data

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 BRUCE W STROEVER, PRESIDENT/CEO	(I) (II)	621,061	153,550	37,580	15,150	22,162	849,503	
1 MICHAEL J KAWAS, TREASURER/CFO	(I) (II)	409,692	100,000	2,337	15,600	29,223	556,852	
2 MARTHA ANDERSON, EXECUTIVE VP	(I) (II)	336,536	79,950	6,166	15,030	19,568	457,250	
3 JOSEPH YACCARINO, EXECUTIVE VP OPS	(I) (II)	320,717	71,550	2,703	15,600	26,511	437,081	
4 MARK H SPILKER, EXECUTIVE VP, R&D	(I) (II)	318,449	62,800	5,122	15,600	26,276	428,247	
5 THOMAS C SHAFFER, EXECUTIVE VP	(I) (II)	181,021	24,500	1,235	11,795	7,289	225,840	
6 KATHERINE MARIE TYLER, SURGICAL CONSULTANT	(I) (II)	66,576	281,704	13,458	9,247	18,886	389,871	
7 DONALD E LARSON, VP CONTRACT ADMIN	(I) (II)	258,942	65,350	6,146	9,575	26,746	366,759	
8 KIMBERLY A ROUNDS, VP MARKETING	(I) (II)	260,948	65,300	545	15,454	29,227	371,474	
9 DAVID C PAUL, VP FINANCE	(I) (II)	255,467	68,925	2,322	15,600	28,532	370,846	
10 CATHERINE COLLINS, SURGICAL CONSULTANT	(I) (II)	64,182	248,454	7,458	15,600	24,115	359,809	

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

Employer identification number
22-2803458

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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? Yes	(d) Corrected? No

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? To	(d) From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) No	(h) Approved by board or committee? Yes	(h) No	(i) Written agreement? Yes	(i) No

Total ▶ $			

Part III Grants or Assistance Benefiting 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	550	STIPEND	GRANT REVIEW

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

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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 NON-FOUNDATION MEMBER ORGANIZATION THE GRANT AMOUNT WAS EQUAL TO THE AMOUNT GRANTED TO OTHER INDEPENDENT REVIEWERS FOR COMPARABLE SERVICES RENDERED

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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				
25	Other ▶ (TISSUE FORMS)	X	9,400		
26	Other ▶(_____)				
27	Other ▶(_____)				
28	Other ▶ (_____)				

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

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

Part II **Supplemental Information.** 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.

Return Reference	Explanation
SCHEDULE M, PAGE 1, PART I, LINE 33	FORM 990 SCHEDULE M - ALLOGRAFT TISSUE DONATIONFORM 990 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) 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 PROCUREMENT 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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Return Reference	Explanation	
	FORM 990 - ORGANIZATION'S MISSION	MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC (''MTF'' OR THE ''FOUNDATION'') IS DEDICATED TO PR OVIDING QUALITY ALLOGRAFT TISSUE FOR TRANSPLANTATION THROUGH A COMMITMENT TO EXCELLENCE IN EDUCATION, RESEARCH, RECOVERY, AND CARE FOR RECIPIENTS, DONORS AND THEIR FAMILIES MTF CO NTINUES TO PROMOTE THE HEALTH AND WELFARE OF THE GENERAL PUBLIC BY (1) MAXIMIZING THE AVAIL ABILITY OF HIGH QUALITY HUMAN TISSUE INCLUDING BONE AND DERMAL TISSUE, 2)SUPPORTING MEDICA L, SCIENTIFIC AND OTHER EDUCATIONAL RESEARCH WITH RESPECT TO TISSUE DONATION, RECOVERY AND TRANSPLANTATION, (3)EDUCATING THE GENERAL PUBLIC WITH RESPECT TO THE IMPORTANCE AND BENEF ITS OF TISSUE DONATION AND TRANSPLANTATION, AND (4)OTHERWISE PROMOTING TISSUE DONATION THR OUGH A COMMITMENT TO EXCELLENCE IN EDUCATION, RESEARCH, RECOVERY AND CARE FOR DONORS, RECI PIENTS, AND THEIR FAMILIES THE MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC WAS INCORP- OR ATED ON JANUARY 30, 1987, AS A DISTRICT OF COLUMBIA NON-PROFIT MEMBERSHIP ORGANIZATION AND IS A 501(C)(3) ORGANIZATION THERE IS A CRITICAL NEED FOR MUSCULOSKELETAL, CARDIOVASCULAR , SKIN AND OCULAR TISSUE FOR TRANSPLANTATION IN ORDER TO ACCOMPLISH MTF'S MISSION AND THE SE ACTIVITIES, THE FOUNDATION MAINTAINS A DONOR RECOVERY NETWORK, CONDUCTS DONOR AWARENESS PROGRAMS FOR THE PUBLIC, DONATES BONE AND OTHER TISSUE FOR RESEARCH, PROVIDES RESEARCH GR ANTS, AND OTHERWISE SUPPORTS BONE, SKIN AND CARDIOVASCULAR TISSUE TRANSPLANTATION, RESEARC H AND EDUCATIONAL PROGRAMS THE FOUNDATION'S MEMBERSHIP IS COMPRISED OF 501(C)(3) NON-PROI T ORGANIZATIONS THE MEMBERSHIP CONSISTS OF FORTY- SEVEN ACADEMIC MEMBERS (ORTHOPAEDIC TEAC HING INSTITUTIONS), TWENTY-NINE RECOVERY ORGANIZATIONS (ORGAN, EYE AND TISSUE PROCUREMENT ORGANIZATIONS) THROUGHOUT THE UNITED STATES BIOCON,INC , A NON-PROFIT 501(C)(3) ORGANIZAT ION, 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 AFFILIATIO N WITH ITS RECOVERY AND REFERRING MEMBERS THIS NATIONAL NETWORK ALLOWS THE PUBLIC TO QUIC KLY ACCESS NEEDED ALLOGRAFT TISSUE BONE AND OTHER ALLOGRAFT TISSUE RECOVERED THROUGH THIS NETWORK IS SUBJECT TO STANDARDIZED SCREENING CRITERIA FOR DONATION ESTABLISHED BY THE FOU NDATION'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 RE COVERED 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 ADMINISTRATI ON THE FOUNDATION PROVIDES RECOVERY ORGANIZATION MEMBERS AND THE GENERAL COMMUNITY THEY S ERVE WITH FUNDING FOR HOSPITAL DEVELOP- MENT AND DONOR AWARENESS SERVICES THESE SERVICES ALSO INCLUDE PROVIDING TRAINING TO RECOVERY ORGANIZATION MEMBERS, EDUCATIONAL SY MPOSIUMS T O 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 INSTITU - TION WITH AN ACCREDITED RESIDENCY TRAINNG PROGRAM, A FEDERALLY CHARTERED OPO, OR AN EYE/ TISSUE BANK ALL MEMBERS AGREE TO SUPPORT THE FOUNDATION'S MISSION EITHER THROUGH A SERVIC ES AND SUPPLY AGREEMENT OR SERVICES AND RECOVERY AGREEMENT SOME MEMBERS ARE ELIGIBLE FOR RESEARCH FUNDING (SEE SCHED I, PT IV FOR GRANT PROGRAM OVERVIEW) FROM THE FOUNDATION UPO N 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 PER SON OR ORGANIZATIONS (TYPICALLY THROUGH THEIR HOSPITALS AND PHYSICIANS) IN NEED OF ALLOGRA FT TISSUE THE FOUNDATION FUNDS ALL COSTS ASSOCIATED WITH THE RECOVERY OF DONOR TISSUES I T SUPPORTS THESE COSTS WITH FEES INTENDED TO COVER ITS EX- PENSES (INCLUDING FUNDING FOR R ESEARCH) 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 FOUND- ATION ARE USED TO CO VER THE COSTS OF ITS PROGRAM ACTIVITIES (INCLUDING OVERHEAD) WITH ANY SURPLUS APPLIED TOWA RDS 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 RESE RVES NEEDED TO MAINTAIN AND EXPAND THE FOUNDATION'S PROGRAMS WHILE THE FOUNDATION'S ACTIV ITIES ARE MONITORED BY ITS MEMBERS, THE FOUNDATION HAS A FOURTEEN PERSON BOARD OF DIRECTOR S INCLUDING TWO NON- VOTING EMERITUS MEMBERS THIS BOARD IS COMPRISED PRIMARILY OF WORLD R ENOWN EXPERTS FROM THE NON-PROFIT HEALTHCARE COMMUNITY HAVING VARIOUS SCIENTIFIC, TRANSPLA NT, AND MEDICAL SPECIALTIES THE BOARD OF DIRECTOR

Return Reference	Explanation	
	FORM 990 - ORGANIZATION'S MISSION	S HAS ULTIMATE RESPONSIBILITY TO MANAGE THE FOUNDATION OF THE BOARD'S 13 VOTING MEMBERS, THERE ARE TWO MEMBERS EACH FROM THE MEDICAL BOARD AND THE DONATION BOARD OF TRUSTEES SERV ING IN TANDEM WITH OTHER BOARD OF DIRECTORS, THE FOUNDATION HAS A MEDICAL BOARD OF TRUSTEE S (THE "MEDICAL BOARD") AND A DONATION BOARD OF TRUSTEES ("DONATION BOARD") THE MEDICAL B OARD IS COMPRISED OF RESPECTIVE PHYSICIANS FROM ORTHOPAEDIC DEPARTMENTS OF THE ACADEMIC IN STITUTION MEMBERS OF THE FOUNDATION, PLUS THREE ADDITIONAL PERSONS WHO HAVE SPECIFIC EXPER TISE PERTAINING TO TRANSPLANTATION ETHICS AND RESEARCH ACTIVITIES WITHIN THE INDUSTRY WHI LE THE SPECIFIC POWERS AND RESPONSIBILITIES OF THE MEDICAL BOARD ARE DETAILED IN ARTICLE I V, SECTION 2 OF THE FOUNDATION'S BYLAWS, IN GENERAL IT PROVIDES THAT THE MEDICAL BOARD SHA LL ADVISE THE FOUNDATION WITH RESPECT TO OPTIMIZING THE DISTRIBUTION OF RESEARCH GRANTS, T HE CHOICE OF AREAS MERITING RESEARCH FUNDING, AND ESTABLISHING THE STANDARD POLICIES AND P ROTOCOLS RELATING TO THE SCREENING, RECOVERY, TRANSPORT, TESTING, PROCESSING, STORAGE AND DISTRIBUTION OF TRANSPLANTABLE BONE AND TISSUE THE DONATION BOARD IS COMPRISED OF INDIVID UALS KNOWLEDGE- ABLE IN THE FIELD OF TISSUE DONATION AND RECOVERY AND ARE LEADERS OF THE F OUNDATION'S RECOVERY ORGANIZATION MEMBERSHIP WHILE THE SPECIFIC POWERS AND RESPONSIBILITI ES OF THE DONATION BOARD ARE DETAILED IN ARTICLE VI, SECTION 2 OF THE FOUNDATION'S BYLAWS, IN GENERAL, THE DONATION BOARD PROVIDES THE BOARD OF DIRECTORS AND SENIOR MANAGEMENT OF T HE FOUNDATION WITH RECOMMENDATIONS WITH REGARD TO TISSUE DONATION PRACTICES SUCH AS SCREEN ING, RECOVERY, AND TESTING CRITERIA THE FOUNDATION SUPPORTS EDUCATIONAL, SCIENTIFIC AND R ESEARCH PROJECTS BY DISTRIBUTING FUNDS AND MAKING AVAILABLE, AT NO CHARGE, A SIGNIFICANT A MOUNT OF DONATED TISSUE FOR RESEARCH THE FOUNDATION FUNDS MANY TY PES OF PROJECTS RELATED TO ADVANCING TRANSPLANT SCIENCE ACCORDINGLY, GRANTS ARE PROVIDED FOR PROJECTS IN TISSUE D ONATION AND APPLICATION IN SUM, ALL OF THE ACTIVITIES OF THE FOUNDATION(PAST, PRESENT AND FUTURE) HAVE BEEN AND WILL BE DIRECTED AT MEETING THE NEEDS OF THE GENERAL PUBLIC FOR ALL OGRAFT TISSUE AND/OR IMPROVING THE MANNER IN WHICH TRANSPLANT TISSUE IS MADE AVAILABLE TO THE GENERAL PUBLIC THE FOUNDATION RECOVERS, PROCESSES AND DISTRIBUTES SKIN FOR USE IN VAR IOUS APPLICATIONS ADDITIONALLY, THE FOUNDATION SUPPORTS RESEARCH TO ADVANCE THE SCIENCE O F MUSCULOSKELETAL AND SKIN TISSUE APPLICATION IN 2014, THE FOUNDATION PROVIDED RESEARCH G RANTS TO ACADEMIC INSTITUTIONS TO PERFORM THIS TY PE OF RESEARCH THE FOUNDATION OFFERS EDU CATIONAL SERVICE TO SURGEONS AND NURSES BY WAY OF CONTINUING MEDICAL EDUCATION (CME) AND C ONTACT HOUR PROGRAMS ON TOPICS SUCH AS "THE ART AND SCIENCE OF ALLOGRAFTING", "TISSUE BANK ING WHAT IT TAKES TO GET IT RIGHT", AND "WHAT ARE THE FACTS REGARDING TISSUE SAFETY, INFE CTIOUS DISEASE TESTING AND REGULATION" IN ADDITION, THE FOUNDATION PROVIDES EDUCATION THR OUGH A SPEAKER PROGRAM IN CONJUNCTION WITH ORTHOPAEDIC TEACHING HOSPITALS ACROSS THE UNITE D STATES THE FOUNDATION DONATES RESEARCH ALLOGRAFT TISSUE FOR USE IN TRAINING AND EDUCATI ON OF SURGEONS HELD THROUGHOUT THE Y EAR AT THE ORTHOPAEDIC LEARNING CENTER, ROSEMONT, IL, TOGETHER WITH VARIOUS ORTHOPAEDIC ORGANIZATIONS SURGEONS UTILIZE THE FOUNDATION'S ALLOGRA FT FORMS DURING PROCEDURAL TRAINING OR CADAVERIC SPECIMENS DURING CME COURSES FINALLY, TH E FOUNDATION OFFERS GRANTS TO ITS RECOVERY PARTNERS TO EDUCATE THE PUBLIC AND HEALTHCARE P ROFESSIONAL INVOLVED IN THE DONATION PROCESS THESE GRANTS PROVIDE FOR PROGRAMS TO INCREAS E TISSUE DONATION SIMILAR TO MANY FEDERAL GOVERNMENT PROGRAMS

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	RESEARCH, MEDICAL AND EDUCATIONAL PURPOSES MTF'S RESEARCH AND DEVELOP- MENT HAS CONTINUED DEVELOPMENT OF UNIQUE TISSUE FORMS FOR ORTHOPADEDIC AND GENERAL SURGICAL APPLICATIONS MTF HAS MET PROJECT MILESTONES IN THE DEVELOPMENT OF ADULT, ALLOGENEIC STEM CELLS, ALLOGRAFT SOLUTIONS FOR THE REPAIR OF ARTICULAR CARTILAGE, AND NEW FORMS OF DEMINERALIZED BONE MTF CONTINUES TO SEEK NEW APPLICATIONS FOR THE USE OF THE 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 DURING 2014, MTF LAUNCHED MTF WOUND CAREA NEW MTF DIVISION DEDICATED TO RESEARCHING, DEVELOPING AND PROVIDING ALLOGRAFT-BASED, BIOLOGIC SOLUTIONS TO TREAT ACUTE AND CHRONIC WOUNDS MTF WOUND CARE WILL INITIALLY OFFER TWO TISSUE FORMS AMNIOBANDTM MEMBRANE, A HUMAN DERIVED ALLOGRAFT PLACENTAL MATRIX, AND ALLOPATCHTM PLIABLE, A HUMAN DERIVED ALLOGRAFT DERMAL MATRIX BOTH WILL BE AVAILABLE IN JANUARY 2015 IN 2013, MTF MADE AVAILABLE TWO NEW TISSUE FORMS DURING THE CALENDAR YEAR 1)TRINITY ELITE(TM) - A THIRD GENERATION ALLOGRAFT WITH VIABLE CELLS THAT PROVIDES SURGEONS WITH AN ALTERNATIVE TO AUTOGRAFT WHILE PROVIDING ENHANCED HANDLING AND IMPROVED GRAFT CONTAINMENT PROPERTIES, AND 2)VERASHIELD(TM) - A THIN HYDROPHILIC AMNIOTIC MEMBRANE DESIGNED TO SERVE AS A WOUND COVERING FOR A VARIETY OF SURGICAL DEMANDS IN ADDI- TION, MTF ALSO BEGAN DISTRIBUTING LARGER SIZES OF SPLIT THICKNESS SKIN GRAFTS (STSG) IN SHEET FORM UP TO 16CM X 35CM, THE LARGER SIZE CAN DECREASE OPERATING ROOM TIME, ENHANCE PATIENT OUTCOMES, AND MAKE MORE EFFICIENT USE OF GIFTED DONOR TISSUE DURING 2013, MTF ANNOUNCED IT WAS THE FIRST TISSUE BANK TO RECEIVE APPROVAL TO MARKET HUMAN ALLOGRAFTS IN AUSTRALIA UNDER THE NEW AUSTRALIAN BIOLOGICS FRAMEWORK WHICH WAS IMPLEMENTED BY THE AUSTRALIAN THERPEUTIC GOODS ADMINISTRATION (TGA)IN 2011 THIS APPROVAL ALLOWS MTF TO DISTRIBUTE DBX PUTTY, FLEX-HD AND FLEX-HD PLIABLE IN AUSTRALIA DURING 2014 AND 2013, 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 NATIONAL BREAST RECONSTRUCTION AWARENESS (BRA) DAY USA IN OCTOBER OF EACH YEAR 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 FOR INDIVIDUAL STORIES OF DONOR FAMILIES, PLEASE VISIT MTF'S WEBSITE AT HTTP://WWW MTF ORG/DONOR_FAMILY_STORIES HTML AND ALSO ON ITS YOUTUBE CHANNEL AT WWW YOUTUBE COM/USER/THEMTF1 STORIES ABOUT DONOR RECIPIENTS ARE ALSO AVAILABLE ON MTF'S WEBSITE AT HTTP://WWW MTF ORG/RECIPIENT_STORIES HTML

Return Reference	Explanation
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 2014, MTF RECEIVED 80 APPLICACTIONS FOR PEER REVIEW AND OTHER GRANTS. MTF USED 88 SUCH INDEPENDENT EXPERTS TO REVIEW PEER-REVIEWED RESEARCH GRANT PROJECTS AND 10 PROJECTS WERE APPROVED FOR FUNDING. DURING 2013, MTF RECEIVED 95 APPLICACTIONS FOR PEER REVIEW AND OTHER GRANTS. MTF USED 81 SUCH INDEPENDENT EXPERTS TO REVIEW PEER-REVIEWED RESEARCH GRANT PROJECTS AND 10 PROJECTS WERE APPROVED FOR FUNDING

Return Reference	Explanation
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 AND OTHER CARRY-FORWARDS TO FUTURE YEARS

Return Reference	Explanation
FORM 990, PART V, LINE 4B	CANADA

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	ANY CHANGES THAT ARE A MATERIAL CHANGE TO THE 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

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
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

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

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	UNREALIZED GAIN/(LOSS) ON FX EXCHANGE - CURRENCY -96,000 NET GAIN ON INVESTMENT IN BBC 4,654,000 K-1 INCREMENTAL INCOME -20,562 K-1 INCREMENTAL LOSS 23,071 ACCRUED GRANTS -8,500 UNREALIZED GAIN/(LOSS) ON FX EXCHANGE - TRADE RECEIVABLES -873,860 GRANTS PAID 1,258,687 BOOK / TAX DEPRECIATION DIFFERENCE 1,083,333

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

Employer identification number
22-2803458

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

(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) 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 STRASE 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) DEUTSCHES INSTITUT FUR ZELL-UND DEUTSCHES INSTITUT FUR ZELL-UND C/O BIOCON INC 125 MAY STREET EDISON, NJ 08837	TISSUE DIS		N/A						No

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
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 orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, 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	Yes	
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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R	MAY STREET MEDICAL, LLC IS A SINGLE-MEMBER LLC WHOSE SOLE MEMBER IS BIOCON, INC OLYPHANT, L L C IS A SINGLE-MEMBER LLC WHOSE SOLE MEMBER IS BIOCON, INC SCHEDULE R, PART IV, LINE 1 DIZG, GMBH HAS RECENTLY BEEN DETERMINED TO HAVE SOME TAX-EXEMPT ACTIVITIES AS WELL AS SOME TAXABLE ACTIVITIES IN GERMANY THUS, DIZG IS SHOWN AS BOTH AN EXEMPT AND TAXABLE ORGANIZATION ON SCHEDULE R DIZG IS A BROTHER/SISTER ENTITY RELATIVE TO MTF AND IS WHOLLY OWNED BY BIOCON, INC SCHEDULE R, PART V, LINE 2(2) AND 2(3) DURING 2014, DIZG REPAID MTF OUTSTANDING ADVANCES TOTALING 274,641 MTF ALSO SOLD TISSUE TO DIZG IN THE AMOUNT OF 274,500 GIVEN THESE CIRCUMSTANCES NO FORM 926 WAS DEEMED NECESSARY

Additional Data

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 related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
DIZG GMBH	A	179,673	ACCTG BOOKS/RECORDS
DIZG GMBH	G	274,500	ACCTG BOOKS/RECORDS
DIZG GMBH	S	274,641	ACCTG BOOKS/RECORDS
DIZG GMBH	D	1,764,184	ACCTG BOOKS/RECORDS
MAY STREET MEDICAL LLC	L	359,640	ACCTG BOOKS/RECORDS
MAY STREET MEDICAL LLC	K	2,938,681	ACCTG BOOKS/RECORDS
OLYPHANT LLC	A	346,156	ACCTG BOOKS/RECORDS
OLYPHANT LLC	K	450,850	ACCTG BOOKS/RECORDS
OLYPHANT LLC	L	135,666	ACCTG BOOKS/RECORDS