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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.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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
MTFBIOLOGICS

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

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 $ 467,682,021

F Name and address of principal officer:
JOSEPH A YACCARINO
125 MAY ST
EDISON, NJ 08837

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.MTFBIOLOGICS.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:
MTF IS A NONPROFIT ORG. THAT SAVES AND HEALS LIVES BY HONORING DONATED GIFTS AND SERVING PATIENTS, WE COLLABORATE WITH THE MEDICAL, SCIENTIFIC, AS WELL AS ORGAN AND TISSUE DONATION COMMUNITIES. CONTINUED ON SCHEDULE O.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	1,452
6	Total number of volunteers (estimate if necessary)	**6**	8
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-1,464,445
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	860,500	890,250
9	Program service revenue (Part VIII, line 2g)	422,094,519	452,689,157
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,107,303	987,643
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,948,739	6,261,582
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	431,011,061	460,828,632
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,678,600	1,929,239
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)	116,314,464	129,997,127
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)	316,760,739	321,177,873
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	434,753,803	453,104,239
19	Revenue less expenses. Subtract line 18 from line 12	-3,742,742	7,724,393

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	253,935,661	269,396,199
21	Total liabilities (Part X, line 26)	199,688,327	206,446,084
22	Net assets or fund balances. Subtract line 21 from line 20	54,247,334	62,950,115

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

****** 2020-11-16
Signature of officer Date

MICHAEL J KAWAS TREASURER/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	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, DERMAL AND BIRTH TISSUE; 2) SUPPORTING MEDICAL, SCIENTIFIC AND OTHER EDUCATIONAL RESEARCH WITH RESPECT TO TISSUE DONATION, RECOVERY AND TRANSPLANTATION; AND(3) EDUCATING THE GENERAL PUBLIC WITH RESPECT TO THE IMPORTANCE AND BENEFITS OF TISSUE DONATION AND TRANSPLANTATION. THE MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC. WAS INCORPORATED ON JANUARY 30, 1987, AS A DISTRICT OF COLUMBIA NON- PROFIT MEMBERSHIP ORGANIZATION AND IS A 501(C)(3)ORGANIZATION. THERE IS A CRITICAL NEED FOR MUSCULOSKELETAL, CARDIOVASCULAR, SKIN, BIRTH AND OCULAR TISSUE FOR TRANSPLANTATION. IN ORDER TO ACCOMPLI

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 $ 422,804,020 including grants of $ 1,929,239) (Revenue $ 452,689,157)

See Additional Data

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

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

4d Other program services (Describe in Schedule O.)

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

4e **Total program service expenses ▶** 422,804,020

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	Yes	
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		No
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	Yes	
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		No
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		
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	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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		No
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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *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	Yes	
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	375		
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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** 1,452			
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**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.		**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.		**16**		No

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	12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
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-A 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.

See instructions for the order in which to list the persons above.

☐ 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			
See Additional Data Table										

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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								6,495,127		424,393

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 ▶ 313

			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**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *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
BLACKSTONE MEDICAL 1401 ELM ST DALLAS, TX 75202	TISSUE PROMO	62,643,298
DEPUY SYNTHES SALES 1302 WRIGHTS LANE EAST WEST CHESTER, PA 19380	TISSUE PROMO	35,101,045
CONMED LINVATEC 1250 TERMINUS DRIVE LITHIA SPRINGS, GA 30122	TISSUE PROMO	31,740,155
MENTOR CORPORATION 201 MENTOR DRIVE SANTA BARBARA, CA 93111	TISSUE PROMO	11,322,247
DONOR NETWORK OF ARIZONA 201 W COOLIDGE ST PHOENIX, AZ 85013	RECOVRY PARTNER	7,252,196

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 ▶ 224

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	890,250			
g Noncash contributions included in lines 1a - 1f: $	1g				
h **Total.** Add lines 1a-1f		890,250			
Program Service Revenue	Business Code				
2a TISSUE PROCESSING & DISTRIB.	621991	437,903,769	437,903,769		
b DONOR SCREENING	561421	7,762,361	7,762,361		
c DISTRIBUTION RIGHTS PAYMENTS	900099	7,023,027	7,023,027		
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f	452,689,157				
3 Investment income (including dividends, interest, and other similar amounts)		987,643			987,643
4 Income from investment of tax-exempt bond proceeds					
5 Royalties		839,956			839,956
	(i) Real	(ii) Personal			
6a Gross rents	6a				
b Less: rental expenses	6b				
c Rental income or (loss)	6c				
d Net rental income or (loss)					
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a				
b Less: cost or other basis and sales expenses	7b				
c Gain or (loss)	7c				
d Net gain or (loss)					
Other Revenue 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b Less: direct expenses	8b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a	5,388,944			
b Less: cost of goods sold	10b	6,853,389			
c Net income or (loss) from sales of inventory		-1,464,445		-1,464,445	
Miscellaneous Revenue	Business Code				
11a DISTRIBUTION PARTNER REVENUE	900099	4,983,233			4,983,233
b FREIGHT & DELIVERY REVENUE	900099	1,252,338			1,252,338
c OTHER	900099	650,500			650,500
d All other revenue					
e **Total.** Add lines 11a–11d		6,886,071			
12 **Total revenue.** See instructions		460,828,632	452,689,157	-1,464,445	8,713,670

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	1,929,239	1,929,239		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,252,587	2,168,393	1,084,194	
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	99,270,973	85,875,743	13,395,230	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,293,014	3,348,604	944,410	
9 Other employee benefits	16,353,236	13,476,724	2,876,512	
10 Payroll taxes	6,827,317	5,561,610	1,265,707	
11 Fees for services (non-employees):				
a Management				
b Legal	1,672,864	1,003,533	669,331	
c Accounting	482,508		482,508	
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)	743,384	594,796	148,588	
12 Advertising and promotion	1,783,131	1,750,657	32,474	
13 Office expenses	1,178,037	672,440	505,597	
14 Information technology	2,370,039	1,430,992	939,047	
15 Royalties	1,617,148	1,617,148		
16 Occupancy	10,955,864	9,779,806	1,176,058	
17 Travel	4,159,360	3,834,415	324,945	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,630,344	3,923,814	706,530	
20 Interest	19,461	11,187	8,274	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,681,135	3,805,515	875,620	
23 Insurance	1,046,491	936,092	110,399	
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	166,777,474	166,777,474		
b PROCESSING COSTS	94,187,517	94,187,517		
c RECOVERY EXPENSES	10,710,050	10,710,050		
d RESEARCH AND DEVELOPMENT	8,181,533	8,181,533		
e All other expenses	5,981,533	1,226,738	4,754,795	
25 **Total functional expenses.** Add lines 1 through 24e	453,104,239	422,804,020	30,300,219	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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	
	2	Savings and temporary cash investments	57,708,609	2	65,566,358
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	62,076,021	4	59,266,270
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	92,151,157	8	97,877,352
	9	Prepaid expenses and deferred charges	1,629,651	9	2,805,769
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 118,081,947			
	b	Less: accumulated depreciation — 10b: 90,387,631	20,744,704	10c	27,694,316
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	800,113	12	800,113
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	4,575,000	14	4,525,000
	15	Other assets. See Part IV, line 11	14,250,406	15	10,861,021
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	253,935,661	16	269,396,199
Liabilities	17	Accounts payable and accrued expenses	72,227,589	17	81,974,674
	18	Grants payable	2,885,825	18	3,073,420
	19	Deferred revenue	118,919,511	19	111,896,484
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	1,447,069
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	5,655,402	25	8,054,437
	26	**Total liabilities.** Add lines 17 through 25	199,688,327	26	206,446,084
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	54,247,334	27	62,950,115
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	54,247,334	32	62,950,115
	33	Total liabilities and net assets/fund balances	253,935,661	33	269,396,199

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	460,828,632
2	Total expenses (must equal Part IX, column (A), line 25)	2	453,104,239
3	Revenue less expenses. Subtract line 2 from line 1	3	7,724,393
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	54,247,334
5	Net unrealized gains (losses) on investments	5	34,219
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	944,169
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	62,950,115

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 (2019)

Form 990, Part III, Line 4a:

MTF PROVIDES ALLOGRAFT TISSUES TO THE MEDICAL COMMUNITY. SINCE ITS INCEPTION IN 1987, MTF, THE NATION'S LEADING TISSUE BANK, HAS RECEIVED TISSUE DONATIONS FROM OVER 140,000 DONORS. IN 2019, MTF RECOVERED TISSUE FROM OVER 5,500 DONORS FOR USE IN MUSCULOSKELETAL AND BONE ALLOGRAFT APPLICATIONS, OVER 5,300 DONORS FOR USE IN BURN, GENERAL, AND PLASTIC SURGERY APPLICATIONS, OVER 1,200 DONORS FOR USE IN WOUNDCARE APPLICATIONS AND OVER 900 DONORS FOR ORGANS AND TISSUES FOR RESEARCH. OVERALL, MTF DISTRIBUTED MORE THAN 490,000 UNITS OF ALLOGRAFT TISSUE DURING 2019. MTF CONTINUED TO DONATE ALLOGRAFT TISSUES FOR RESEARCH, MEDICAL, AND EDUCATIONAL PURPOSES. IN COLLABORATION WITH SURGEONS, MTF CONTINUES TO DEVELOP INNOVATIVE TISSUE FORMS, FOCUSED ON SOLVING REAL-WORLD, CLINICAL PROBLEMS. MTF HAS ALSO CONTINUED ITS EFFORTS TO PROVIDE SPECIAL RESEARCH TISSUE FOR RESEARCH PERFORMED BY MEMBERS OF THE ARMED FORCES INSTITUTE OF REGENERATIVE MEDICINE (AFIRM), AN ORGANIZATION DEDICATED TO DEVELOPING MEDICAL THERAPIES FOR WOUNDED SOLDIERS. IN DECEMBER OF 2019, MTF PROVIDED NEARLY 500 LIFE SAVING, SKIN-FOR-BURN GRAFTS TO ASSIST IN THE INTERNATIONAL EFFORT TO TREAT VICTIMS INJURED IN THE VOLCANO ERUPTION IN NEW ZEALAND. THIS EFFORT WAS ACCOMPLISHED THROUGH COLLABORATION WITH THE DONOR TISSUE BANK OF VICTORIA IN AUSTRALIA. IN 2019, MTF CONTINUED TO INCREASE TISSUE UTILIZATION AND PLACEMENT OF TISSUE FORMS IN THE ORTHOPEDIC, PLASTIC AND RECONSTRUCTIVE SURGERY, AND WOUND CARE MARKETS. IN THE ORTHOPEDICS MARKET, MTF LAUNCHED QUICKGRAFT, A PRE-SUTURED TENDON FOR USE IN SPORTS MEDICINE PROCEDURES. THIS TECHNOLOGY ALLOWS MTF AND SURGEON PARTNERS TO HONOR THE DONATED GIFT BY INCREASING THE PREDICTABILITY OF SURGICAL PROCEDURES FOR THE PATIENT ALL THE WHILE USING TENDONS THAT WERE NOT PREVIOUSLY OF HIGH DEMAND. MTF ALSO CONTINUED TO INCREASE ITS UTILITY OF THE MOPS OSTEOCHONDRAL PRESERVATION TECHNOLOGY, PROVIDING HIGHER QUALITY TISSUE FOR DOCTORS AND PATIENTS, WHILE REDUCING THE TIME TO MATCH A TISSUE DONATION TO A RECIPIENT. MTF ALSO BEGAN TO DISTRIBUTE CC+, A CORTICAL-CANCELLOUS BONE VOID FILLER THAT ALLOWS THE DONATED TISSUE TO REACH MORE RECIPIENTS WITHOUT COMPROMISING QUALITY OR EFFECTIVENESS. FURTHERMORE, MTF LAUNCHED A NEW CORTICAL FIBER BASED BONE VOID FILLER, FIBER FUSE WHICH POSSESSES OSTEO-INDUCTIVE, OSTEO-CONDUCTIVE POTENTIAL AND EXCELLENT HANDLING PROPERTIES. IN PLASTIC AND RECONSTRUCTIVE SURGERY (PRS), MTF LAUCHED FLEXHD PRE, AN INNOVATIVE TISSUE FORM, DESIGNED TO ALLOW SURGEONS GREATER OPTIONS FOR BREAST RECONSTRUCTION PROCEDURES FOLLOWING MASTECTOMY. THE MTF PRS DIVISION ALSO SAW AN INCREASED USE OF RENUVA, AN OFF-THE-SHELF ADIPOSE MATRIX, FOR RECONSTRUCTION AND TREATMENT OF SMALL VOLUME DEFECTS WHERE HOST FAT HAS EITHER DECREASED OR BEEN DEGRADED OR LOST DUE TO TRAUMA OR DISEASE. MTF'S WOUND CARE DIVISION DEVELOPED AND LAUNCHED SOMAGEN, A TISSUE FORM DESIGNED TO INCREASE WOUND COVERAGE AREA, WHILE STILL DECREASING THE TIME TO CLOSURE. ADDITIONALLY, LENEVA AN OFF-THE-SHELF SOFT TISSUE ADIPOSE MATRIX WAS LAUNCHED TO TREAT FAT PAD ATROHPE AND AVOID THE DEVELOPMENT OF ULCERS. MTF ALSO CONTINUED EXPANDING THE DISTRIBUTION OF ITS WOUND CARE PORTFOLIO TO MORE RECIPIENTS IN THE VA AND PUBLIC HOSPITALS THROUGHOUT THE YEAR. THIS WAS ACHIEVED THROUGH THE PUBLICATION OF MORE POSITIVE, PEER REVIEWED, CLINICAL OUTCOMES PAPERS COUPLED WITH THE ACCEPTANCE OF THE MTF WOUNCE CARE TISSUE FORMS BY MORE THIRD PARTY INSURANCE PROVIDERS AS MEDICALLY NECESSARY. MTF CONTINUED TO EXPAND ITS CLINICAL STUDY PORTFOLIO, INCREASING ITS COMPENDIUM OF CLINICAL DATA FOR EXPANDED REIMBURSEMENT IN WOUND CARE AND BREAST RECONSTRUCTION. MTF CONTINUED ITS PROSPECTIVE RANDOMIZED CLINICAL TRIAL FOR FLEXHD PLIABLE ACELLULAR DERMAL MATRIX USED FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY. IN THE WOUND CARE MARKET, CLINICAL STUDIES AND RESEARCH DATA HAVE PROVIDED THE INFORMATION FOR MTF TO ATTAIN COVERAGE FOR APPROXIMATELY 73% OF ALL COVERED AMERICAN LIVES IN 2019. MTF CONTINUED ITS SUPPORT OF THE AMERICAN SOCIETY OF PLASTIC SURGEONS (ASPS) AND THE PLASTIC SURGERY FOUNDATION (PSF) WHICH PROVIDES OPPORTUNITES FOR SURGEONS TO PERFORM ALLOGRAFT BASED RESEARCH TO ADVANCE THE SCIENCE OF ALLOGARFT USE IN PLASTIC/RECONSTRUCTIVE PROCEDURES. MTF ALSO REMAINS COMMITTED TO SUPPORTING BREAST RECONSTRUCTION AWARENESS (BRA) DAY EACH YEAR AND INCLUDES EDUCATION FOR BOTH PATIENTS AND SURGEONS ON THE OPTIONS AVAILABLE TODAY FOR WOMEN, HELPING TO ENSURE SURVIVORS' RIGHTS TO MAKE AN INFORMED DECISION. MTF ALSO CONTINUED ITS FINANCIAL PLEDGE OF (1M OVER FIVE YEARS) TO SUPPORT BIOLOGIC RESEARCH THROUGH THE PLASTIC SURGERY FOUNDATION (PSF). MTF'S MISSION IS TO SAVE AND HEAL LIVES BY HONORING THE DONATED GIFT, SERVING PATIENTS AND ADVANCING SCIENCE. FOR INDIVIDUAL STORIES ABOUT DONOR FAMILIES, PLEASE VISIT MTF BIOLOGICS WEBSITE AT HTTPS://WWW.MTFBIOLOGICS.ORG/WHO-WE-SERVE/DONORS- COMMUNITY/DONORS-FAMILIES. STORIES ABOUT RECIPIENTS ARE ALSO AVAILABLE ON THE WEBSITE AT HTTPS://WWW.MTFBIOLOGICS.ORG/WHO-WE-SERVE/DONORS- COMMUNITY/RECIPIENTS AND ON THE YOUTUBE CHANNEL AT HTTPS://WWW.YOUTUBE.COM/USER/THEMTF1.

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			
WILLIAM W TOMFORD MD DIRECTOR	4.00	X						50,000	0	0
DONALD HACKBARTH MD DIRECTOR	1.00	X						16,000	0	0
DAN M SPENGLER MD DIRECTOR	1.00	X						16,000	0	0
JOSEPH A BUCKWALTER MD DIRECTOR	1.00	X						12,000	0	0
JOSEPH ZUCKERMAN MD DIRECTOR	1.00	X						17,000	0	0
ALLAN GROSS MD DIRECTOR	1.00	X						4,000	0	0
MARK BOLANDER MD DIRECTOR	1.00	X						0	0	0
TRACY SCHMIDT DIRECTOR	1.00	X						0	0	0
ALAN MILANAZZO DIRECTOR	1.00	X						11,000	0	0
DERYK JONES MD DIRECTOR	1.00	X						15,000	0	0

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			
JOSEPH ROTH DIRECTOR	1.00	X						7,000	0	0
DAVID KULBER MD DIRECTOR	1.00	X						13,000	0	0
VICTOR FRANKEL MDPHD NON-VOTING D	1.00	X						0	0	0
GERALD FINERMAN MD NON-VOTING D	1.00	X						0	0	0
JOSEPH A YACCARINO PRESIDENT/CE	60.00			X				643,159	0	43,288
MICHAEL J KAWAS TREASURER/CF	60.00			X				529,212	0	43,288
JENNIFER BIRMINGHAM SECRETARY/GE	60.00			X				374,198	0	43,288
BRUCE W STROEVER PRES - ENDED							X	756,938	0	0
MARTHA ANDERSON EXEC VP DONO	60.00				X			432,589	0	35,807
THOMAS C SHAFFER EXEC VP SALE	60.00				X			432,627	0	27,672

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			
MICHAEL OLECK EXEC VP OPS	60.00				X			359,634	0	35,812
MARC LONG EXEC R & D	60.00				X			320,167	0	40,027
BETH BRETT SURGICAL CON	50.00					X		672,034	0	13,218
JODIE CRABIL SURGICAL CON	50.00					X		429,349	0	32,409
FLOYD VAUGHAN SURGICAL CON	50.00					X		533,875	0	40,294
ELYCE PINCUS WOUNDCARE TR	50.00					X		439,859	0	28,652
JOHN ZOOK VP ORTHOPEDI	50.00					X		410,486	0	40,638

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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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

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 12, 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 (Form 990 or 990-EZ).)

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☑ An organization that normally receives: (1) more than 331/3% 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 331/3% 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.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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- 10 above (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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	299,000	386,750	796,083	860,500	890,250	3,232,583
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	418,954,868	415,076,707	412,894,240	422,094,519	452,689,157	2,121,709,491
3 Gross receipts from activities that are not an unrelated trade or business under section 513	7,075,121	6,235,464	7,848,069	7,186,368	6,886,071	35,231,093
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	426,328,989	421,698,921	421,538,392	430,141,387	460,465,478	2,160,173,167
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.)						2,160,173,167

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .	426,328,989	421,698,921	421,538,392	430,141,387	460,465,478	2,160,173,167
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .	1,980,627	1,877,063	827,999	1,924,522	1,827,599	8,437,810
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	1,980,627	1,877,063	827,999	1,924,522	1,827,599	8,437,810
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.). .	428,309,616	423,575,984	422,366,391	432,065,909	462,293,077	2,168,610,977

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 2019 (line 8, column (f) divided by line 13, column (f))	15	99.610 %
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	99.580 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	0 %
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	0 %

19a **33 1/3% support tests—2019.** 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—2018.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	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 I of Schedule L (Form 990 or 990-EZ).*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
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**		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
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 (explain in Part VI). **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)

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

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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 22-2803458

Name: MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493321061440

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		32,000
j	Total. Add lines 1c through 1i			32,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	MTF DOES NOT MAKE POLITICAL CAMPAIGN DONATIONS. THE ORGANIZATION INDIRECTLY PARTICIPATED IN LOBBYING ACTIVITIES THROUGH MEMBERSHIP FEES PAID TO THE AMERICAN ASSOCIATION OF TISSUE BANKS.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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" on 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" on 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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" on 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 on 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" on 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" on 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		6,467,468		6,467,468
b Buildings				
c Leasehold improvements		44,162,072	38,274,598	5,887,474
d Equipment		40,189,050	35,695,589	4,493,461
e Other		27,263,357	16,417,444	10,845,913
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				27,694,316

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on 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		
(3)Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	8,054,437

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	460,862,851
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	34,219		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	34,219
3	Subtract line **2e** from line **1**			3	460,828,632
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			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	460,828,632

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	452,160,070
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	139,164		
e	Add lines **2a** through **2d**			2e	139,164
3	Subtract line **2e** from line **1**			3	452,020,906
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	1,083,333		
c	Add lines **4a** and **4b**			4c	1,083,333
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	453,104,239

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 22-2803458

Name: MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	MTF FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY- THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHOR ITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POS ITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. MTF HAS P ROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX- EXEMPT STATUS; TO IDENTI FY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIO NS FOR WHICH IT WAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDER ED TAX POSITIONS. MTF HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS TH AT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMB ER 31, 2019.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	GRANTS ACCRUED 139,164

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	BOOK / TAX DEPRECIATION DIFFERENCE 1,083,333

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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.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

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" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total		6			13,498,217
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		6			13,498,217

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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 separately 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; don't 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't 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 3	EUROPE 3,016,159 0 NORTH AMERICA 2,202,370 0 EAST ASIA AND THE PACIFIC 5,722,186 0 CENTRAL AMERICA & CARIBBEAN 78,798 0 MIDDLE EAST & NORTH AFRICA 750,229 0 SOUTH AMERICA 1,728,475 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	3,016,159
NORTH AMERICA		1	PROGRAM SERVICES	TISSUE DISTRIBUTION	2,202,370

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
EAST ASIA AND THE PACIFIC		1	PROGRAM SERVICES	TISSUE DISTRIBUTION	5,722,186
CENTRAL AMERICA & CARIBBEAN		1	PROGRAM SERVICES	TISSUE DISTRIBUTION	78,798

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
MIDDLE EAST & NORTH AFRICA		1	PROGRAM SERVICES	TISSUE DISTRIBUTION	750,229
SOUTH AMERICA		1	PROGRAM SERVICES	TISSUE DISTRIBUTION	1,728,475

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493321061440

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

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," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

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" on 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 70

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" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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)ORTHOPEDIC RESEARCH GRANT: AWARDED THROUGH THE OREF (ORTHOPEDIC 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 ORTHOPEDIC RELATED INJURIES AND CONDITIONS, AND TO ENCOURAGE RESEARCH IN THE FIELD OF ORTHOPEDIC SURGERY IN THE MUSCULOSKELETAL SYSTEM THROUGH THE AWARDING OF RESEARCH AND EDUCATIONAL GRANTS. ORGANIZATIONS FROM ANY ACCREDITED ORTHOPEDIC 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 AND NON-MEMBER ACADEMIC INSTITUTIONS. 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 AND EVALUATED FOR QUALITY BY INDEPENDENT GRANT REVIEWERS. 3)ACADEMIC CAREER DEVELOPMENT: THIS AWARD IS INTENDED TO FOSTER THE DEVELOPMENT OF OUTSTANDING ORTHOPEDIC CLINICIANS AND ENABLE THEM TO EXPAND THEIR POTENTIAL TO MAKE SIGNIFICANT RESEARCH CONTRIBUTIONS TO THE FIELD OF ORTHOPEDICS. ONLY APPLICANTS FROM FOUNDATION MEMBER INSTITUTIONS ARE ELIGIBLE. AWARDS ARE FOR UP TO 100,000 EACH PER YEAR FOR UP TO THREE YEARS. 4)HERNDON RESIDENCY AWARD: THE AWARD IS AWARDED FOR ORTHOPEDIC RESIDENT RESEARCH PROJECTS THROUGH THE OREF (ORTHOPEDIC RESEARCH & EDUCATION FOUNDATION). ORGANIZATIONS FROM ANY ACCREDITED INSTITUTION MAY QUALIFY FOR THIS GRANT. TWO AWARDS AT 20,000 EACH. 5)GRANT REVIEWER STIPENDS: GRANT REVIEWER STIPENDS ARE PAID TO INDEPENDENT REVIEWERS FOR REVIEWING AND EVALUATING FOR QUALITY THE PEER REVIEW GRANT PROPOSALS. 6)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. 7) PLASTIC AND RECONSTRUCTIVE SURGERY RESEARCH GRANT: AWARDED THROUGH THE PSF (THE PLASTIC SURGERY FOUNDATION). THIS AWARD IS FOR RESEARCH RELATING TO BIOLOGIC RECONSTRUCTION IN PLASTIC AND RECONSTRUCTIVE SURGERY AND WOUND CARE. THE PURPOSE IS TO FOSTER, PROMOTE, SUPPORT, AUGMENT, DEVELOP, AND ENCOURAGE INVESTIGATIVE KNOWLEDGE OF THE CAUSES, CURE, AND PREVENTION OF INJURIES AND CONDITIONS IN THE FIELDS OF PLASTIC AND RECONSTRUCTIVE SURGERY AND WOUND CARE, AND TO ENCOURAGE RESEARCH IN THE FIELDS PLASTIC AND RECONSTRUCTIVE SURGERY AND WOUND CARE THROUGH THE AWARDING OF RESEARCH AND EDUCATIONAL GRANTS. ORGANIZATIONS FROM ANY ACCREDITED INSTITUTION MAY QUALIFY FOR THIS GRANT. 100,000 (MAXIMUM) EACH. ALL RECIPIENTS OF MTF GRANT AWARDS WILL RECEIVE THEIR SUPPORT MADE IN INSTALLMENT PAYMENTS DURING THE GRANT PERIOD WHICH MAY BE AS LONG AS SEVERAL YEARS. THE FINAL INSTALLMENT PAYMENT WILL BE MADE UPON RECEIPT OF A FINAL RESEARCH REPORT. 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 INSTALLMENT. 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 INSTALLMENT 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 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 UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501C3	8,500				RESIDENT EDUCATION
CEDARS-SINAL MEDICAL CENTER 8700 BEVERLY BLVD 65-WIL SUITE 11 LOS ANGELES, CA 900481804	95-1644600	501C3	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 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
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE A-41 CLEVELAND, OH 44195	34-0714585	501C3	8,500				RESIDENT EDUCATION
COLUMBIA UNIVERSITY MEDICAL CENTER 116 TH STREET AND BROADWAY NEW YORK, NY 10027	13-5598093	501C3	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 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 CENTER 200 TRENT DRIVE ROOM 1581 DURHAM, NC 27710	56-0532129	501C3	7,000				RESIDENT EDUCATION
LSU HEALTH FOUNDATION 2000 TULANE AVE NEW ORLEANS, LA 70112	72-1115391	501C3	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 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 CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501C3	8,500				RESIDENT EDUCATION
MEDICAL UNIVERSITY OF SOUTH CAROLIN 171 ASHLEY AVE CSB 708 CHARELSTON, SC 294252239	57-6000722	501C3	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 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 CEN 1275 YORK AVENUE NEW YORK, NY 10021	13-1924236	501C3	8,500				RESIDENT EDUCATION
NYU HOSPITAL FOR JOINT DISEASES 301 EAST 17TH STREET NEW YORK, NY 10003	13-3971298	501C3	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 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
OCHSNER CLINIC FOUNDATION 1201 S CLEARVIEW PARKWAY STE 104 JEFFERSON, LA 70121	72-0502505	501C3	10,000				RESIDENT EDUCATION
OHIO STATE UNIVERSITY 2050 KENNY ROAD SUITE 3100 COLUMBUS, OH 43221		501C3	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 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
REGENTS OF THE UNIVERSITY OF CA LO 10833 LECONTE AVENUE BOX 956902 LOS ANGELES, CA 90095	95-6006143	501C3	8,500				RESIDENT EDUCATION
STANFORD UNIVERSITY 2700 SAND HILL RD MENO PARK, CA 94025	94-1156365	501C3	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 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
BONE AND JOINT CLINIC OF HAWAII 1329 LUSITANA STREET - SUITE 501 HONOLULU, HI 96813	99-0073524	501C3	7,000				RESIDENT EDUCATION
TRIPLER ARMY MEDICAL CENTER 1 JARRETT WHITE RD HONOLULU, HI 968595000	52-1317896	501C3	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 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 UNIVERSITY SCHOOL OF MEDICIN 1430 TULANE AVENUE SL32 NEW ORLEANS, LA 70112	72-0423889	501C3	8,500				RESIDENT EDUCATION
RUTGERS ROBERT WOOD JOHNSON MEDICAL 51 FRENCH STREET NEW BRUNSWICK, NJ 08903	22-6001086	501C3	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 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 NORTH CAROLINA AT CHA 3155 BIOINFORMATICS BLVD CB 7055 CHAPEL HILL, NC 27599	56-6001393	501C3	8,500				RESIDENT EDUCATION
UNIVERSITY OF CALIFORNIA - DAVIS 4860 Y STREET SUITE 3800 SACRAMENTO, CA 95817	94-6036494	501C3	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 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 SOUTHERN CALIFORNIA 1520 SAN PABLO STREET SUITE 2000 LOS ANGELES, CA 90033	95-1642394	501C3	8,500				RESIDENT EDUCATION
UNIVERSITY OF ARIZONA COLLEGE OF ME 2800 E AJO WAY SUITE A TUCSON, AZ 85713		501C3	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 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 FRANC MU320W SAN FRANCISCO, CA 94143	94-6036493	501C3	8,500				RESIDENT EDUCATION
UNIVERSITY OF CONNECTICUT HEALTH CE 263 FARMINGTON AVE MC 545 FARMINGTON, CT 060305456	52-1725543	501C3	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 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 MINNESOTA 2450 RIVERSIDE AVENUE S R200 MINNEAPOLIS, MN 55454	41-6007513	501C3	7,000				RESIDENT EDUCATION
UNIVERSITY OF NEBRASKA MEDICAL CENT 668 SOUTH 41ST ORTHO 1080 OMAHA, NE 68198	47-0049123	501C3	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 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
MD ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	501C3	8,500				RESIDENT EDUCATION
UNIVERSITY OF TEXAS HEALTH SCIENCE 6431 FANNIN ST RM 6144 HOUSTON, TX 77030	74-1761309	501C3	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 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 400 RAY C HUNT DRIVE - SUITE 330 CHARLOTTESVILLE, VA 22903	54-6001796	501C3	7,000				RESIDENT EDUCATION
VANDERBILT UNIVERSITY MEDICAL CENTE SOUTH TOWER - SUITE 4200 NASHVILLE, TN 37232	62-0476822	501C3	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 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 UNIVERSITY MEDICAL CENTER BOULEVARD WINSTONSALEM, NC 27157	22-3849199	501C3	8,500				RESIDENT EDUCATION
MD ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	501C3	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 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 BOULEVARD DETROIT, MI 48202	38-1357020	501C3	8,500				RESIDENT EDUCATION
MEDICAL COLLEGE OF WISCONSIN PO BOX 26099 MILWAUKEE, WI 53226	39-0806261	501C3	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 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 FOUNDATION 140 BERGEN STREET-ACC D1765 NEWARK, NJ 07103	23-7318742	501C3	8,500				RESIDENT EDUCATION
UNIVERSITY OF MISSOURI ORTHOPAEDIC MC213 DC05300 COLUMBIA, MO 65212	43-1212976	501C3	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 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 FOUNDATIO 2500 NORTH STATE STREET JASON, MS 39216	23-7310293	501C3	8,500				RESIDENT EDUCATION
UNIVERSITY OF ARKANSAS FOR MEDICAL 4301 W MARKHAM 531 LITTLE ROCK, AR 72205	71-6056774	501C3	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 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
FACULTY PHYSICIANS & SURGEONS OF L 11175 CAMPUS ST ROOM 11120 LOMA LINDA, CA 92350	33-0672915	501C3	8,500				RESIDENT EDUCATION
ALBANY MEDICAL COLLEGE 1367 WASHINGTON AVENUE SUITE 200 ALBANY, NY 12206	14-1338307	501C3	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 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
GEORGIA REGENTS UNIVERSITY 937 15TH STREET AUGUSTA, GA 30912	58-6002053	501C3	8,500				RESIDENT EDUCATION
UNIVERSITY OF OKLAHOMA HEALTH SCIEN 920 STANTON L YOUNG BLVD STE WP-138 OKLAHOMA CITY, OK 731045036	73-1563627	501C3	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 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
SAN ANTONIO MILITARY MEDICAL CENTER 110 WEST ROAD SUITE 227 TOWSON, MD 21204	47-3298617	501C3	7,000				RESIDENT EDUCATION
UNIVERSITY OF CINCINNATI PO BOX 210222 CINCINNATI, OH 452210222	31-6000989	501C3	50,000				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 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
CLEMSON UNIVERSITY RESEARCH FOUNDAT PO BOX 946 CLEMSON, SC 296330946	57-0750000	501C3	50,000				SCIENTIFIC RESEARCH
NORTHWESTERN UNIVERSITY 750 N LAKESHORE DR 7TH FL CHICAGO, IL 60611	36-2167817	501C3	50,000				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 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 UNIVERSITY MEDICAL CENTER BOULEVARD WINSTONSALEM, NC 27157	22-3849199	501C3	50,000				SCIENTIFIC RESEARCH
NEW JERSEY INSTITUTE OF TECHNOLOGY 323 MARTIN LUTHER KING BLVD NEWARK, NJ 071021982	22-6000910	501C3	50,000				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 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 UNIVERSITY MEDICAL CENTER BOULEVARD WINSTONSALEM, NC 27157	22-3849199	501C3	50,000				SCIENTIFIC RESEARCH
ORTHOPAEDIC RESEARCH AND EDUCATION 9400 WEST HIGGINS ROAD SUITE 215 ROSEMONT, IL 600184975	36-6009467	501C3	20,000				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 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
ORTHOPAEDIC RESEARCH AND EDUCATION 9400 WEST HIGGINS ROAD SUITE 215 ROSEMONT, IL 600184975	36-6009467	501C3	20,000				SCIENTIFIC RESEARCH
ORTHOPAEDIC RESEARCH AND EDUCATION 9400 WEST HIGGINS ROAD SUITE 215 ROSEMONT, IL 600184975	36-6009467	501C3	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 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
REGENTS OF THE UNIVERSITY OF CA LO 10833 LECONTE AVENUE BOX 956902 LOS ANGELES, CA 90095	95-6006143	501C3	75,000				SCIENTIFIC RESEARCH
CLEMSON UNIVERSITY RESEARCH FOUNDAT PO BOX 946 CLEMSON, SC 296330946	57-0750000	501C3	75,000				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 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
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD 65-WIL SUITE 11 LOS ANGELES, CA 900481804	95-1644600	501C3	75,000				SCIENTIFIC RESEARCH
RHODE ISLAND HOSPITAL 593 EDDY ST PROVIDENCE, RI 029034923		501C3	50,000				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 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 CURATORS OF THE UNIVERSITY OF M 115 BUSINESS LOOP 70 WEST COLUMBIA, MO 652110001	43-6003859	501C3	25,000				SCIENTIFIC RESEARCH
HOSPITAL OF SPECIAL SURGERY 535 EAST 70TH STREET NEW YORK, NY 10021	13-1624135	501C3	25,000				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 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
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501C3	100,000				SCIENTIFIC RESEARCH
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 441067222	34-1018992	501C3	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 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
JOHNS HOPKINS UNIVERSITY 3910 KESWICK RD BALTIMORE, MD 21211	52-0595110	501C3	100,000				SCIENTIFIC RESEARCH
UNIVERSITY OF PITTSBURGH 116 ATWOOD STREET SUITE 201 PITTSBURGH, PA 15260	25-0965591	501C3	25,000				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 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
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD 65-WIL SUITE 11 LOS ANGELES, CA 900481804	95-1644600	501C3	25,000				SCIENTIFIC RESEARCH
REGENTS OF THE UNIVERSITY OF CA LO 10833 LECONTE AVENUE BOX 956902 LOS ANGELES, CA 90095	95-6006143	501C3	25,000				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 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
REGENTS OF THE UNIVERSITY OF CA LO 10833 LECONTE AVENUE BOX 956902 LOS ANGELES, CA 90095	95-6006143	501C3	5,739				SCIENTIFIC RESEARCH
UNIVERSITY OF MASSACHUSETTS MEDICAL 55 LAKE AVE NORTH S4-827 WORCESTER, MA 01655	04-3167352	501C3	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 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
REGENTS OF THE UNIVERSITY OF CA LO 10833 LECONTE AVENUE BOX 956902 LOS ANGELES, CA 90095	95-6006143	501C3	10,000				SCIENTIFIC RESEARCH
THE BOARD OF TRUSTEES OF THE UNIVER 28395 NETWORK PLACE CHICAGO, IL 606731283	37-6000511	501C3	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 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
AMERICAN SOCIETY OF PLASTIC SURGEON 444 E ALGONQUIN RD ARLINGTON HEIGHTS, IL 600054664	94-1535436	501C3	200,000				SCIENTIFIC RESEARCH
STEVENS INSTITUTE OF TECHNOLOGY 1 CASTLE POINT TERRACE HOBOKEN, NJ 07030	22-1487354	501C3	200,000				CAREER DEVELOPMENT

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Schedule J (Form 990)

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 on 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 on 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 on 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 on 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**	Yes	
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 on 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," on line 5a or 5b, describe in Part III.			
6	For persons listed on 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," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on 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" on 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 on 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 on 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
SCHEDULE J, PAGE 1, PART I, LINE 4	BRUCE W. STROEVER 756,938 0 0
SCHEDULE J, PAGE 1, PART I, LINE 7	NON-FIXED MONETARY AMOUNTS ARE CONTINGENT UPON DISCRETIONARY FACTORS INCLUDING THE PROGRAM SERVICE ACCOMPLISHMENTS OF THE FOUNDATION AND CURRENT MARKET CONDITIONS. THE COMPENSATION COMMITTEE OF THE FOUNDATION'S BOARD OF DIRECTORS HAS THE PRIMARY RESPONSIBILITY OF REVIEWING AND APPROVING THE NON-FIXED COMPENSATION OF THE FOUNDATION'S CEO AND OTHER NAMED EXECUTIVE OFFICERS

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			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOSEPH A YACCARINO PRESIDENT/CEO	(i)	556,289	61,290	25,580	16,800	29,778	686,447	
	(ii)							
1MICHAEL J KAWAS TREASURER/CFO	(i)	487,878	37,640	3,694	16,800	29,778	572,500	
	(ii)							
2JENNIFER BIRMINGHAM SECRETARY/GEN COUNSL	(i)	345,908	27,300	990	16,800	29,778	417,486	
	(ii)							
3BRUCE W STROEVER PRES - ENDED 6/30/18	(i)			756,938			756,938	
	(ii)							
4MARTHA ANDERSON EXEC VP DONOR SRVS	(i)	395,258	30,880	6,451	16,800	22,297	468,396	
	(ii)							
5THOMAS C SHAFFER EXEC VP SALES & MKTG	(i)	397,456	30,960	4,211	16,800	14,162	460,299	
	(ii)							
6MICHAEL OLECK EXEC VP OPS	(i)	327,293	25,360	6,981	16,800	22,235	395,446	
	(ii)							
7MARC LONG EXEC R & D	(i)	295,269	23,380	1,518	13,539	29,591	360,194	
	(ii)							
8BETH BRETT SURGICAL CONSULTANT	(i)	80,607	591,306	121	11,255	2,685	685,252	
	(ii)							
9JODIE CRABIL SURGICAL CONSULTANT	(i)	78,663	350,350	336	7,515	25,567	461,758	
	(ii)							
10FLOYD VAUGHAN SURGICAL CONSULTANT	(i)	72,798	460,525	552	13,806	27,210	574,169	
	(ii)							
11ELYCE PINCUS WOUNDCARE TRAINER	(i)	90,561	348,625	673	5,478	24,077	468,511	
	(ii)							
12JOHN ZOOK VP ORTHOPEDICS	(i)	301,888	105,291	3,307	16,800	26,225	451,124	
	(ii)							

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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.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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	13,035		
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 isn't 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 nonstandard 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 didn't 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 2, PART II	PART I, LINE 33 - EXPLANATION FOR NOT REPORTING REVENUE FORM 990 SCHEDULE M - ALLOGRAFT TISSUE DONATION FORM 990 THE MUSCULOSKELETAL TRANSPLANT 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, BIRTH TISSUE, 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 THEIR 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 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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
MUSCULOSKELETAL TRANSPLANT FOUNDATION INC

Employer identification number
22-2803458

990 Schedule O, Supplemental Information

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 AVAI LABILITY OF HIGH QUALITY HUMAN TISSUE INCLUDING BONE, DERMAL AND BIRTH TISSUE; 2) SUPPORTI NG MEDICAL, SCIENTIFIC AND OTHER EDUCATIONAL RESEARCH WITH RESPECT TO TISSUE DONATION, REC OVERY AND TRANSPLANTATION; AND(3) EDUCATING THE GENERAL PUBLIC WITH RESPECT TO THE IMPORTA NCE AND BENEFITS OF TISSUE DONATION AND TRANSPLANTATION. THE MUSCULOSKELETAL TRANSPLANT FO UNDATION, INC. WAS INCORPORATED ON JANUARY 30, 1987, AS A DISTRICT OF COLUMBIA NON- PROFIT MEMBERSHIP ORGANIZATION AND IS A 501(C)(3)ORGANIZATION. THERE IS A CRITICAL NEED FOR MUSC ULOSKELETAL, CARDIOVASCULAR, SKIN, BIRTH AND OCULAR TISSUE FOR TRANSPLANTATION. IN ORDER T O ACCOMPLISH MTF'S MISSION AND THESE ACTIVITIES, THE FOUNDATION MAINTAINS A DONOR RECOVERY NETWORK, SUPPORTS DONOR AWARENESS PROGRAMS FOR THE PUBLIC, DONATES BONE AND OTHER TISSUE FOR RESEARCH, PROVIDES RESEARCH GRANTS, AND OTHERWISE SUPPORTS BONE, SKIN, WOUNDCARE AND C ARDIOVASCULAR TISSUE TRANSPLANTATION, RESEARCH AND EDUCATIONAL PROGRAMS. THE FOUNDATION'S MEMBERSHIP IS COMPRISED OF 501(C)(3) NON-PROIT ORGANIZATIONS. THE MEMBERSHIP CONSISTS OF F IFTY-ONE ACADEMIC MEMBERS (ORTHOPAEDIC TEACHING INSTITUTIONS), TWENTY-SEVEN RECOVERY ORGAN IZATIONS (ORGAN, EYE AND TISSUE PROCUREMENT ORGANIZATIONS) THROUGHOUT THE UNITED STATES. B IOCON, INC., A NON-PROFIT 501(C)(3) ORGANIZATION, SERVES AS THE SOLE CORPORATE MEMBER OF T HE FOUNDATION. THE FOUNDATION MAINTAINS A NATIONWIDE DONOR RECOVERY NETWORK THAT IS BASED ON ITS AFFILIATION WITH ITS RECOVERY AND REFERRING MEMBERS. THIS NATIONAL NETWORK ALLOWS T HE PUBLIC TO QUICKLY ACCESS NEEDED ALLOGRAFT TISSUE. BONE AND OTHER ALLOGRAFT TISSUE RECOV ERED THROUGH THIS NETWORK IS SUBJECT TO STANDARDIZED SCREENING CRITERIA FOR DONATION ESTAB LISHED BY THE FOUNDATION'S MEDICAL BOARD OF TRUSTEES AND DONATION BOARD OF TRUSTEES (DESCR IBED BELOW). THE FOUNDATION ALSO MAINTAINS A QUALITY ASSURANCE PROGRAM WITH RESPECT TO ALL OGRAFT TISSUES RECOVERED THROUGH THE NETWORK. THIS QUALITY PROGRAM IS BASED ON THE POLICIE S ADOPTED BY THE AMERICAN ASSOCIATION OF TISSUE BANKS AND THE REGULATIONS PUBLISHED BY THE FOOD & DRUG ADMINISTRATION AND OTHER REGULATORY AGENCIES OUTSIDE THE U.S WHERE THE FOUNDA TION DISTRIBUTES TISSUE. THE FOUNDATION PROVIDES RECOVERY ORGANIZATION MEMBERS AND THE GEN ERAL COMMUNITY THEY SERVE WITH FUNDING FOR HOSPITAL DEVELOPMENT AND DONOR AWARENESS SERVIC ES. THESE SERVICES ALSO INCLUDE PROVIDING TRAINING TO RECOVERY ORGANIZATION MEMBERS, EDUCA TIONAL SYMPOSIUMS TO BOTH RECOVERY ORGANIZATION MEMBERS AND HOSPITAL STAFF, AND EDUCATIONA L MATERIALS FOR USE IN SEMINARS TO HOSPITAL PROFESSIONALS AND THE GENERAL PUBLIC. AS INDIC ATED IN ARTICLE III OF THE FOU

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	NDATION'S BYLAWS, A MEMBER OF THE FOUNDATION CAN BE AN ACADEMIC MEDICAL INSTITUTION WITH A N 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 SERVICES AND SUPPLY AGREEMENT OR SERVICES AND RECOVERY AGREEMENT. SOME MEMBERS ARE ELIGIBLE FOR RESEARCH FUND ING (SEE SCHEDULE I, PT. IV FOR GRANT PROGRAM OVERVIEW) FROM THE FOUNDATION UPON RECOMMEND ATION AND/OR APPROVAL OF EITHER THE BOARD OF DIRECTORS OR THE MEDICAL BOARD OF TRUSTEES. A LTHOUGH ALL OF THE FOUNDATION'S MEMBERS ARE NON-PROFIT 501(C)(3) ORGANIZATIONS, THE FOUNDA TION MAKES ITS TRANSPLANTATION TISSUE NETWORK AND PROGRAMS AVAILABLE TO ANY PERSON OR ORGA NIZATION (TYPICALLY THROUGH THEIR HOSPITALS AND PHYSICIANS)IN NEED OF ALLOGRAFT TISSUE. TH E FOUNDATION FUNDS ALL COSTS ASSOCIATED WITH THE RECOVERY OF DONOR TISSUES. IT SUPPORTS TH ESE COSTS WITH FEES INTENDED TO COVER ITS EXPENSES (INCLUDING FUNDING FOR RESEARCH) FROM T HE USER OF THE TISSUE. THE FOUNDATION WILL MAKE SUCH TISSUE AVAILABLE AT A REDUCED FEE OR NO CHARGE FOR VARIOUS CAUSES INCLUDING TRANSPLANTATION AND FOR PURPOSES OF RESEARCH BY 501 (C) (3) ORGANIZATIONS. ALL FUNDS REALIZED BY THE FOUNDATION ARE USED TO COVER THE COSTS OF ITS PROGRAM ACTIVITIES (INCLUDING OVERHEAD)WITH ANY SURPLUS APPLIED TOWARDS SUBSIDIZING TH E COSTS OF THOSE IN NEED OF TISSUE WHO ARE UNABLE TO AFFORD IT, TO FUND EDUCATION AND RESE ARCH, TO MAINTAIN THE APPROPRIATE INFRASTRUCTURE AND/OR TO BUILD UP RESERVES NEEDED TO MAI NTAIN AND EXPAND THE FOUNDATION'S PROGRAMS. WHILE THE FOUNDATION'S ACTIVITIES ARE MONITORE D BY ITS MEMBERS, THE FOUNDATION HAS A TWELVE PERSON BOARD OF DIRECTORS AND TWO NON-VOTING EMERITUS MEMBERS. THIS BOARD IS COMPRISED PRIMARILY OF WORLD RENOWN EXPERTS FROM THE NON- PROFIT HEALTHCARE COMMUNITY HAVING VARIOUS SCIENTIFIC, TRANSPLANT, AND MEDICAL SPECIALTIES . THE BOARD OF DIRECTORS HAS ULTIMATE RESPONSIBILITY TO MANAGE THE FOUNDATION. OF THE BOAR D'S 12 VOTING MEMBERS, THERE ARE TWO MEMBERS EACH FROM THE MEDICAL BOARD AND THE DONATION BOARD OF TRUSTEES. SERVING IN TANDEM WITH OTHER BOARD OF DIRECTORS, THE FOUNDATION HAS A M EDICAL BOARD OF TRUSTEES (THE "MEDICAL BOARD") AND A DONATION BOARD OF TRUSTEES ("DONATION BOARD"). THE MEDICAL BOARD IS COMPRISED OF RESPECTIVE PHYSICIANS FROM ORTHOPAEDIC AND PLA STIC SURGERY DEPARTMENTS OF THE ACADEMIC INSTITUTION MEMBERS OF THE FOUNDATION, PLUS ADDIT IONAL PERSONS WHO HAVE SPECIFIC EXPERTISE PERTAINING TO TRANSPLANTATION ETHICS AND RESEARC H ACTIVITIES WITHIN THE INDUSTRY. WHILE THE SPECIFIC POWERS AND RESPONSIBILITIES OF THE ME DICAL BOARD ARE DETAILED IN ARTICLE IV, SECTION 2 OF THE FOUNDATION'S BYLAWS, IN GENERAL I T PROVIDES THAT THE MEDICAL BOARD SHALL ADVISE THE FOUNDATION WITH RESPECT TO OPTIMIZING T HE DISTRIBUTION OF RESEARCH GRANTS, THE CHOICE OF AREAS MERITING RESEARCH FUNDING, AND EST ABLISHING THE STANDARD POLICIES AND PROTOCOLS RELATING TO THE SCREENING, RECOVERY, TRANSPO RT, TESTING, PROCESSING, STORA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	GE AND DISTRIBUTION OF TRANSPLANTABLE BONE AND TISSUE. THE DONATION BOARD IS COMPRISED OF INDIVIDUALS KNOWLEDGEABLE IN THE FIELD OF TISSUE DONATION AND RECOVERY AND ARE LEADERS OF THE FOUNDATION'S RECOVERY ORGANIZATION MEMBERSHIP. WHILE THE SPECIFIC POWERS AND RESPONSIB ILITIES OF THE DONATION BOARD ARE DETAILED IN ARTICLE VI, SECTION 2 OF THE FOUNDATION'S BY LAWS, IN GENERAL THE DONATION BOARD PROVIDES THE BOARD OF DIRECTORS AND SENIOR MANAGEMENT OF THE FOUNDATION WITH RECOMMENDATIONS WITH REGARD TO TISSUE DONATION PRACTICES SUCH AS SC REENING, RECOVERY, AND TESTING CRITERIA. THE FOUNDATION SUPPORTS EDUCATIONAL, SCIENTIFIC A ND RESEARCH PROJECTS BY DISTRIBUTING FUNDS AND MAKING AVAILABLE, AT NO CHARGE, DONATED TIS SUE FOR RESEARCH. THE FOUNDATION FUNDS MANY TYPES OF PROJECTS RELATED TO ADVANCING TRANSPL ANT SCIENCE. ACCORDINGLY, GRANTS ARE PROVIDED FOR PROJECTS IN TISSUE DONATION AND APPLICAT ION. IN SUM, ALL OF THE ACTIVITIES OF THE FOUNDATION HAVE BEEN AND WILL BE DIRECTED AT MEE TING THE NEEDS OF THE GENERAL PUBLIC FOR ALLOGRAFT TISSUE AND/OR IMPROVING THE MANNER IN W HICH TRANSPLANT TISSUE IS MADE AVAILABLE TO THE GENERAL PUBLIC. ADDITIONALLY, THE FOUNDATI ON SUPPORTS RESEARCH TO ADVANCE THE SCIENCE OF MUSCULOSKELETAL AND OTHER TISSUE APPLICATIO NS. THE FOUNDATION OFFERS EDUCATIONAL SERVICE TO SURGEONS AND NURSES BY WAY OF CONTINUING MEDICAL EDUCATION (CME) AND CONTACT HOUR PROGRAMS. IN ADDITION, THE FOUNDATION PROVIDES ED UCATION THROUGH A SPEAKER PROGRAM IN CONJUNCTION WITH ORTHOPAEDIC TEACHING HOSPITALS ACROS S THE UNITED STATES. SURGEONS UTILIZE THE FOUNDATION'S ALLOGRAFT FORMS DURING PROCEDURAL T RAINING OR CADAVERIC SPECIMENS DURING CME COURSES. FINALLY, THE FOUNDATION OFFERS GRANTS T O ITS RECOVERY PARTNERS TO EDUCATE THE PUBLIC AND HEALTHCARE PROFESSIONAL INVOLVED IN THE DONATION PROCESS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	COMPASSIONATE CARE FOR DONOR FAMILIES IS AT THE HEART OF OUR MISSION AT MTF THE DONOR FAMILY SUPPORT SERVICES VOLUNTEERS NEVER FORGETS THE MAGNITUDE OF THE GIFT OUR DONORS AND THEIR FAMILIES MAKE. WE'VE SET THIS SITE UP JUST FOR YOU, A PLACE YOU CAN COME TO LEARN ABOUT TISSUE DONATION, FIND HELPFUL RESOURCES AND MORE. WWW.MTFBIOLOGICS.ORG/WHO-WE-SERVE/DONORS-COMMUNITY/DONORS-FAMILIES OUR VOLUNTEERS ARE THERE TO HELP YOU COPE WITH YOUR LOSS, WHILE APPRECIATING THE INCREDIBLE GIFT YOUR LOVED ONE HAS MADE TO OTHERS INCLUDING PERIODIC PERSONAL PHONE CALLS, REMEMBRANCES INCLUDING SYMPATHY, BIRTHDAY AND HOLIDAY CARDS AND FREE INFORMATIVE PACKET WITH BEREAVEMENT SUPPORT LITERATURE, SUPPORT GROUP INFORMATION AND MORE. MTF VOLUNTEER GROUPS COMPRISED OF DONOR FAMILY MEMBERS AND TISSUE RECIPIENTS WHO SHARE THEIR STORIES AND ENCOURAGE OTHERS TO CONSIDER DONATION. MANY FAMILIES HAVE FOUND THAT BEING INVOLVED WITH OTHER DONOR FAMILIES HAS A PROFOUND EFFECT ON THEIR LIVES AND APPRECIATE THE OPPORTUNITY TO SHARE THE STORY OF THEIR LOVED ONES. TISSUE RECIPIENTS HAVE INSPIRATIONAL STORIES OF HOW A TRANSPLANT TRANSFORMED THEIR LIVES. OUR VOLUNTEER GROUPS ARE LOCATED IN NY, NJ, AND PA. WE CAN PROVIDE YOU WITH INFORMATION ON HOW YOU CAN GET INVOLVED AND VOLUNTEER BY CONTACTING VOLUNTEERS@MTF.ORG. THE LINKING LIVES PROGRAM IS A VOLUNTARY PROGRAM THAT GIVES TISSUE RECIPIENTS THE OPPORTUNITY TO WRITE A LETTER OF THANKS TO THEIR DONOR FAMILY. RECIPIENTS ARE ENCOURAGED TO WRITE A LETTER WHICH MTF WILL FORWARD TO THE AGENCY THAT COORDINATED THE TISSUE RECOVERY. WE PROVIDE TISSUE RECIPIENTS WITH GUIDELINES FOR WRITING TO THEIR DONOR FAMILY. THE RECOVERY AGENCY SENDS THE LETTER TO THE DONOR FAMILY. DONOR FAMILIES MAY NOT HEAR FROM THEIR TISSUE RECIPIENTS AS MANY PATIENTS ARE UNAWARE THAT THEY CAN WRITE TO THEIR DONOR FAMILIES. HOWEVER, THOSE WHO DO RECEIVE A LETTER FROM A GRATEFUL TISSUE RECIPIENT HAVE SHARED HOW IMPORTANT THOSE LETTERS CAN BE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	MTF PROVIDES ALLOGRAFT TISSUES TO THE MEDICAL COMMUNITY. SINCE ITS INCEPTION IN 1987, MTF, THE NATION'S LEADING TISSUE BANK, HAS RECEIVED TISSUE DONATIONS FROM OVER 140,000 DONORS. IN 2019, MTF RECOVERED TISSUE FROM OVER 5,500 DONORS FOR USE IN MUSCULOSKELETAL AND BONE ALLOGRAFT APPLICATIONS, OVER 5,300 DONORS FOR USE IN BURN, GENERAL, AND PLASTIC SURGERY AP PLICATIONS, OVER 1,200 DONORS FOR USE IN WOUNDCARE APPLICATIONS AND OVER 900 DONORS FOR OR GANS AND TISSUES FOR RESEARCH. OVERALL, MTF DISTRIBUTED MORE THAN 490,000 UNITS OF ALLOGRA FT TISSUE DURING 2019. MTF CONTINUED TO DONATE ALLOGRAFT TISSUES FOR RESEARCH, MEDICAL, AN D EDUCATIONAL PURPOSES. IN COLLABORATION WITH SURGEONS, MTF CONTINUES TO DEVELOP INNOVATIV E TISSUE FORMS, FOCUSED ON SOLVING REAL-WORLD, CLINICAL PROBLEMS. MTF HAS ALSO CONTINUED I TS EFFORTS TO PROVIDE SPECIAL RESEARCH TISSUE FOR RESEARCH PERFORMED BY MEMBERS OF THE ARM ED FORCES INSTITUTE OF REGENERATIVE MEDICINE (AFIRM), AN ORGANIZATION DEDICATED TO DEVELOP ING MEDICAL THERAPIES FOR WOUNDED SOLDIERS. IN DECEMBER OF 2019, MTF PROVIDED NEARLY 500 L IFE SAVING, SKIN-FOR-BURN GRAFTS TO ASSIST IN THE INTERNATIONAL EFFORT TO TREAT VICTIMS IN JURED IN THE VOLCANO ERUPTION IN NEW ZEALAND. THIS EFFORT WAS ACCOMPLISHED THROUGH COLLABO RATION WITH THE DONOR TISSUE BANK OF VICTORIA IN AUSTRALIA. IN 2019, MTF CONTINUED TO INCR EASE TISSUE UTILIZATION AND PLACEMENT OF TISSUE FORMS IN THE ORTHOPEDIC, PLASTIC AND RECON STRUCTIVE SURGERY, AND WOUND CARE MARKETS. IN THE ORTHOPEDICS MARKET, MTF LAUNCHED QUICKGR AFT, A PRE-SUTURED TENDON FOR USE IN SPORTS MEDICINE PROCEDURES. THIS TECHNOLOGY ALLOWS MT F AND SURGEON PARTNERS TO HONOR THE DONATED GIFT BY INCREASING THE PREDICTABILITY OF SURGI CAL PROCEDURES FOR THE PATIENT ALL THE WHILE USING TENDONS THAT WERE NOT PREVIOUSLY OF HIG H DEMAND. MTF ALSO CONTINUED TO INCREASE ITS UTILITY OF THE MOPS OSTEOCHONDRAL PRESERVATIO N TECHNOLOGY, PROVIDING HIGHER QUALITY TISSUE FOR DOCTORS AND PATIENTS, WHILE REDUCING THE TIME TO MATCH A TISSUE DONATION TO A RECIPIENT. MTF ALSO BEGAN TO DISTRIBUTE CC+, A CORTI CAL-CANCELLOUS BONE VOID FILLER THAT ALLOWS THE DONATED TISSUE TO REACH MORE RECIPIENTS WI THOUT COMPROMISING QUALITY OR EFFECTIVENESS. FURTHERMORE, MTF LAUNCHED A NEW CORTICAL FIBE R BASED BONE VOID FILLER, FIBER FUSE WHICH POSSESSES OSTEO-INDUCTIVE, OSTEO-CONDUCTIVE POT ENTIAL AND EXCELLENT HANDLING PROPERTIES. IN PLASTIC AND RECONSTRUCTIVE SURGERY (PRS), MTF LAUCHED FLEXHD PRE, AN INNOVATIVE TISSUE FORM, DESIGNED TO ALLOW SURGEONS GREATER OPTIONS FOR BREAST RECONSTRUCTION PROCEDURES FOLLOWING MASTECTOMY. THE MTF PRS DIVISION ALSO SAW AN INCREASED USE OF RENUVA, AN OFF-THE-SHELF ADIPOSE MATRIX, FOR RECONSTRUCTION AND TREATM ENT OF SMALL VOLUME DEFECTS WHERE HOST FAT HAS EITHER DECREASED OR BEEN DEGRADED OR LOST D UE TO TRAUMA OR DISEASE. MTF'S WOUND CARE DIVISION DEVELOPED AND LAUNCHED SOMAGEN, A TISSU E FORM DESIGNED TO INCREASE WOUND COVERAGE AREA, WHILE STILL DECREASING THE TIME TO CLOSUR E. ADDITIONALLY, LENEVA AN OFF

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	-THE-SHELF SOFT TISSUE ADIPOSE MATRIX WAS LAUNCHED TO TREAT FAT PAD ATROHPE AND AVOID THE DEVELOPMENT OF ULCERS. MTF ALSO CONTINUED EXPANDING THE DISTRIBUTION OF ITS WOUND CARE POR TFOLIO TO MORE RECIPIENTS IN THE VA AND PUBLIC HOSPITALS THROUGHOUT THE YEAR. THIS WAS ACH IEVED THROUGH THE PUBLICATION OF MORE POSITIVE, PEER REVIEWED, CLINICAL OUTCOMES PAPERS CO UPLED WITH THE ACCEPTANCE OF THE MTF WOUNCE CARE TISSUE FORMS BY MORE THIRD PARTY INSURANC E PROVIDERS AS MEDICALLY NECESSARY. MTF CONTINUED TO EXPAND ITS CLINICAL STUDY PORTFOLIO, INCREASING ITS COMPENDIUM OF CLINICAL DATA FOR EXPANDED REIMBURSEMENT IN WOUND CARE AND BR EAST RECONSTRUCTION. MTF CONTINUED ITS PROSPECTIVE RANDOMIZED CLINICAL TRIAL FOR FLEXHD PL IABLE ACELLULAR DERMAL MATRIX USED FOR BREAST RECONSTRUCTION FOLLOWING MASTECTOMY. IN THE WOUND CARE MARKET, CLINICAL STUDIES AND RESEARCH DATA HAVE PROVIDED THE INFORMATION FOR MT F TO ATTAIN COVERAGE FOR APPROXIMATELY 73% OF ALL COVERED AMERICAN LIVES IN 2019. MTF CONT INUED ITS SUPPORT OF THE AMERICAN SOCIETY OF PLASTIC SURGEONS (ASPS) AND THE PLASTIC SURGE RY FOUNDATION (PSF) WHICH PROVIDES OPPORTUNITES FOR SURGEONS TO PERFORM ALLOGRAFT BASED RE SEARCH TO ADVANCE THE SCIENCE OF ALLOGARFT USE IN PLASTIC/RECONSTRUCTIVE PROCEDURES. MTF A LSO REMAINS COMMITTED TO SUPPORTING BREAST RECONSTRUCTION AWARENESS (BRA) DAY EACH YEAR AN D INCLUDES EDUCATION FOR BOTH PATIENTS AND SURGEONS ON THE OPTIONS AVAILABLE TODAY FOR WOM EN, HELPING TO ENSURE SURVIVORS' RIGHTS TO MAKE AN INFORMED DECISION. MTF ALSO CONTINUED I TS FINANCIAL PLEDGE OF (1M OVER FIVE YEARS) TO SUPPORT BIOLOGIC RESEARCH THROUGH THE PLAST IC SURGERY FOUNDATION (PSF). MTF'S MISSION IS TO SAVE AND HEAL LIVES BY HONORING THE DONAT ED GIFT, SERVING PATIENTS AND ADVANCING SCIENCE. FOR INDIVIDUAL STORIES ABOUT DONOR FAMILI ES, PLEASE VISIT MTF BIOLOGICS WEBSITE AT HTTPS://WWW.MTFBIOLOGICS.ORG/WHO-WE-SERVE/DONORS - COMMUNITY/DONORS-FAMILIES. STORIES ABOUT RECIPIENTS ARE ALSO AVAILABLE ON THE WEBSITE AT HTTPS://WWW.MTFBIOLOGICS.ORG/WHO-WE-SERVE/DONORS- COMMUNITY/RECIPIENTS AND ON THE YOUTUBE CHANNEL AT HTTPS://WWW.YOUTUBE.COM/USER/THEMTF1.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

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 COPY OF FORM 990. THE 990 WAS REVIEWED AT AN OPEN MEETING OF THE AUDIT COMMITTEE. SUBSEQUENT TO MODIFICATIONS, IF ANY, 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 REVIEW AND APPROVAL BEFORE FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	MTF SENDS A COMPREHENSIVE QUESTIONNAIRE ANNUALLY TO BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES REQUESTING DISCLOSURE OF ANY CONFLICTS OF INTEREST. MTF IS DILIGENT IN REVIEWING THE ANNUAL DISCLOSURE FORMS SUBMITTED BY THE COVERED PERSONS, AND IN SCREENING, COMPILING AND MAINTAINING THE SUBMISSIONS.

990 Schedule O, Supplemental Information

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, LAST COMPILED IN SEPTEMBER 2020, 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 (MOST RECENTLY SEPTEMBER 2020), MTF RETAINS THE SERVICES OF AN INDEPENDENT COMPENSATION 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 INCLUDES THE REVIEW AND APPROVAL OF EXECUTIVE AND STAFF COMPENSATION AND BENEFITS. 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.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	MTF MAKES ITS FORM 990 AND OTHER PUBLIC DOCUMENTS AVAILABLE TO THE PUBLIC AT ITS REGULAR PLACE OF BUSINESS IN PERSON, REQUESTS THROUGH EMAIL OR VIA US POSTAL SERVICE. IN ADDITION FORM 990 IS AVAILABLE ON THE INTERNET AT WWW.GUIDESTAR.ORG.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ACCRUED GRANTS -139,164 BOOK /TAX DEPRECIATION DIFFERENCE 1,083,333 TOTAL 944,169

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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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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) Section 512(b)(13) controlled entity? No
(1)BIOCON INC 125 MAY STREET EDISON, NJ 08837 22-3619257	HOLDING CO	DC	501C3	12B	NA		No
(2)DEUTSCHES INSTITUT FUR ZELL-UND C/O BIOCON INC 125 MAY STREET EDISON, NJ 08837	TISSUE DIS	GM			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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No
(1)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.

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

		Yes	No
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		No
e Loans or loan guarantees by related organization(s)	1e	Yes	
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.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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	BIOCON INC, A TAX-EXEMPT ORGANIZATION SERVES AS THE SOLE CORPORATE MEMBER OF MTF. BIOCON THROUGH ITS DISREGARDED ENTITIES OWNS OPERATES AND LEASES PROPERTY TO MTF. SCHEDULE R, PART II AND PART IV: DIZG, GMBH HAS 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 2019, MTF DISTRIBUTED DONORS TO DIZG IN THE AMOUNT OF 420,770. DIZG ALSO REPAID MTF OUTSTANDING ADVANCES TOTALING 450,616 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	6,968	ACCTG BOOKS/RECORDS
DIZG GMBH	G	420,770	ACCTG BOOKS/RECORDS
DIZG GMBH	S	450,616	ACCTG BOOKS/RECORDS
BIOCON INC	A	114,274	ACCTG BOOKS/RECORDS
BIOCON INC	K	3,431,998	ACCTG BOOKS/RECORDS
BIOCON INC	L	496,344	ACCTG BOOKS/RECORDS
BIOCON INC	S	287,028	ACCTG BOOKS/RECORDS
BIOCON INC	E	2,000,000	ACCTG BOOKS/RECORDS