



2012 Income Tax Returns

NUVASIVE SPINE FOUNDATION



KPMG LLP
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Fax 213-630-2279

Private

The Nuvasive Spine Foundation
7475 LUSK BOULEVARD
SAN DIEGO, CA 92121

Enclosed are the original and one copy of your income tax return(s) for the period ended December 31, 2012 for Nuvasive Spine Foundation as follows:

2012 990-PF - Return of Private Foundation
2012 Schedule B - Schedule of Contributors
2012 California Form 199 - Exempt Organization Statement of Return
2012 RRF-1 - Registration/Renewal Fee Report
2012 990-PF - Public Inspection Copy

Each original should be dated, signed and filed in accordance with the filing instructions included with the copy of the return. This bound copy is for your use and should be retained for your files.

These returns were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the returns before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the returns, please contact us before filing them.

Also enclosed are the original source documents you furnished, if any, for our use in preparing the return(s). Upon an audit of the return(s), requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

A tax-exempt organization is required to provide copies of Form 990-PF if it receives such a request. A reasonable fee for providing such copies may be charged. Note that if an organization makes Form 990-PF "widely available" an organization is not required to provide copies at any time. An example of "widely available" is posting the Form 990-PF to an organization's internet address so that the general public can freely access and download it to print a copy. If someone visits an organization to inspect a Form 990-PF in person, the organization must still allow inspection at the office; however, if the person requests a copy of Form 990-PF, the organization can disclose the internet address from which he/she can print a copy of the Form 990-PF.

Any act of self-dealing, the making or retaining of excess business holdings, or jeopardizing investments, and the making of taxable expenditures may subject the foundation to penalty excise taxes of from 5% to 200% of the amount of the prohibited transaction. Please contact us for further information if you have questions concerning any of these prohibited transactions.

We recommend that the return(s) be mailed by either registered or certified mail with the sender's receipt postmarked to prove filing before the due date.



Nuvasive Spine Foundation

We sincerely appreciate this opportunity to serve you. Please contact us if you have questions concerning the returns or if we may be of further assistance.

KPMG LLP

Enclosure(s)

Instructions for filing
Nuvasive Spine Foundation
Form 990-PF - Return of Private Foundation
for the period ended December 31, 2012

Signature...

The original return should be signed (using full name and title) and dated by an authorized officer of the organization.

Filing...

The signed return should be filed on or before November 15, 2013 with...

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

Payment of tax...

No payment of tax is required.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

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

Department of the Treasury
 Internal Revenue Service

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

Open to Public Inspection

For calendar year 2012 or tax year beginning , 2012, and ending , 20

Name of foundation NUVASIVE SPINE FOUNDATION		A Employer identification number 26-4835245
Number and street (or P.O. box number if mail is not delivered to street address) 7475 LUSK BOULEVARD	Room/suite	B Telephone number (see instructions) (858) 909-1902
City or town, state, and ZIP code SAN DIEGO, CA 92121		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply:		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 1,271,767.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)				
Revenue				
1 Contributions, gifts, grants, etc., received (attach schedule)	2,306,992.			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments	1,493.	1,493.	1,493.	ATCH 1
4 Dividends and interest from securities				
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a				
7 Capital gain net income (from Part IV, line 2)				
8 Net short-term capital gain				
9 Income modifications				
10 a Gross sales less returns and allowances				
b Less: Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule) <u>ATCH 2</u>	257,643.		257,643.	
12 Total. Add lines 1 through 11	2,566,128.	1,493.	259,136.	
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc.	0			
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)				
b Accounting fees (attach schedule) <u>ATCH 3</u>	1,000.	100.	100.	900.
c Other professional fees (attach schedule) *	5,728.			5,728.
17 Interest				
18 Taxes (attach schedule) (see instructions) <u>ATCH 5</u>	160.			160.
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings	20,597.			20,597.
22 Printing and publications				
23 Other expenses (attach schedule) <u>ATCH 6</u>	194,172.	1,605.	1,605.	192,567.
24 Total operating and administrative expenses. Add lines 13 through 23	221,657.	1,705.	1,705.	219,952.
25 Contributions, gifts, grants paid	1,890,043.			1,890,043.
26 Total expenses and disbursements. Add lines 24 and 25	2,111,700.	1,705.	1,705.	2,109,995.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	454,428.			
b Net investment income (if negative, enter -0-)		0		
c Adjusted net income (if negative, enter -0-)			257,431.	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1	Cash - non-interest-bearing	265,658.	201,789.	201,789.
	2	Savings and temporary cash investments	552,368.	1,069,978.	1,069,978.
	3	Accounts receivable ▶ Less: allowance for doubtful accounts ▶	13,500.		
	4	Pledges receivable ▶ Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ Less: allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10 a	Investments - U.S. and state government obligations (attach schedule),			
	b	Investments - corporate stock (attach schedule)			
	c	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶			
15	Other assets (describe ▶)				
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	831,526.	1,271,767.	1,271,767.	
Liabilities	17	Accounts payable and accrued expenses	15,000.	18,321.	
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	15,000.	18,321.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/>				
	and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	816,526.	1,253,446.	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>				
	27	Capital stock, trust principal, or current funds			
28	Paid-in or capital surplus, or land, bldg., and equipment fund				
29	Retained earnings, accumulated income, endowment, or other funds				
30	Total net assets or fund balances (see instructions)	816,526.	1,253,446.		
31	Total liabilities and net assets/fund balances (see instructions)	831,526.	1,271,767.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	816,526.
2	Enter amount from Part I, line 27a	2	454,428.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	1,270,954.
5	Decreases not included in line 2 (itemize) ▶ ATCH 7	5	17,508.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,253,446.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	{ If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8 }		3		

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

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

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

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

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2011	2,274,403.	1,024,324.	2.220394
2010	117,933.	290,568.	0.405871
2009	131,313.	71,326.	1.841026
2008			
2007			
2 Total of line 1, column (d)			2 4.467291
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 1.489097
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5			4 980,635.
5 Multiply line 4 by line 3			5 1,460,261.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6
7 Add lines 5 and 6			7 1,460,261.
8 Enter qualifying distributions from Part XII, line 4. If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.			8 2,109,995.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

Table with 11 rows for excise tax calculations. Includes items like 'Exempt operating foundations', 'Domestic foundations that meet the section 4940(e) requirements', 'Tax under section 511', 'Credits/Payments', and 'Tax due'.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions like 'During the tax year, did the foundation attempt to influence any national, state, or local legislation?', 'Did it spend more than \$100 during the year for political purposes?', and 'Has the foundation engaged in any activities that have not previously been reported to the IRS?'.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) 11 X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) 12 X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 X
Website address WWW.NUVASIVESPINEFOUNDATION.ORG
14 The books are in care of DIANA SANCIANCO Telephone no. 858-909-1800
Located at 7475 LUSK BLVD., SAN DIEGO, CA ZIP+4 92121
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here 15
16 At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 Yes No X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country

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

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

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

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

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

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

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

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

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

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

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

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No
 If "Yes," attach the statement required by Regulations section 53.4945-5(d). ATCH 8

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

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

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

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

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATCH 9		0	0	0

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

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

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

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

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

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

Total number of others receiving over \$50,000 for professional services 0.

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE ATTACHMENT	174,135.
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE	
2	
All other program-related investments. See instructions.	
3 NONE	
Total. Add lines 1 through 3	0.

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	995,569.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	995,569.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	995,569.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	14,934.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	980,635.
6	Minimum investment return. Enter 5% of line 5	6	49,032.

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

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

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	2,109,995.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,109,995.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,109,995.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2012:				
a Enter amount for 2011 only				
b Total for prior years: 20 10 , 20 09 , 20 08				
3 Excess distributions carryover, if any, to 2012:				
a From 2007				
b From 2008				
c From 2009				
d From 2010				
e From 2011				
f Total of lines 3a through e				
4 Qualifying distributions for 2012 from Part XII, line 4: ► \$ _____				
a Applied to 2011, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2012 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount - see instructions				
e Undistributed income for 2011. Subtract line 4a from line 2a. Taxable amount - see instructions				
f Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a		0		
10 Analysis of line 9:				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011				
e Excess from 2012				

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

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

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

2 a	Tax year	Prior 3 years			(e) Total
	(a) 2012	(b) 2011	(c) 2010	(d) 2009	
Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	49,032.	5,354.		2,599.	56,985.
b 85% of line 2a	41,677.	4,551.		2,209.	48,437.
c Qualifying distributions from Part XII, line 4 for each year listed	2,109,995.	2,274,403.	3,834,164.	1,554,064.	9,772,626.
d Amounts included in line 2c not used directly for active conduct of exempt activities	1,935,860.	2,181,471.	3,742,719.	1,392,766.	9,252,816.
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	174,135.	92,932.	91,445.	161,298.	519,810.
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i).					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	32,688.	34,144.	9,685.	1,733.	78,250.
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

NONE

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

NONE

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

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

a The name, address, and telephone number or e-mail of the person to whom applications should be addressed:

ATCH 10

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

SEE WEBSITE WWW.NUVASIVESPINEFOUNDATION.ORG

c Any submission deadlines:

ONGOING

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

LIMITED TO FUNDING AVAILABILITY AND SCOPE OF CHARITABLE MISSION.

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<p>a <i>Paid during the year</i></p> <p>ATCH 11</p>				
Total				3a 1,890,043.
<p>b <i>Approved for future payment</i></p> <p>NONE</p>				
Total				3b 0.

Schedule of Contributors

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

2012

Name of the organization NUVASIVE SPINE FOUNDATION	Employer identification number 26-4835245
--	---

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

Name of organization **NUVASIVE SPINE FOUNDATION**

Employer identification number

26-4835245

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FISH & RICHARDSON 12390 EL CAMINO REAL SAN DIEGO, CA 92130	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	HUNTSMAN, KADE T. 1160 EAST 3900, SOUTH SUITE 5000 SALT LAKE CITY, UT 82124	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	LIPSCHULTZ, TYLER 7475 LUSK BLVD. SAN DIEGO, CA 92121	\$ 7,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	HANNON, JASON 7475 LUSK BLVD. SAN DIEGO, CA 92121	\$ 9,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	HUNT, BOB 7475 LUSK BLVD. SAN DIEGO, CA 92121	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	KPMG, LLP 4747 EXECUTIVE DR., SUITE 600 SAN DIEGO, CA 92121	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **NUVASIVE SPINE FOUNDATION**

Employer identification number

26-4835245

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ENGINEERED MEDICAL SYSTEMS 3325 APPLING ROAD BARTLETT, TN 38133	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	NAGAH, BO 7475 LUSK BLVD. SAN DIEGO, CA 92121	\$ 7,278.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	FIDELITY CHARITABLE 100 CROSBY PARKWAY, MAIL ZONE KC1D-FCS COVINGTON, KY 41015-9325	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	SIGMANET 6190 CORNERSTONE COURT, SUITE 101 SAN DIEGO, CA 92121	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	ERNST & YOUNG 18111 VON KARMAN AVE., SUITE 1000 IRVINE, CA 92612	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	SAP AMERICA 18101 VON KARMAN AVE., SUITE 900 IRVINE, CA 92612	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **NUVASIVE SPINE FOUNDATION**

Employer identification number

26-4835245

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	BIRKBY, DOUG 7475 LUSK BLVD. SAN DIEGO, CA 92121	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	HEIM, MATT 7475 LUSK BLVD. SAN DIEGO, CA 92121	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	SCHWARTZ, DAVID 7475 LUSK BLVD. SAN DIEGO, CA 92121	\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	RINALDI, HOLLY 7475 LUSK BLVD. SAN DIEGO, CA 92121	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	RONJON, PAUL 7475 LUSK BLVD. SAN DIEGO, CA 92121	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	ELITE MEDICAL SOLUTIONS 421 KAYS DRIVE, SUITE 4 NORMAL, IL 61761	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **NUVASIVE SPINE FOUNDATION**

Employer identification number

26-4835245

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	RESOURCES FOR MED.ED AND COLLABORATION ONE MERCADO STREET, SUITE 202 DURANGO, CO 81301	\$ 117,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	ANC, INC. 1 HERALD SQUARE FAIRBORN, OH 45324	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	VALENTINE, KEITH 7475 LUSK BLVD. SAN DIEGO, CA 92121	\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	FEDEX 1790 KIRBY PARKWAY #500 MEMPHIS, TN 38138	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	MR. COPY 5657 COPLEY DR. SAN DIEGO, CA 92111	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	O'BRIEN, RICHARD 7475 LUSK BLVD. SAN DIEGO, CA 92121	\$ 6,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization NUVASIVE SPINE FOUNDATION

Employer identification number

26-4835245

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	JPMORGAN CHASE 105 A JAMES WAY SOUTHAMPTON, PA 18966	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	MINTZ, LEVIN 3580 CARMEL MOUNTAIN RD., SUITE 300 SAN DIEGO, CA 92130	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	MORRISON & FOERSTER 425 MARKET ST. SAN FRANCISCO, CA 94105	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	ORCHID ORTHOPAEDIC SOLUTIONS 86 RATON DR. MILFORD, CT 06461	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	SEABROOK INTERNATIONAL 15 WOODWORKERS WAY SEABROOK, NH 03874	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	TURNER MEDICAL 130 DURHAM DR. ARHENS, AL 35611	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **NUVASIVE SPINE FOUNDATION**

Employer identification number

26-4835245

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	PRICEWATERHOUSECOOPERS 2020 MAIN ST., SUITE 400 IRVINE, CA 92614	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	DLA PIPER 4365 EXECUTIVE DR., SUITE 1100 SAN DIEGO, CA 92121	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	ALLOSOURCE 6278 S. TROY CIRCLE CENTENNIAL, CO 80111	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	SOFTCHOICE 4180 LA JOLLA VILLAGE DR., SUITE 200 SAN DIEGO, CA 92037	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	GOLDMAN SACHS 2121 AVENUE OF THE STARS, SUITE 2600 LOS ANGELES, CA 90067	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	BANK OF AMERICA ONE BRYANT PARK, 21ST FLOOR NEW YORK, NY 10036	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **NUVASIVE SPINE FOUNDATION**

Employer identification number

26-4835245

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	NUVASIVE, INC ----- 7475 LUSK BOULEVARD ----- SAN DIEGO, CA 92121 -----	\$ 1,839,510.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	NUVASIVE, INC ----- 7475 LUSK BOULEVARD ----- SAN DIEGO, CA 92121 -----	\$ 5,115.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	NUVASIVE, INC ----- 7475 LUSK BOULEVARD ----- SAN DIEGO, CA 92121 -----	\$ 21,425.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **NUVASIVE SPINE FOUNDATION**

Employer identification number

26-4835245

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
37	SPINAL MEDICAL DEVICES, INCLUDING IMPLANTS, FIXATION AND INSTRUMENTATION	\$ 1,839,510.	VARIOUS

Name of organization **NUVASIVE SPINE FOUNDATION**

Employer identification number
26-4835245

Part III *Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.* Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
---	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	

FORM 990PF - GENERAL EXPLANATION ATTACHMENT

INFORMATION REGARDING EXPENDITURE RESPONSIBILITY GRANTS
FORM 990, PART VII-B, QUESTION, 5(C)

IN ACCORDANCE WITH IRC REGULATION §53.4945-5(D) (2), THE FOLLOWING INFORMATION IS PROVIDED REGARDING GRANTS MADE OR OUTSTANDING DURING THE YEAR TO ORGANIZATIONS NOT QUALIFYING UNDER IRC §509(A) (1), §509(A) (2), §509(A) (3) OR §4940(D) (2). FOR EACH EXPENDITURE RESPONSIBILITY GRANT, THE (1) NAME AND ADDRESS OF THE GRANTEE, (2) DATE AND AMOUNT OF THE GRANT, (3) PURPOSE OF THE GRANT, (4) AMOUNTS EXPENDED BY THE GRANTEE (BASED ON THE MOST RECENT REPORT RECEIVED FROM THE GRANTEE), (5) DATES OF ANY REPORTS RECEIVED FROM THE GRANTEE, (6) DATE AND RESULTS OF ANY VERIFICATION OF THE GRANTEE'S REPORTS UNDERTAKE BY OR AT THE DIRECTION OF NUVASIVE CHEETAH GIVES BACK FOUNDATION AND (7) WHETHER, TO THE KNOWLEDGE OF NUVASIVE SPINE FOUNDATION, IF THE GRANTEE HAS DIVERTED ANY FUNDS FROM THE PURPOSE OF THE GRANT. NOTE, TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THERE WERE NO DIVERSIONS OF GRANT FUNDS BY ANY GRANTEE TO ANY USE NOT IN FURTHERANCE OF A PURPOSE SPECIFIED IN THE GRANT.

FORM 990PF - GENERAL EXPLANATION ATTACHMENTSUMMARY OF DIRECT CHARITABLE ACTIVITIES - DESCRIPTION OF ACTIVITIES
FORM 990, PART IX-A

THE NUVASIVE SPINE FOUNDATION (THE FOUNDATION) IS COMMITTED TO PROVIDING INNOVATIVE MEDICAL DEVICES, SURGICAL SUPPORT, AND NECESSARY FUNDS TO THOSE IN NEED OF LIFE-SAVING SPINE SURGERY AROUND THE WORLD. IN MANY IMPOVERISHED PLACES ACROSS THE GLOBE THERE IS VERY LIMITED AVAILABILITY AND ACCESS TO SPECIALIZED SURGEONS, INCLUDING SPINE SURGEONS. THE FOUNDATION FOCUSES ON INDIGENT PATIENTS WITH NO ACCESS TO OR MEANS TO PAY FOR THE MEDICAL CARE THEY DESPERATELY NEED. FOR MOST OF THESE PEOPLE THE ONLY OPTIONS ARE TO LIVE WITH THE DEFORMITY, DISEASE AND INTENSE PAIN ASSOCIATED WITH SEVERE SPINAL DISORDERS OR TRAGICALLY, DIE. THE FOUNDATION IS A BEACON OF HOPE TO THOSE IN THE DIREST NEED OF LIFE-SAVING SPINE SURGERY. THE FOUNDATION HAS AND WILL CONTINUE TO PROVIDE THAT HOPE.

FORM 990PF - GENERAL EXPLANATION ATTACHMENT

SUBSTANTIAL CONTRIBUTOR STATEMENT
FORM 990-PF, PART VII-A, LINE 10- SUBSTANTIAL CONTRIBUTOR

NAME OF SUBSTANTIAL CONTRIBUTOR: NUVASIVE, INC.
ADDRESS OF SUBSTANTIAL CONTRIBUTOR: 7475 LUSK BLVD., SAN DIEGO, CA 92121

ATTACHMENT 1

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>
INTEREST INCOME	1,493.	1,493.	1,493.
TOTAL	<u>1,493.</u>	<u>1,493.</u>	<u>1,493.</u>

ATTACHMENT 2

FORM 990PF, PART I - OTHER INCOME

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>ADJUSTED NET INCOME</u>
FUNDRAISING EVENT REVENUE	254,810.	254,810.
OTHER INCOME	2,713.	2,713.
REFUND ON GOLF WEBSITE	120.	120.
TOTALS	<u>257,643.</u>	<u>257,643.</u>

ATTACHMENT 3

FORM 990PF, PART I - ACCOUNTING FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
TAX PREPARATION	1,000.	100.	100.	900.
TOTALS	<u>1,000.</u>	<u>100.</u>	<u>100.</u>	<u>900.</u>

ATTACHMENT 4

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
PROFESSIONAL SERVICES- WEBSITE	5,588.	5,588.
FUNDRAISING FEES	140.	140.
TOTALS	<u>5,728.</u>	<u>5,728.</u>

ATTACHMENT 5

FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
CA FTB FILING FEE	10.	10.
CA ATNY GNL REGISTRATION FEES	150.	150.
TOTALS	<u>160.</u>	<u>160.</u>

ATTACHMENT 6

FORM 990PF, PART I - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
SURGICAL MISSION DIRECT EXP	174,135.			174,135.
CONTRACT SERVICE	1,500.			1,500.
BUSINESS REGISTRATION FEES	20.			20.
INSURANCE	7,389.	738.	738.	6,651.
OTHER COSTS	2,412.	241.	241.	2,171.
ACCOUNTING SOFTWARE	200.	20.	20.	180.
BANK SERVICE CHARGE	606.	606.	606.	
AUDIT RECLASS	7,910.			7,910.
TOTALS	<u>194,172.</u>	<u>1,605.</u>	<u>1,605.</u>	<u>192,567.</u>

ATTACHMENT 7

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

<u>DESCRIPTION</u>	<u>AMOUNT</u>
PRIOR PERIOD ADJUSTMENT FOR UNDER REPORTED SMALL CONTRIBUTIONS AND UNACCRUED EXPENSES	17,508.
TOTAL	<u>17,508.</u>

FORM 990PF, PART VII-B, LINE 5C-EXPENDITURE RESPONSIBILITY STATEMENT

GRANTEE'S NAME: STRONG BONES CHILDREN'S CHARITABLE TRUST
GRANTEE'S ADDRESS: ROMFORD SEEDBED CENTRE DAVIDSON WAY
CITY, STATE & ZIP: ROMFORD RM7 0AZ
FOREIGN PROVINCE: ESSEX
FOREIGN COUNTRY: UNITED KINGDOM
GRANT DATE: 06/12/2012
GRANT AMOUNT: 3,210.
GRANT PURPOSE: GENERAL DONATION
AMOUNT EXPENDED: 3,210.
ANY DIVERSION? NO
DATES OF REPORTS: 09/28/2012
VERIFICATION DATE: 09/28/2012
RESULTS OF VERIFICATION:
RECEIVED REGISTERED CHARITY NUMBER 1086173. NO SIGNIFICANT ISSUES
WERE NOTED.

GRANTEE'S NAME: SALIMA SULEIMAN
GRANTEE'S ADDRESS: P.O. BOX 20906-00202, LENANA ROAD
CITY, STATE & ZIP: NAIROBI
FOREIGN COUNTRY: KENYA
GRANT DATE: VARIOUS
GRANT AMOUNT: 20,107.
GRANT PURPOSE: PATIENT ASSISTANCE GRANT
AMOUNT EXPENDED: 20,107.
ANY DIVERSION? NO
DATES OF REPORTS: 01/04/2012
VERIFICATION DATE: 01/04/2012
RESULTS OF VERIFICATION:
THE FOUNDATION PAID DIRECTLY FOR RENTAL OF APARTMENT AND FURNITURE.
IT ALSO PROVIDED A CASH ALLOWANCE AND GIFT CARDS FOR TRAVEL AND PER
DIEM EXPENSES AND REQUIRED RECEIPTS TO RECONCILE TO ACTUAL EXPENSES.
NO SIGNIFICANT ISSUES WERE NOTED.

GRANTEE'S NAME: NORFOLK AND NORWICH UNIVERSITY
GRANTEE'S ADDRESS: NORFOLK & NORWICH UNIV. COLNEY LANE
CITY, STATE & ZIP: NORWICH NR4 7UY
FOREIGN COUNTRY: UNITED KINGDOM
GRANT DATE: 09/26/2012
GRANT AMOUNT: 17,066.
GRANT PURPOSE: AIRFARE, HOTEL AND INCIDENTALS FOR SURGICAL MISSION
TEAM
AMOUNT EXPENDED: 17,066.
ANY DIVERSION? NO
DATES OF REPORTS: 01/15/2013
VERIFICATION DATE: 01/15/2013
RESULTS OF VERIFICATION:
RECEIVED REGISTERED CHARITY NUMBER 1048170. NO SIGNIFICANT ISSUES
WERE NOTED.

GRANTEE'S NAME: RESOURCES FOR MED. ED AND COLLABORATION
CONT'D ON NEXT PAGE

FORM 990PF, PART VII-B, LINE 5C-EXPENDITURE RESPONSIBILITY STATEMENT

GRANTEE'S ADDRESS: 1 MERCADO ST., SUITE 202
CITY, STATE & ZIP: DURANGO, CO 81301
GRANT DATE: 08/19/2012
GRANT AMOUNT: 23,266.
GRANT PURPOSE: AIRFARE, HOTEL AND INCIDENTALS FOR SURGICAL MISSION
TEAM

AMOUNT EXPENDED: 23,266.

ANY DIVERSION? NO
DATES OF REPORTS: 08/30/2012
VERIFICATION DATE: 08/30/2012

RESULTS OF VERIFICATION:

DONATION OF MEDICAL IMPLANTS TO QUALIFIED INDIVIDUAL IN NEED OF
SURGERY. EQUIPMENT SENT DIRECTLY TO PHYSICIAN AT MEDICAL CENTER.

GRANTEE'S NAME: KENYATTA NATIONAL HOSPITAL
GRANTEE'S ADDRESS: HOSPITAL ROAD, UPPER HILL
CITY, STATE & ZIP: NAIROBI 00202
FOREIGN COUNTRY: KENYA
GRANT DATE: VARIOUS
GRANT AMOUNT: 1,392,246.
GRANT PURPOSE: TO SUPPORT MISSION TRIPS TO KENYATTA NATIONAL
HOSPITAL IN NAIROBI, KENYA

AMOUNT EXPENDED: 1,392,246.

ANY DIVERSION? NO
DATES OF REPORTS: 12/08/2012
VERIFICATION DATE: 12/08/2012

RESULTS OF VERIFICATION:

REPORT REVIEWED, NO SIGNIFICANT ISSUES WERE NOTED.

GRANTEE'S NAME: SPINE-AID
GRANTEE'S ADDRESS: P.O. BOX 729, CAPIBILITY GREEN
CITY, STATE & ZIP: LUTON, LU1 3US
FOREIGN COUNTRY: UNITED KINGDOM
GRANT DATE: 10/26/2012
GRANT AMOUNT: 51,161.
GRANT PURPOSE: PRODUCT DONATION FOR SUPPORTED MISSION TRIP TO ZAMBIA
AMOUNT EXPENDED: 51,161.

ANY DIVERSION? NO
DATES OF REPORTS: 01/15/2013
VERIFICATION DATE: 01/15/2013

RESULTS OF VERIFICATION:

RECEIVED REGISTERED CHARITY NUMBER 1048170 FROM ADMINISTERED
HOSPITAL. NO SIGNIFICANT ISSUES WERE NOTED.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 9

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>			
ALEXIS LUKIANOV 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	DIRECTOR 1.00	0	0	0
KAY SIRIANNI 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	BOARD SECRETARY 8.00	0	0	0
TIM DAINES 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	EXECUTIVE DIRECTOR 1.00	0	0	0
CRAIG HUNSAKER 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	TREASURER/DIRECTOR 1.00	0	0	0
KEITH VALENTINE 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	DIRECTOR 1.00	0	0	0
CHRISTIAN ZAAL 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	DIRECTOR 1.00	0	0	0

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 9 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>			
BILL WALTON 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	DIRECTOR 1.00	0	0	0
DAVEED FRAZIER, M.D. 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	DIRECTOR 1.00	0	0	0
JASON HANNON 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	CFO .50	0	0	0
KATHY LUKIANOV 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	EXECUTIVE VICE PRESIDENT 4.00	0	0	0

GRAND TOTALS

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

KAY SIRIANNI
7475 LUSK BLVD.,
SAN DIEGO, CA 92121
858-909-1902

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 11

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
HEALTH VOLUNTEERS OVERSEAS 1900 L STREET, NW #310 WASHINGTON, DC 20036	N/A 509(A) (1)	CHARITABLE MISSION TO ROMANIA TO PROVIDE SPINE SURGERY TO INDIVIDUALS WITH LIMITED ACCESS TO MEDICAL TREATMENT AND PRODUCT DONATION FOR SUPPORTED MISSION TRIP TO ROMANIA	261,424.
WORLD GOSPEL MISSION 3783 EAST STATE ROAD 18 MARION, IN 46952	N/A 509(A) (1)	TO SUPPORT SHIPPING MEDICAL GOODS TO TENWEK AND PRODUCT DONATION FOR SUPPORTED MISSION TRIP TO KENYA	18,605.
SALIMA SULEIMAN P.O. BOX 20906-00202, LENANA ROAD NAIROBI KENYA	NONE FOREIGN CITIZEN	PATIENT ASSISTANCE FOR SPINAL SURGERY. PAID FOR TRAVEL AND LIVING EXPENSES IN U.S. WHILE MEDICAL PROCEDURES WERE BEING PERFORMED.	20,107.
STRONG BONES CHILDREN'S CHARITABLE TRUSTS ROMFORD SEEDBED CENTRE DAVIDSON WAY RM7 0AZ ROMFORD UNITED KINGDOM	N/A FOREIGN ENTITY	CASH DONATION TO MATCH FUNDS RAISED FROM UK OFFICE FUNDRAISER	3,210.
RESOURCES FOR MED. ED AND COLLABORATION 1 MERCADO ST., SUITE 202 DURANGO, CO 81301	N/A NONE	TO SUPPORT AIRFARE, HOTEL AND INCIDENTALS FOR SURGICAL MISSION TEAM AND PRODUCT DONATION FOR SUPPORTED MISSION TRIP TO BELIZE	23,266.
NORFOLK AND NORWICH UNIV. FOUNDATION NORFOLK AND NORWICH UNIV. HOSPITAL NR4 7UY NORWICH UNITED KINGDOM	N/A FOREIGN ENTITY	TO SUPPORT AIRFARE, HOTEL AND INCIDENTALS FOR SURGICAL MISSION TEAM	17,066.

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 11 (CONT'D)

<u>RECIPIENT NAME AND ADDRESS</u>	<u>RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT</u>	<u>PURPOSE OF GRANT OR CONTRIBUTION</u>	<u>AMOUNT</u>
KENYATTA NATIONAL HOSPITAL HOSPITAL ROAD, UPPER HILL NAIROBI, 00202 KENYA	N/A FOREIGN ENTITY	TO SUPPORT MISSION TRIPS TO KENYATTA NATIONAL HOSPITAL IN NAIROBI, KENYA	1,392,246.
SPINE-AID P.O. BOX 729, CAPIBILITY GREEN LUI 3US LUTON UNITED KINGDOM	N/A FOREIGN ENTITY	PRODUCTION DONATION FOR SUPPORTED MISSION TRIP TO ZAMBIA	51,161.
SYRIAN AMERICAN MEDICAL SOCIETY P.O. BOX 1015 CANFIELD, OH 44406	N/A 509 (A) (1)	PRODUCT DONATION FOR SUPPORTED MISSION TRIP TO SYRIA	102,958.
TOTAL CONTRIBUTIONS PAID			<u>1,890,043.</u>

FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

ATTACHMENT 12

<u>DESCRIPTION</u>	<u>BUSINESS CODE</u>	<u>AMOUNT</u>	<u>EXCLUSION CODE</u>	<u>AMOUNT</u>	<u>RELATED OR EXEMPT FUNCTION INCOME</u>
OTHER INCOME			01	2,713.	
REFUND ON GOLF WEBSITE			01	120.	
TOTALS				<u>2,833.</u>	