

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0052

**2011**

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

For calendar year **2011** or tax year beginning , **2011**, and ending , **20**

Name of foundation <b>NUVASIVE SPINE FOUNDATION</b>		<b>A Employer identification number</b> 26-4835245
Number and street (or P.O. box number if mail is not delivered to street address)	Room/suite	<b>B Telephone number (see instructions)</b> (858) 909-1902
7475 LUSK BOULEVARD		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
City or town, state, and ZIP code SAN DIEGO, CA 92121		
<b>G</b> Check all that apply:		<b>D</b> 1. Foreign organizations, check here <input type="checkbox"/>
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity	2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<input type="checkbox"/> Address change	<input checked="" type="checkbox"/> Name change	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
<b>H</b> 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		
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$</b> 831,526.	<b>J</b> 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.)	

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received (attach schedule) . . . . .	2,598,946.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .	121.	121.	121.	ATCH 1
	4 Dividends and interest from securities . . . . .	48.	48.	48.	ATCH 2
	5a Gross rents . . . . .				
	b Net rental income or (loss) . . . . .				
	6a Net gain or (loss) from sale of assets not on line 10 . . . . .	-671.			
	b Gross sales price for all assets on line 6a . . . . .	26,086.			
	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) . . . . .	5,408.		5,408.	ATCH 3	
12 <b>Total.</b> Add lines 1 through 11 . . . . .	2,603,852.	169.	5,577.		
<b>Operating and Administrative Expenses</b>	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) <sup>ATCH 4</sup> . . . . .	2,229.	223.	223.	2,006.
	c Other professional fees (attach schedule) . . . . .	59,714.			59,714.
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	310.			310.
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) <sup>ATCH 7</sup> . . . . .	100,960.			100,960.
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	163,213.	223.	223.	162,990.
	25 Contributions, gifts, grants paid . . . . .	2,111,413.			2,111,413.
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25 . . . . .	2,274,626.	223.	223.	2,274,403.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements . . . . .	329,226.				
b <b>Net investment income</b> (if negative, enter -0-) . . . . .		0			
c <b>Adjusted net income</b> (if negative, enter -0-) . . . . .			5,354.		

For Paperwork Reduction Act Notice, see instructions.

\*ATCH 5 JSA \*\* ATCH 6

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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 . . . . .	502,300.	265,658.	265,658.
	2	Savings and temporary cash investments . . . . .		552,368.	552,368.
	3	Accounts receivable ▶ 13,500.			
		Less: allowance for doubtful accounts ▶		13,500.	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	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) . . . . .	502,300.	831,526.	831,526.	
Liabilities	17	Accounts payable and accrued expenses . . . . .	63,000.	15,000.	
	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	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	63,000.	15,000.	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/>				
	<b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24	Unrestricted . . . . .	439,300.	816,526.	
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.</b> <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	<b>Total net assets or fund balances</b> (see instructions) . . . . .	439,300.	816,526.		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	502,300.	831,526.		

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) . . . . .	1 439,300.
2	Enter amount from Part I, line 27a . . . . .	2 329,226.
3	Other increases not included in line 2 (itemize) ▶ ATTACHMENT 8	3 48,000.
4	Add lines 1, 2, and 3 . . . . .	4 816,526.
5	Decreases not included in line 2 (itemize) ▶	5
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 . . . . .	6 816,526.

**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 SEE PART IV SCHEDULE					
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		-671.
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			3		-671.

**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))
2010	117,933.	290,568.	0.405871
2009	131,313.	71,326.	1.841026
2008			
2007			
2006			
2 Total of line 1, column (d)			2 2.246897
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 1.123449
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5			4 1,024,324.
5 Multiply line 4 by line 3			5 1,150,776.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6
7 Add lines 5 and 6			7 1,150,776.
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 2,274,403.

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 categories like 'Exempt operating foundations', 'Domestic foundations', and 'Tax due'. Values are mostly 0.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include 'Yes' and 'No'. Includes questions about political influence, expenditures, and foundation status.

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)
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)
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
Website address WWW.NUVASIVESPINEFOUNDATION.ORG
14 The books are in care of BRIAN ADASHEK 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
16 At any time during calendar year 2011, 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?

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?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(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)?
(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.)
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)?
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 2011?
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 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011?
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?
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?
b If "Yes," did it have excess business holdings in 2011 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?
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
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 2011?

**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). ATTACHMENT 9

**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
ATTACHMENT 10		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)

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total number of others receiving over \$50,000 for professional services</b>		<b>0</b>

**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	92,932.
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	
<b>Total. Add lines 1 through 3</b>	<b>0</b>

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	0.
<b>b</b>	Average of monthly cash balances	<b>1b</b>	1,039,923.
<b>c</b>	Fair market value of all other assets (see instructions)	<b>1c</b>	0.
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	1,039,923.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	0.
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	1,039,923.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	15,599.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	1,024,324.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	51,216.

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

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	
<b>2a</b>	Tax on investment income for 2011 from Part VI, line 5	<b>2a</b>	
<b>b</b>	Income tax for 2011. (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b>	Add lines 3 and 4	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	<b>1a</b>	2,274,403.
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b>	0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	0.
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	0.
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	0.
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	2,274,403.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	2,274,403.

**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 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7 . . . . .				
2 Undistributed income, if any, as of the end of 2011:				
a Enter amount for 2010 only . . . . .				
b Total for prior years: 20 09, 20 08, 20 07 . . . . .				
3 Excess distributions carryover, if any, to 2011:				
a From 2006 . . . . .				
b From 2007 . . . . .				
c From 2008 . . . . .				
d From 2009 . . . . .				
e From 2010 . . . . .				
f Total of lines 3a through e . . . . .				
4 Qualifying distributions for 2011 from Part XII, line 4: ► \$ _____				
a Applied to 2010, 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 2011 distributable amount . . . . .				
e Remaining amount distributed out of corpus . . . . .				
5 Excess distributions carryover applied to 2011 . . . . . (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 2010. Subtract line 4a from line 2a. Taxable amount - see instructions . . . . .				
f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012 . . . . .				
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 2006 not applied on line 5 or line 7 (see instructions) . . . . .				
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a . . . . .		0		
10 Analysis of line 9:				
a Excess from 2007 . . . . .				
b Excess from 2008 . . . . .				
c Excess from 2009 . . . . .				
d Excess from 2010 . . . . .				
e Excess from 2011 . . . . .				

**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 2011, 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				(e) Total
	(a) 2011	(b) 2010	(c) 2009	(d) 2008	
Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	5,354.	85,525.	2,599.		93,478.
<b>b</b> 85% of line 2a . . . . .	4,551.	72,696.	2,209.		79,456.
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .	2,274,403.	3,834,164.	1,554,064.		7,662,631.
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .	2,181,471.	3,742,719.	1,392,766.		7,316,956.
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	92,932.	91,445.	161,298.		345,675.
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i). . . . .					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .	34,144.	9,685.	1,733.		45,562.
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					
<b>(4)</b> 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 of the person to whom applications should be addressed:

ATTACHMENT 11

**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><b>a</b> <i>Paid during the year</i></p> <p>ATTACHMENT 12</p>				
<b>Total</b> .....				<b>3a</b> 2,111,413.
<p><b>b</b> <i>Approved for future payment</i></p> <p>NONE</p>				
<b>Total</b> .....				<b>3b</b> 0.





**FORM 990-PF - PART IV  
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME**

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
26,086.		PUBLICLY TRADED SECURITIES 26,757.				P	VARIOUS -671.	VARIOUS
TOTAL GAIN (LOSS) .....							<u>-671.</u>	

**Schedule of Contributors**

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

**2011**

<b>Name of the organization</b> NUVASIVE SPINE FOUNDATION	<b>Employer identification number</b> 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).

<b>Name of organization</b> NUVASIVE SPINE FOUNDATION	<b>Employer identification number</b> 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	NUVASIVE, INC. 7475 LUSK BLVD. SAN DIEGO, CA 92121	\$ 105,274.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	NUVASIVE, INC. 7475 LUSK BLVD. SAN DIEGO, CA 92121	\$ 2,077,476.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CAPPUCCINO, ANDREW & HELEN 5700 LEETE RD. LOCKPORT, NY 14094	\$ 26,757.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	LUKIANOV, ALEX AND KATHY 7475 LUSK BLVD. SAN DIEGO, CA 92121	\$ 18,365.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MADSEN MEDICAL, INC. 1997 CHERRY CREEK CIRCLE LAS VEGAS, NV 89135	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	ADAM DONOVAN 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	\$ 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
7	MIDNITE EXPRESS 1770 MORIAH WOODS BLVD., SUITE 2 MEMPHIS, TN 38117	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	STEPHEN GOULD CORPORATION 10920 VIA FRONTERA SAN DIEGO, CA 92127	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	ORLICH, JOE 3802 WINTER LANE VALPARAISO, IN 46385	\$ 12,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	HAMPSON, CRAIG 7734 CREST DR., NE SEATTLE, WA 98102	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	BANK OF AMERICA 100 NORTH TRYON STREET CHARLOTTE, NC 28255	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	BOB LEONE 7475 LUSK BOULEVARD 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.)

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	GARY TEUTON C/O TURNER MEDICAL 130 DURHARN DR. ATHENS, 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.)
14	KPMG, LLP 717 N. HARWOOD STREET SUITE 3100 DALLAS, TX 75201	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	BUTLER, LARRY 1341 SWAINWOOD DR. GLENVIEW, IL 60025	\$ 7,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	ALLOSOURCE 9323 CHESAPEAKE DRIVE SAN DIEGO, CA 92123	\$ 6,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	ENG. MED. SYS. 3325 APPLING ROAD BARTLETT, TN 38133	\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	GREENGRASS, JEFF 247 DALE DR. SHORT HILLS, NJ 07078	\$ 5,760.	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	DAVE HARVEY 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	FEDEX 3610 HACKS CROSS RD. MEMPHIS, TN 38125	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	MACKAY MANUFACTURING 10011 EAST MONTGOMERY DRIVE SPOKANE VALLEY, WA 99206	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	SEABROOK INTERNATIONAL, INC. 15 WOODWORKER'S WAY SEABROOK, NH 03874	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	SIEMERS, STEPHAN SCHLEIFMUHLE 21 27239 TWISTRINGEN GERMANY	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	BLAIR, JAMES 188 ROLLING HILL ROAD SKILLMAN, NJ 08558	\$ 5,000.	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
25	LANE, DAVID ----- 3978 CLAIRMONT RD. ----- ATLANTA, GA 30341 -----	\$ 5,000.	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, COHN, FERRIS, GLOVSKY ----- ONE FINANCIAL CENTER ----- BOSTON, MA 02111 -----	\$ 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	STRUCTURE ----- 9935 BUSINESS CIRCLE ----- NAPLES, FL 34112 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	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
2	MEDICAL DEVICES (SPINE) IMPLANTS AND INSTRUMENTS	\$ 2,077,476.	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
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
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 IRS 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 - SAVINGS	121.	121.	121.
TOTAL	<u>121.</u>	<u>121.</u>	<u>121.</u>

ATTACHMENT 2

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>
DIVIDEND AND INTEREST - SECURITIES	48.	48.	48.
TOTAL	<u>48.</u>	<u>48.</u>	<u>48.</u>

ATTACHMENT 3

FORM 990PF, PART I - OTHER INCOME

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>ADJUSTED NET INCOME</u>
FUNDRAISING REVENUE	5,408.	5,408.
TOTALS	<u>5,408.</u>	<u>5,408.</u>

ATTACHMENT 4

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>
LINDSAY & BROWNELL	1,229.	123.	123.	1,106.
TAX PREPARATION/FILING FEES	1,000.	100.	100.	900.
TOTALS	<u>2,229.</u>	<u>223.</u>	<u>223.</u>	<u>2,006.</u>

ATTACHMENT 5

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
FUNDRAISING FEES	59,714.	59,714.
TOTALS	<u>59,714.</u>	<u>59,714.</u>

ATTACHMENT 6

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	300.	300.
TOTALS	<u>310.</u>	<u>310.</u>

ATTACHMENT 7

FORM 990PF, PART I - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
SURGICAL MISSION DIRECT EXP	76,623.	76,623.
BUSINESS REGISTRATION FEES	823.	823.
INSURANCE	8,543.	8,543.
OTHER COSTS	131.	131.
PROCESSING FEES	5,779.	5,779.
POSTAGE AND MAILING FEES	9.	9.
EVENT EXPENSES	9,052.	9,052.
TOTALS	<u>100,960.</u>	<u>100,960.</u>



ATTACHMENT 8

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

<u>DESCRIPTION</u>	<u>AMOUNT</u>
PRIOR PERIOD ADJUSTMENT	48,000.
TOTAL	<u>48,000.</u>

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

GRANTEE'S NAME: SPINAL INJURY HOSPITAL, NAIROBI  
 GRANTEE'S ADDRESS: HURLINGHUM ESTATE  
 CITY, STATE & ZIP: NAIROBI  
 FOREIGN COUNTRY: KENYA  
 GRANT DATE: 10/06/2011  
 GRANT AMOUNT: 1,029,254.  
 GRANT PURPOSE: NUVASIVE SPINE FOUNDATION CHARITABLE MISSION TO  
 SPINAL INJURY HOSPITAL IN NAIROBI, KENYA  
 AMOUNT EXPENDED: 1,029,254.  
 ANY DIVERSION? NO  
 DATES OF REPORTS: 9/21/2012  
 VERIFICATION DATE: 09/21/2012  
 RESULTS OF VERIFICATION:  
 CONFIRMATION RECEIVED THE IMPLANTS AND EQUIPMENT WERE ALL USED FOR  
 SPECIFIED CHARITABLE CLASS. NO ISSUES NOTED.

GRANTEE'S NAME: KAYNE SICKNER  
 GRANTEE'S ADDRESS: 3605 DEAVILLA COURT  
 CITY, STATE & ZIP: CALABASAS, CA 91302  
 GRANT DATE: 12/06/2011  
 GRANT AMOUNT: 6,517.  
 GRANT PURPOSE: PATIENT ASSISTANCE GRANT  
 AMOUNT EXPENDED: 6,517.  
 ANY DIVERSION? NO  
 DATES OF REPORTS: 1/3/2012  
 VERIFICATION DATE: 01/03/2012  
 RESULTS OF VERIFICATION:  
 DONATION OF MEDICAL IMPLANTS TO QUALIFIED INDIVIDUAL IN NEED OF  
 SPINAL SURGERY. EQUIPMENT SENT DIRECTLY TO PHYSICIAN AT MEDICAL  
 CENTER.

GRANTEE'S NAME: SALIMA SULEIMAN  
 GRANTEE'S ADDRESS: P.O. BOX 20906-00202, LENANA ROAD  
 CITY, STATE & ZIP: NAIROBI  
 FOREIGN COUNTRY: KENYA  
 GRANT DATE:  
 GRANT AMOUNT: 9,792.  
 GRANT PURPOSE: PATIENT ASSISTANCE GRANT  
 AMOUNT EXPENDED: 9,792.  
 ANY DIVERSION? NO  
 DATES OF REPORTS: 2/4/2012  
 VERIFICATION DATE: 02/04/2012  
 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: SPINE AID  
 GRANTEE'S ADDRESS: PO BOX 729, CAPIBILITY GREEN LUI 3US

CONT'D ON NEXT PAGE

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

CITY, STATE & ZIP: LUTON  
FOREIGN COUNTRY: UNITED KINGDOM  
GRANT DATE: 09/21/2011  
GRANT AMOUNT: 13,816.  
GRANT PURPOSE: HELPING CHILDREN WITH SPINAL DEFORMITY IN 3RD WORLD  
COUNTY, ZAMBIA.  
AMOUNT EXPENDED: 13,816.  
ANY DIVERSION? NO  
DATES OF REPORTS: 10/14/2011  
VERIFICATION DATE: 10/14/2011  
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 10

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</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 10 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</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	<u>0</u>	<u>0</u>	<u>0</u>

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 12

<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>
OPERATION RAINBOW, INC. 4200 PART BLVD., PMB 157 OAKLAND, CA 94602	N/A 509(A) (1)	CHARITABLE MISSION TO CUENCA, ECUADOR TO PROVIDE SPINE SURGERY TO INDIVIDUALS WITH LIMITED ACCESS TO MEDICAL TREATMENT	5,000.
SPINE AID PO BOX 729 CAPIBILITY GREEN LUI 3US LUTON UNITED KINGDOM	N/A FOREIGN ENTITY	CHARITABLE MISSION TO ZAMBIA TO PROVIDE SPINE SURGERY TO INDIVIDUALS WITH LIMITED ACCESS TO MEDICAL TREATMENT	13,816.
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	1,047,034.
SPINAL INJURY HOSPITAL, NIROBI HURLINGHUM ESTATE NAIROBI KENYA	N/A FOREIGN ENTITY	CHARITABLE MISSION TO NAIROBI, KENYA TO PROVIDE SPINE SURGERY TO INDIVIDUALS WITH LIMITED ACCESS TO MEDICAL TREATMENT	1,029,254.
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.	9,792.
KAYNE SICKNER 3605 DEAVILLA COURT CALABASAS, CA 91302	NONE INDIVIDUAL	DONATION OF MEDICAL IMPLANTS TO QUALIFIED INDIVIDUAL IN NEED OF SPINAL SURGERY.	6,517.
TOTAL CONTRIBUTIONS PAID			<u>2,111,413.</u>

**SCHEDULE D  
(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ **Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).**

OMB No. 1545-0092

**2011**

Name of estate or trust

Employer identification number

NUVASIVE SPINE FOUNDATION

26-4835245

**Note:** Form 5227 filers need to complete *only* Parts I and II.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>1a</b>					

<b>b</b> Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b . . . . .	<b>1b</b>	-671.
<b>2</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .	<b>2</b>	
<b>3</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .	<b>3</b>	
<b>4</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2010 Capital Loss Carryover Worksheet . . . . .	<b>4</b>	( )
<b>5</b> <b>Net short-term gain or (loss).</b> Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back . . . . . ▶	<b>5</b>	-671.

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>6a</b>					

<b>b</b> Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b . . . . .	<b>6b</b>	
<b>7</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .	<b>7</b>	
<b>8</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .	<b>8</b>	
<b>9</b> Capital gain distributions . . . . .	<b>9</b>	
<b>10</b> Gain from Form 4797, Part I . . . . .	<b>10</b>	
<b>11</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2010 Capital Loss Carryover Worksheet . . . . .	<b>11</b>	( )
<b>12</b> <b>Net long-term gain or (loss).</b> Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back . . . . . ▶	<b>12</b>	

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2011



<b>Part III Summary of Parts I and II</b>		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
<b>Caution: Read the instructions before completing this part.</b>				
<b>13</b>	<b>Net short-term gain or (loss)</b> . . . . .	<b>13</b>		-671.
<b>14</b>	<b>Net long-term gain or (loss):</b>			
a	Total for year . . . . .	<b>14a</b>		
b	Unrecaptured section 1250 gain (see line 18 of the wrksh.) . . . . .	<b>14b</b>		
c	28% rate gain . . . . .	<b>14c</b>		
<b>15</b>	<b>Total net gain or (loss).</b> Combine lines 13 and 14a . . . . .	<b>15</b>		-671.

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and **do not** complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

**Part IV Capital Loss Limitation**

<b>16</b>	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the <b>smaller</b> of:		
a	The loss on line 15, column (3) or <b>b</b> \$3,000 . . . . .	<b>16</b>	( 671.)

**Note:** If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

**Part V Tax Computation Using Maximum Capital Gains Rates**

**Form 1041 filers.** Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

**Caution:** Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

**Form 990-T trusts.** Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

<b>17</b>	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . . . .	<b>17</b>	
<b>18</b>	Enter the <b>smaller</b> of line 14a or 15 in column (2) but not less than zero . . . . .	<b>18</b>	
<b>19</b>	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .	<b>19</b>	
<b>20</b>	Add lines 18 and 19 . . . . .	<b>20</b>	
<b>21</b>	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . . .	<b>21</b>	
<b>22</b>	Subtract line 21 from line 20. If zero or less, enter -0- . . . . .	<b>22</b>	
<b>23</b>	Subtract line 22 from line 17. If zero or less, enter -0- . . . . .	<b>23</b>	
<b>24</b>	Enter the <b>smaller</b> of the amount on line 17 or \$2,300 . . . . .	<b>24</b>	
<b>25</b>	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> <b>Yes.</b> Skip lines 25 and 26; go to line 27 and check the "No" box. <input type="checkbox"/> <b>No.</b> Enter the amount from line 23 . . . . .	<b>25</b>	
<b>26</b>	Subtract line 25 from line 24 . . . . .	<b>26</b>	
<b>27</b>	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> <b>Yes.</b> Skip lines 27 thru 30; go to line 31. <input type="checkbox"/> <b>No.</b> Enter the smaller of line 17 or line 22 . . . . .	<b>27</b>	
<b>28</b>	Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .	<b>28</b>	
<b>29</b>	Subtract line 28 from line 27 . . . . .	<b>29</b>	
<b>30</b>	Multiply line 29 by 15% (.15) . . . . .	<b>30</b>	
<b>31</b>	Figure the tax on the amount on line 23. Use the 2011 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	<b>31</b>	
<b>32</b>	Add lines 30 and 31 . . . . .	<b>32</b>	
<b>33</b>	Figure the tax on the amount on line 17. Use the 2011 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	<b>33</b>	
<b>34</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) . . . . .	<b>34</b>	



**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

SEP 16 2011

CERTIFICATE OF AMENDMENT  
OF  
ARTICLES OF INCORPORATION  
OF  
NUVASIVE CHEETAH GIVES BACK FOUNDATION  
A California Nonprofit Public Benefit Corporation

Kathy Lukianov and Kay Sirianni certify that:

1. We are the duly elected president and secretary of NuVasive Cheetah Gives Back Foundation, a California nonprofit public benefit corporation.

2. Article I of the Articles of Incorporation of this corporation is amended to read as follows:


“The name of this corporation is NuVasive Spine Foundation.”

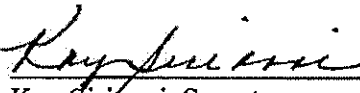
3. The foregoing amendment of the Articles of Incorporation has been duly approved by the board of directors of the corporation.

4. The corporation has no members.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Dated as of: ~~June~~ <sup>July</sup> 30, 2011.

  
Kathy Lukianov, President

  
Kay Sirianni, Secretary





I hereby certify that the foregoing  
transcript of \_\_\_\_\_ page(s)  
is a full, true and correct copy of the  
original record in the custody of the  
California Secretary of State's office.

SEP 16 2011

Date: \_\_\_\_\_

*Debra Bowen*  
DEBRA BOWEN, Secretary of State