

For calendar year **2013** or tax year beginning , **2013**, 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 or province, country, and ZIP or foreign postal 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) \$ 1,249,681.	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)	2,175,698.			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments	1,313.	1,313.	1,313.	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>	192,398.		192,398.	
12 Total. Add lines 1 through 11	2,369,409.	1,313.	193,711.	
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) <u>ATCH 3</u>	2,110.			2,110.
b Accounting fees (attach schedule) <u>ATCH 4</u>	34,879.	3,488.	3,488.	31,462.
c Other professional fees (attach schedule) *	1,078.			1,078.
17 Interest				
18 Taxes (attach schedule) (see instructions) <u>ATCH 6</u>	310.			310.
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule) <u>ATCH 7</u>	1,644,559.	4,384.	9,972.	1,622,018.
24 Total operating and administrative expenses. Add lines 13 through 23	1,682,936.	7,872.	13,460.	1,656,978.
25 Contributions, gifts, grants paid	721,056.			721,056.
26 Total expenses and disbursements. Add lines 24 and 25	2,403,992.	7,872.	13,460.	2,378,034.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-34,583.			
b Net investment income (if negative, enter -0-)		0		
c Adjusted net income (if negative, enter -0-)			180,251.	

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	201,789.	164,304.	164,304.
	2	Savings and temporary cash investments	1,069,978.	1,071,288.	1,071,288.
	3	Accounts receivable ▶ Less: allowance for doubtful accounts ▶			
	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 ▶ ATCH 8)		14,089.	14,089.	
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	1,271,767.	1,249,681.	1,249,681.	
Liabilities	17	Accounts payable and accrued expenses	18,321.	30,818.	
	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)	18,321.	30,818.		
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	1,253,446.	1,218,863.	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, <input type="checkbox"/> check here and complete lines 27 through 31.				
	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)	1,253,446.	1,218,863.		
31	Total liabilities and net assets/fund balances (see instructions)	1,271,767.	1,249,681.		

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)	1,253,446.
2	Enter amount from Part I, line 27a	-34,583.
3	Other increases not included in line 2 (itemize) ▶	
4	Add lines 1, 2, and 3	1,218,863.
5	Decreases not included in line 2 (itemize) ▶	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	1,218,863.

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))
2012	2,109,995.	980,635.	2.151662
2011	2,274,403.	1,024,324.	2.220394
2010	117,933.	290,568.	0.405871
2009	131,313.	71,326.	1.841026
2008			
2 Total of line 1, column (d)			2 6.618953
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 1.654738
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5			4 1,239,171.
5 Multiply line 4 by line 3			5 2,050,503.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6
7 Add lines 5 and 6			7 2,050,503.
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 2,378,034.

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 fields for exempt foundations, domestic foundations, tax under section 511, and credits/payments. Total tax due is 0.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about influencing legislation, political expenditures, unrelated business income, and substantial contributors. Most 'No' boxes are marked with an 'X'.

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 2013, 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 No X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No X
(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 2013? 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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? 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 2013 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 2013.) 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 2013? 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 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
ATCH 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

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		▶

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 KENYA MISSION TRIPS (SEE STATEMENT)	
	1,432,520.
2 BELIZE MISSION TRIP (SEE STATEMENT)	
	95,891.
3 ZIMBABWE MISSION TRIP (SEE STATEMENT)	
	95,398.
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	▶

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	1,243,953.
c	Fair market value of all other assets (see instructions)	1c	14,089.
d	Total (add lines 1a, b, and c)	1d	1,258,042.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,258,042.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	18,871.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,239,171.
6	Minimum investment return. Enter 5% of line 5	6	61,959.

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 2013 from Part VI, line 5	2a	
b	Income tax for 2013. (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	2,378,034.
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	2,378,034.
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	2,378,034.

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 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				0
2 Undistributed income, if any, as of the end of 2013:				
a Enter amount for 2012 only				
b Total for prior years: 20 <u>11</u> , 20 <u>10</u> , 20 <u>09</u>				
3 Excess distributions carryover, if any, to 2013:				
a From 2008				
b From 2009				
c From 2010				
d From 2011				
e From 2012				
f Total of lines 3a through e	0			
4 Qualifying distributions for 2013 from Part XII, line 4: ► \$ _____				
a Applied to 2012, 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 2013 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2013 <i>(If an amount appears in column (d), the same amount must be shown in column (a).)</i>				
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 2012. Subtract line 4a from line 2a. Taxable amount - see instructions				
f Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014				
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 2008 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9:				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012				
e Excess from 2013				

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 2013, 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)

	Tax year				(e) Total
	(a) 2013	(b) 2012	(c) 2011	(d) 2010	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	61,959.	49,032.	5,354.		116,345.
b 85% of line 2a	52,665.	41,677.	4,551.		98,893.
c Qualifying distributions from Part XII, line 4 for each year listed	2,378,034.	2,109,995.	2,274,403.	3,834,164.	10,596,596.
d Amounts included in line 2c not used directly for active conduct of exempt activities	754,224.	1,935,860.	2,181,471.	3,742,719.	8,614,274.
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	1,623,810.	174,135.	92,932.	91,445.	1,982,322.
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	41,306.	32,688.	34,144.	9,685.	117,823.
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 address of the person to whom applications should be addressed:

ATCH 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

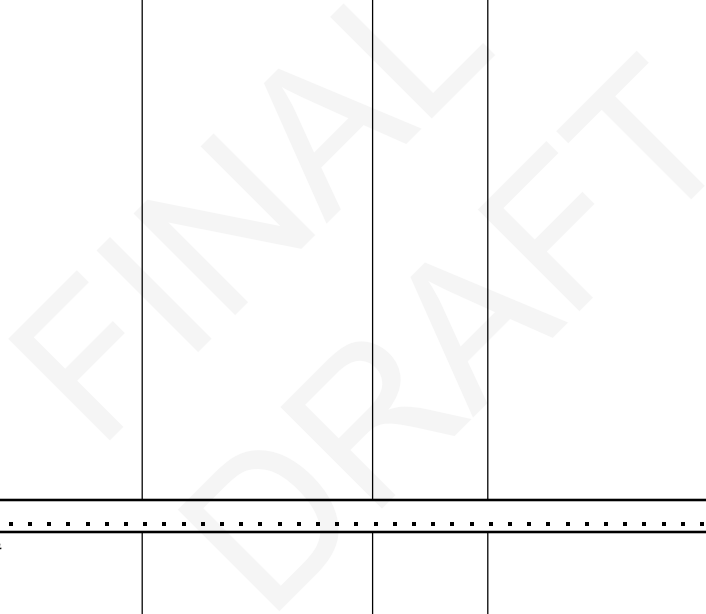
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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>a Paid during the year</p> <p>ATCH 12</p>				
Total				3a 721,056.
<p>b Approved for future payment</p>				
Total				3b



Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include 1 Program service revenue (a-f), 2 Membership dues, 3 Interest on savings, 4 Dividends, 5 Net rental income, 6 Net rental income from personal property, 7 Other investment income, 8 Gain or loss from sales, 9 Net income from special events, 10 Gross profit from sales, 11 Other revenue, 12 Subtotal, 13 Total.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No. and Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes.

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

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
- a Transfers from the reporting foundation to a noncharitable exempt organization of:
 - (1) Cash 1a(1) Yes No
 - (2) Other assets 1a(2) Yes No
 - b Other transactions:
 - (1) Sales of assets to a noncharitable exempt organization 1b(1) Yes No
 - (2) Purchases of assets from a noncharitable exempt organization 1b(2) Yes No
 - (3) Rental of facilities, equipment, or other assets 1b(3) Yes No
 - (4) Reimbursement arrangements 1b(4) Yes No
 - (5) Loans or loan guarantees 1b(5) Yes No
 - (6) Performance of services or membership or fundraising solicitations 1b(6) Yes No
 - c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c Yes No
 - d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
	N/A		N/A

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

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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

Sign Here	Signature of officer or trustee ▶	Date	Title ▶	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
------------------	--	------	--	---

Paid Preparer Use Only	Print/Type preparer's name CAREY K MCKEE	Preparer's signature	Date 11/13/14	Check <input type="checkbox"/> if self-employed PTIN P01281067
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207		
	Firm's address ▶ 550 S. HOPE ST., SUITE 1500 LOS ANGELES, CA 90071	Phone no. 213-972-4000		

Schedule of Contributors

2013

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

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 its Form 990-PF, Part I, line 2, 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	JIM BLAIRE 2481 HIGH BLUFF DRIVE, SUITE 150 SAN DIEGO, CA 92130	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	COMPASS SPINE 1431 RODEO LA JOLLA, CA 92037	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DAVID LANE 53 DAYS GAP RD. FALKVILLE, 35 92121	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DR. DAVID SCHWARTZ 8450 NORTHWEST BLVD. INDIANAPOLIS, IN 46278	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	KPMG, LLP 4747 EXECUTIVE DR., SUITE 600 SAN DIEGO, CA 92121	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	SIGMANET 6190 CORNERSTONE COURT, SUITE 101 SAN DIEGO, CA 92121	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	ERNST & YOUNG 18111 VON KARMAN AVE., SUITE 1000 IRVINE, CA 92612	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	MRC (MR. COPY) 5657 COPLEY DR. SAN DIEGO, CA 92111	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	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 for noncash contributions.)
10	DLA PIPER 4365 EXECUTIVE DR., SUITE 1100 SAN DIEGO, CA 92121	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	ALLOSOURCE 6278 S. TROY CIRCLE CENTENNIAL, CO 80111	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	GOLDMAN SACHS & CO. 2121 AVENUE OF THE STARS, SUITE 2600 LOS ANGELES, CA 90067	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	BANK OF AMERICA ONE BRYANT PARK, 21ST FLOOR NEW YORK, NY 10036	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	NUVASIVE, INC 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	\$ 38,531.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	NUVASIVE, INC 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	\$ 2,017,411.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
16	FRIEDRICH DANIELS GMBH 9815 LOST LAKES TRAIL CHAGRIN FALLS, OH 44023	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	GULF FIBEROPTICS 448 COMMERCE BLVD. OLDSMAR, FL 34677	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	PULSE TECHNOLOGIES 2000 AM DR. QUAKERTOWN, PA 18951	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	STRUCTURE MEDICAL, LLC 9935 BUSINESS CIRCLE NAPLES, FL 34112	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	JACOB TYLER 625 BROADWAY, SUITE 1025 SAN DIEGO, CA 92101	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	JPMC 3063B PHILMONT AVE. HUNTINGDON VALLEY, PA 19006	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	AVALIGN TECHNOLOGIES 272 E. DEER PATH RD., SUITE 208 LAKE FOREST, IL 60045	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	BARNEY & BARNEY 9171 TOWNE CENTRE DR., SUITE 500 SAN DIEGO, CA 92122	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	FISH & RICHARDSON 12390 EL CAMINO REAL SAN DIEGO, CA 92130	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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	MNX (MIDNITE EXPRESS) ----- 300 N. OAK ST. ----- LOS ANGELES, CA 90302 -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
15	MEDICAL EQUIPMENT ----- ----- -----	\$ 2,017,411.	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

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.

FINAL DRAFT

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.

KENYA MISSION TRIPS - FEBRUARY/JUNE/SEPTEMBER/DECEMBER 2013, THE NUVASIVE SPINE FOUNDATION (NSF) COMPLETED 4 SURGICAL MISSION TRIPS TO KENYATTA NATIONAL HOSPITAL (KNH) IN NAIROBI, KENYA. AS THE YEAR CLOSED, THE NSF HAD TREATED MORE THAN 90 PATIENTS IN NEED ACROSS EASTERN AFRICA WITH EXCEEDING EXPECTATIONS BY TREATING MORE THAN 80 PATIENTS AT KNH AS WELL AS PROVIDING LECTURES AND TRAINING FOR MEDICAL STUDENTS AT KNH.

BELIZE MISSION TRIP - JANUARY 2013 & AUGUST 2013. THE NUVASIVE SPINE FOUNDATION (NSF) SUPPORTED TWO SURGICAL MISSION TRIPS TO KARL HEUSNER MEMORIAL HOSPITAL IN BELIZE CITY, BELIZE. DURING EACH SEVEN DAY MISSION TRIP, THE MISSION TEAM COMPLETED A TOTAL OF 5 LIFE-CHANGING SURGERIES.

ZIMBABWE MISSION TRIP - MAY 13, 2013 - NSF COMPLETED OF THEIR FIRST MISSION TRIP TO HARARE, ZIMBABWE, THE NATION'S CAPITAL AND LARGEST CITY. THE MISSION TEAM INITIATED A NEW SUSTAINABLE SPINE PROGRAM IN ZIMBABWE BY PARTNERING WITH DR. J. NOZIPO MARAIRE, A BOARD-CERTIFIED NEUROLOGICAL SURGEON AND EXPERT IN SPINAL DISORDERS. DR. MARAIRE RECEIVED TRAINING IN THE UNITED STATES AND RECENTLY RELOCATED WITH HER FAMILY TO ZIMBABWE, WHERE SHE NOW PRACTICES MEDICINE. ON THIS MISSION TRIP, DR. MARAIRE PERFORMED MAS® TLIF, A MINIMALLY DISRUPTIVE APPROACH TO TRADITIONAL BACK SURGERY, ON TWO PATIENTS BOTH PATIENTS RECEIVED LIFE-CHANGING SURGERY. THE PROCEDURES WERE PERFORMED AT ST. ANNE'S HOSPITAL AND PARIRENYATWA GENERAL HOSPITAL, THE LARGEST MEDICAL CENTER IN ZIMBABWE. THE MAS TLIF PROCEDURE MAY REDUCE BLOOD LOSS, LESSEN POSTOPERATIVE PAIN, AND HELP THE PATIENT RETURN TO NORMAL ACTIVITY MUCH FASTER THAN PATIENTS WHO UNDERGO TRADITIONAL "OPEN" SPINE PROCEDURES.

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

FINAL
DRAFT

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	1,313.	1,313.	1,313.
TOTAL	<u>1,313.</u>	<u>1,313.</u>	<u>1,313.</u>

FINAL DRAFT

ATTACHMENT 2

FORM 990PF, PART I - OTHER INCOME

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>
FUNDRAISING EVENT REVENUE, NET	192,398.		192,398.
TOTALS	<u>192,398.</u>	<u></u>	<u>192,398.</u>

FINAL DRAFT

ATTACHMENT 3

FORM 990PF, PART I - LEGAL 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>
MISC LEGAL SERVICES	2,110.			2,110.
TOTALS	<u>2,110.</u>			<u>2,110.</u>

FINAL DRAFT

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>
TAX PREPARATION	13,200.	1,320.	1,320.	11,880.
AUDIT SERVICES	21,679.	2,168.	2,168.	19,582.
TOTALS	<u>34,879.</u>	<u>3,488.</u>	<u>3,488.</u>	<u>31,462.</u>

FINAL DRAFT

ATTACHMENT 5

FORM 990PF, PART I - OTHER PROFESSIONAL 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>
FUNDRAISING FEES	1,078.			1,078.
TOTALS	<u>1,078.</u>			<u>1,078.</u>

FINAL DRAFT

FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</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>

FINAL DRAFT

ATTACHMENT 7

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	1,623,809.			1,611,758.
BUSINESS REGISTRATION FEES	895.			895.
INSURANCE	7,641.	763.	763.	6,878.
OTHER COSTS	764.	76.	76.	170.
ACCOUNTING SOFTWARE	479.	48.	48.	431.
MARKETING EXPENSES	5,588.		5,588.	
CREDIT CARD SERVICE CHARGE	2,574.	2,574.	2,574.	
BANK SERVICE CHARGE	923.	923.	923.	
SUPPLIES	1,886.			1,886.
TOTALS	<u>1,644,559.</u>	<u>4,384.</u>	<u>9,972.</u>	<u>1,622,018.</u>

FILED DRAFT

ATTACHMENT 8

FORM 990PF, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
OTHER ASSETS	14,089.	14,089.
TOTALS	<u>14,089.</u>	<u>14,089.</u>

FINAL DRAFT

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

GRANTEE'S NAME: NORFOLK&NORWICH UNIVERSITY AKA SPINE-AID
GRANTEE'S ADDRESS: P.O. BOX 729, CAPIBILITY GREEN
CITY, STATE & ZIP: LUTON, LU1 3US
FOREIGN COUNTRY: UNITED KINGDOM
GRANT DATE: 11/01/2013
GRANT AMOUNT: 93,559.
GRANT PURPOSE: PRODUCT DONATION FOR SUPPORTED MISSION TRIP TO ZAMBIA
AMOUNT EXPENDED: 93,559.
ANY DIVERSION? NO
DATES OF REPORTS: 02/06/2014
VERIFICATION DATE: 02/06/2014
RESULTS OF VERIFICATION:
RECEIVED REGISTERED CHARITY NUMBER 1048170 FROM ADMINISTERED
HOSPITAL. 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: 05/21/2013
GRANT AMOUNT: 413.
GRANT PURPOSE: PATIENT ASSISTANCE GRANT FOR ORTHOPEDIC SHOES
AMOUNT EXPENDED: 413.
ANY DIVERSION? NO
DATES OF REPORTS: 05/21/2013
VERIFICATION DATE: 05/21/2013
RESULTS OF VERIFICATION:
THE FOUNDATION PAID DIRECTLY FOR HER ORTHOPEDIC SHOES. NO SIGNIFICANT
ISSUES WERE NOTED.

GRANTEE'S NAME: JACK SPEEGLE
GRANTEE'S ADDRESS: PO BOX 141
CITY, STATE & ZIP: ELKTON, TN 38455
GRANT DATE: 07/01/2013
GRANT AMOUNT: 22,708.
GRANT PURPOSE: PATIENT ASSISTANCE GRANT FOR TRAVEL RELATED EXPENSES
(FLIGHT, HOTEL, MEALS) FOR TRIPS FOR SURGERY
AMOUNT EXPENDED: 22,708.
ANY DIVERSION? NO
DATES OF REPORTS: 01/19/2014
VERIFICATION DATE: 01/19/2014
RESULTS OF VERIFICATION:
THE FOUNDATION PAID DIRECTLY FOR TRAVEL RELATED EXPENSES. NO
SIGNIFICANT ISSUES WERE NOTED.

GRANTEE'S NAME: THE HUNT FOUNDATION
GRANTEE'S ADDRESS: 444 SOUTH SAN VINCENTE BLVD. SUITE 800
CITY, STATE & ZIP: LOS ANGELES, CA 90048
GRANT DATE: 06/03/2013
GRANT AMOUNT: 153,270.

CONT'D ON NEXT PAGE

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

GRANT PURPOSE: SUPPORT MISSION TO ETHIOPIA
AMOUNT EXPENDED: 153,270.
ANY DIVERSION? NO
DATES OF REPORTS: 01/16/2014
VERIFICATION DATE: 01/16/2014
RESULTS OF VERIFICATION:
REPORT REVIEWED, NO SIGNIFICANT ISSUES WERE NOTED.

GRANTEE'S NAME: GLORIA BENDER
GRANTEE'S ADDRESS: 500 EAST 1400 NORTH
CITY, STATE & ZIP: LOGAN, UT 84341
GRANT DATE:
GRANT AMOUNT: 270.
GRANT PURPOSE: PRODUCT DONATION FOR PATIENT ASSISTANCE PROGRAM
AMOUNT EXPENDED: 270.
ANY DIVERSION? NO
DATES OF REPORTS: 11/22/2013
VERIFICATION DATE: 11/22/2013
RESULTS OF VERIFICATION:
REPORT REVIEWED, NO SIGNIFICANT ISSUES WERE NOTED.

FINAL DRAFT

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
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	EXECUTIVE DIRECTOR 1.00	0	0	0
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

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>
QUENTIN BLACKFORD 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	CFO 1.00	0	0	0
DIANA SANCIANO 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	BOARD SECRETARY 8.00	0	0	0
DAVID SCHWARTZ, M.D. 7475 LUSK BOULEVARD SAN DIEGO, CA 92121	DIRECTOR 1.00	0	0	0
	GRAND TOTALS	<u>0</u>	<u>0</u>	<u>0</u>

FINAL DRAFT

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

DIANA SANCIANCO
7475 LUSK BLVD.,
SAN DIEGO, CA 92121
858-909-1902

FINAL
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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>
FOUNDATIONS OF ORTHOPAEDIC ASSOCIATES OF ALLENTOWN 250 CETRONIA ROAD, SUITE 303 ALLENTOWN, PA 18104	N/A PC	TO SUPPORT MISSION TRIPS TO KOLKATA AND INDIA	2,624.
MADAKTARI AFRICA PO BOX 3440 LYNCHBURG, VA 24503-3440	N/A PC	TO SUPPORT MISSION TRIPS TO TANZANIA	52,524.
HEALTH VOLUNTEERS OVERSEAS 1900 L STREET, NW #310 WASHINGTON, DC 20036	N/A PC	TO SUPPORT MISSION TRIPS TO ROMANIA	103,764.
THE HUNT FOUNDATION 444 SOUTH SAN VICENTE BLVD. SUITE 800 LOS ANGELES, CA 90048	N/A NC	TO SUPPORT MISSION TRIPS TO ETHIOPIA	153,270.
HEADNORTH 5333 MISSION CENTER RD, SUITE 115 SAN DIEGO, CA 92108	N/A PC	SUPPORT OF DAY OUT AT SEAWORLD, SAN DIEGO	2,500.
STRAIGHT CARIBBEAN SPINE FOUNDATION 40 CROSS ST, SUITE 300 NORWALK, CT 06851	N/A PC	TO SUPPORT MISSION TRIPS TO JAMAICA	17,600.

FINAL DRAFT

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

ATTACHMENT 12 (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>
OPERATION RAINBOW 4200 PARK BLVD PMB 157 OAKLAND,, CA 94602	N/A PC	TO SUPPORT MISSION TRIPS TO GUATEMALA	5,000.
NORFOLK & NORWICH UNIVERSITY (AKA SPINE-AID) P.O. BOX 729, CAPIBILITY GREEN LUI 3US LUTON UNITED KINGDOM	N/A NC	PRODUCT DONATION FOR SUPPORTED MISSION TRIP TO ZAMBIA	93,559.
WEST AFRICA HEALTHLINK P.O. BOX 5350 COVINGTON, LA 70434	N/A PC	TO SUPPORT MISSION TRIPS TO NIGERIA	23,436.
WORLD GOSPEL MISSION 3783 EAST STATE ROAD 18 MARION, IN 46952	N/A PC	TO SUPPORT MISSION TRIPS TO TENWEK, BOMET, AND KENYA	69,842.
JACK SPEEGLE P.O. BOX 141 ELKTON, TN 38455	NONE NC	PATIENT ASSISTANCE GRANT FOR TRAVEL RELATED EXPENSES (FLIGHT, HOTEL, MEALS) FOR TWO TRIPS FROM TN TO CA FOR SURGERY & CHECK-UP AS WELL AS HOSPITAL RELATED OUT OF POCKET EXPENSES.	22,708.
SALIMA SULEIMAN P.O. BOX 20906-00202, LENANA ROAD NAIROBI KENYA	NONE NC	PATIENT ASSISTANCE FOR SPINAL SURGERY. PAID FOR HER ORTHOPEDIC SHOESG EXPENSES	413.

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

ATTACHMENT 12 (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>
FDN FOR INT. EDU. IN NEUROLOGICAL SURGY, INC 1111 MEDICAL CENTER BLVD. NO. 8-750 MARRERO, LA 70072	N/A PC	SUPPORT MISSION TO KATHMANDU	29,612.
GLORIA BENDER 500 EAST 1400 NORTH LOGAN, UT 84341	NONE NC	PRODUCT DONATION FOR PATIENT ASSISTANCE PROGRAM	270.
PARTNERS IN HEALTH 888 COMMONWEALTH AVE., 3RD FL. BOSTON, MA 02215	N/A PC	PRODUCT DONATION FOR SUPPORTED MISSION TRIP TO HAITI	1,827.
RICHMOND COUNTY MEDICAL SOCIETY,PROJECT ACCESS INC 2612 COMMONS BLVD. AUGUSTA, GA 30909	N/A PC	PRODUCT DONATION FOR PATIENT ASSISTANCE PROGRAM	3,739.
SYRIAN AMERICAN MEDICAL SOCIETY 904 CAMPBELL STREET WILLIAMSPORT, PA 17701	N/A PC	PRODUCT DONATION FOR SUPPORTED MISSION TRIP TO SYRIA	138,368.
TOTAL CONTRIBUTIONS PAID			<u>721,056.</u>

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