**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

**For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013**

**D Employer identification number**

36-3635910

**E Telephone number**

(312) 202-5837

**G Gross receipts $ 694,592**

**H(a) Is this a group return for affiliates?**

Yes

**H(b) Are all affiliates included?**

Yes

If "No," attach a list (see instructions)

**H(c) Group exemption number**


**I Tax-exempt status**

501(c)(3) 501(c) ( ) 4947(a) (1) 527

**J Website: WWW.TSFRE.ORG**

**K Form of organization**

Corporation Trust Association Other

**L Year of formation**

1988

**M State of legal domicile**

IL

---

### Part I: Summary

1. Briefly describe the organization's mission or most significant activities.

   **THE MISSION OF TSFRE IS TO FOSTER THE DEVELOPMENT OF SURGEON SCIENTISTS IN CARDIOTHORACIC SURGERY, INCREASING KNOWLEDGE AND INNOVATION TO BENEFIT PATIENT CARE.**

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

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### Activities & Governance

<table>
<thead>
<tr>
<th>Component</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 Contributions and grants (Part VIII, line 1h)</td>
<td>1,564,174</td>
<td>253,137</td>
</tr>
<tr>
<td>9 Program service revenue (Part VIII, line 2g)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10 Investment income (Part VIII, column A)</td>
<td>81,236</td>
<td>71,041</td>
</tr>
<tr>
<td>11 Other revenue (Part VIII, column A)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12 Total revenue—add lines 8 through 11 (must equal Part VIII, column A, line 12)</td>
<td>1,645,410</td>
<td>324,178</td>
</tr>
<tr>
<td>13 Grants and similar amounts paid (Part IX, column A)</td>
<td>537,398</td>
<td>370,000</td>
</tr>
<tr>
<td>14 Benefits paid to or for members (Part IX, column A, line 4)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15 Salaries, other compensation, employee benefits (Part IX, column A)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>16 Professional fundraising fees (Part IX, column A)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>17 Total fundraising expenses (Part IX, column D, line 25)</td>
<td>450</td>
<td>500</td>
</tr>
<tr>
<td>18 Other expenses (Part IX, column A)</td>
<td>250,818</td>
<td>252,033</td>
</tr>
<tr>
<td>19 Total expenses—add lines 13 through 17 (must equal Part IX, column A, line 25)</td>
<td>793,216</td>
<td>622,033</td>
</tr>
<tr>
<td>20 Revenue less expenses</td>
<td>852,194</td>
<td>-297,855</td>
</tr>
</tbody>
</table>

---

### Balance Sheet

<table>
<thead>
<tr>
<th>Category</th>
<th>Beginning of Current Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 Total assets (Part X, line 16)</td>
<td>3,175,162</td>
<td>2,785,849</td>
</tr>
<tr>
<td>21 Total liabilities (Part X, line 26)</td>
<td>889,013</td>
<td>755,886</td>
</tr>
<tr>
<td>22 Net assets or fund balances—Subtract line 21 from line 20</td>
<td>2,286,149</td>
<td>2,030,163</td>
</tr>
</tbody>
</table>

---

### Part II: Signature Block

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

**Sign Here**

---

**Paid Preparer Use Only**

May the IRS discuss this return with the preparer shown above? (see instructions)

**Yes**

---

**For Paperwork Reduction Act Notice, see the separate instructions.**

Cat No 11282Y

Form 990 (2012)
1  Briefly describe the organization's mission

THE MISSION OF TSFRE IS TO FOSTER THE DEVELOPMENT OF SURGEON SCIENTISTS IN CARDIOTHORACIC SURGERY, INCREASING KNOWLEDGE AND INNOVATION TO BENEFIT PATIENT CARE

2  Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  
If “Yes,” describe these new services on Schedule O

3  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  
If “Yes,” describe these changes on Schedule O

4  Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

<table>
<thead>
<tr>
<th>Code</th>
<th>(Expenses $</th>
<th>including grants of $</th>
<th>Revenue $</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>370,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>370,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>GRANTS AND RELATED ADMINISTRATIVE COSTS FOR RESEARCH IN THE FIELD OF THORACIC SURGERY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>14,415</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>EXHIBIT BOOTHS AT INDUSTRY CONFERENCES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4d</td>
<td>Other program services (Describe in Schedule O)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expenses $</td>
<td>including grants of $</td>
<td>Revenue $</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4e</td>
<td>Total program service expenses</td>
<td>384,415</td>
<td></td>
</tr>
</tbody>
</table>
### Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>No</td>
<td></td>
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<tr>
<td>4</td>
<td>No</td>
<td></td>
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<tr>
<td>5</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>No</td>
<td></td>
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<tr>
<td>9</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>11d</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>11e</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>11f</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>12b</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>14a</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>14b</td>
<td>No</td>
<td></td>
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<tr>
<td>15</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>16</td>
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<td>No</td>
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<tr>
<td>17</td>
<td></td>
<td>No</td>
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<tr>
<td>18</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>19</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>20a</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>20b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section 501(c)(3) organizations

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.

Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable:

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
- Did the organization report an amount for investments—program-related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI.
- Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.
- Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.

Is the organization a school described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E.

Did the organization maintain an office, employees, or agents outside of the United States?

Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule F, Parts I and IV.

Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.

Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV.

Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).

Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.

Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If “Yes,” complete Schedule I, Parts I and II</td>
<td>No</td>
</tr>
<tr>
<td>22 Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If “Yes,” complete Schedule I, Parts I and III</td>
<td>Yes</td>
</tr>
<tr>
<td>23 Did the organization answer “Yes” to Part VII, Section A, line 3, 4, or 5 about compensation of the organization’s current and former officers, directors, trustees, key employees, and highest compensated employees? If “Yes,” complete Schedule J</td>
<td>No</td>
</tr>
<tr>
<td>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If “Yes,” answer lines 24b through 24d and complete Schedule K. If “No,” go to line 25</td>
<td>No</td>
</tr>
<tr>
<td>24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
</tr>
<tr>
<td>24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
</tr>
<tr>
<td>24d Did the organization act as an “on behalf of” issuer for bonds outstanding at any time during the year?</td>
<td></td>
</tr>
<tr>
<td>25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If “Yes,” complete Schedule L, Part I</td>
<td>No</td>
</tr>
<tr>
<td>25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization’s prior Forms 990 or 990-EZ? If “Yes,” complete Schedule L, Part I</td>
<td>No</td>
</tr>
<tr>
<td>26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization’s tax year? If “Yes,” complete Schedule L, Part II</td>
<td>No</td>
</tr>
<tr>
<td>27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If “Yes,” complete Schedule L, Part III</td>
<td>No</td>
</tr>
<tr>
<td>28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)</td>
<td></td>
</tr>
<tr>
<td>a A current or former officer, director, trustee, or key employee? If “Yes,” complete Schedule L, Part IV</td>
<td>No</td>
</tr>
<tr>
<td>b A family member of a current or former officer, director, trustee, or key employee? If “Yes,” complete Schedule L, Part IV</td>
<td>No</td>
</tr>
<tr>
<td>c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If “Yes,” complete Schedule L, Part IV</td>
<td>No</td>
</tr>
<tr>
<td>29 Did the organization receive more than $25,000 in non-cash contributions? If “Yes,” complete Schedule M</td>
<td>No</td>
</tr>
<tr>
<td>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If “Yes,” complete Schedule M</td>
<td>No</td>
</tr>
<tr>
<td>31 Did the organization liquidate, terminate, or dissolve and cease operations? If “Yes,” complete Schedule N, Part I</td>
<td>No</td>
</tr>
<tr>
<td>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If “Yes,” complete Schedule N, Part II</td>
<td>No</td>
</tr>
<tr>
<td>33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If “Yes,” complete Schedule R, Part I</td>
<td>No</td>
</tr>
<tr>
<td>34 Was the organization related to any tax-exempt or taxable entity? If “Yes,” complete Schedule R, Part II, III, IV, and Part V, line 1</td>
<td>No</td>
</tr>
<tr>
<td>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td>No</td>
</tr>
<tr>
<td>35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If “Yes,” complete Schedule R, Part V, line 2</td>
<td>No</td>
</tr>
<tr>
<td>36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If “Yes,” complete Schedule R, Part VI</td>
<td>No</td>
</tr>
<tr>
<td>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O</td>
<td>Yes</td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable.</td>
<td></td>
</tr>
<tr>
<td>1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable.</td>
<td></td>
</tr>
<tr>
<td>1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>Yes</td>
</tr>
<tr>
<td>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.</td>
<td></td>
</tr>
<tr>
<td>2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).</td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td>No</td>
</tr>
<tr>
<td>3b If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No,&quot; provide an explanation in Schedule O.</td>
<td></td>
</tr>
<tr>
<td>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</td>
<td>No</td>
</tr>
<tr>
<td>4b If &quot;Yes,&quot; enter the name of the foreign country.</td>
<td></td>
</tr>
<tr>
<td>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>No</td>
</tr>
<tr>
<td>5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td>No</td>
</tr>
<tr>
<td>6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</td>
<td>No</td>
</tr>
<tr>
<td>6b If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td></td>
</tr>
<tr>
<td>7 Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
</tr>
<tr>
<td>7a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?</td>
<td>No</td>
</tr>
<tr>
<td>7b If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td>No</td>
</tr>
<tr>
<td>7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td>No</td>
</tr>
<tr>
<td>7d If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year.</td>
<td></td>
</tr>
<tr>
<td>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the sponsoring organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?</td>
<td></td>
</tr>
<tr>
<td>9 Sponsoring organizations maintaining donor advised funds.</td>
<td></td>
</tr>
<tr>
<td>9a Did the organization make any taxable distributions under section 4966?</td>
<td></td>
</tr>
<tr>
<td>9b Did the organization make a distribution to a donor, donor advisor, or related person?</td>
<td></td>
</tr>
<tr>
<td>10 Section 501(c)(7) organizations. Enter</td>
<td></td>
</tr>
<tr>
<td>10a Initiation fees and capital contributions included on Part VIII, line 12.</td>
<td>10b</td>
</tr>
<tr>
<td>10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td></td>
</tr>
<tr>
<td>11 Section 501(c)(12) organizations. Enter</td>
<td></td>
</tr>
<tr>
<td>11a Gross income from members or shareholders</td>
<td>11b</td>
</tr>
<tr>
<td>11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</td>
<td></td>
</tr>
<tr>
<td>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td></td>
</tr>
<tr>
<td>12b If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year.</td>
<td></td>
</tr>
<tr>
<td>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
</tr>
<tr>
<td>13a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O</td>
<td></td>
</tr>
<tr>
<td>13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</td>
<td></td>
</tr>
<tr>
<td>13c Enter the amount of reserves on hand.</td>
<td></td>
</tr>
<tr>
<td>14a Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td></td>
</tr>
<tr>
<td>14b If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation in Schedule O</td>
<td></td>
</tr>
</tbody>
</table>
### Part VI  Governance, Management, and Disclosure

For each “Yes” response to lines 2 through 7b below, and for a “No” response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI.

#### Section A. Governing Body and Management

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Enter the number of voting members of the governing body at the end of the tax year.</td>
<td>16</td>
</tr>
<tr>
<td>1b</td>
<td>Enter the number of voting members included in line 1a, above, who are independent.</td>
<td>16</td>
</tr>
<tr>
<td>2</td>
<td>Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?</td>
<td>2  No</td>
</tr>
<tr>
<td>3</td>
<td>Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?</td>
<td>3  Yes</td>
</tr>
<tr>
<td>4</td>
<td>Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
<td>4  No</td>
</tr>
<tr>
<td>5</td>
<td>Did the organization become aware during the year of a significant diversion of the organization’s assets?</td>
<td>5  No</td>
</tr>
<tr>
<td>6</td>
<td>Did the organization have members or stockholders?</td>
<td>6  No</td>
</tr>
<tr>
<td>7a</td>
<td>Did the organization have members, stockholders, or other persons who had the power to vote or appoint one or more members of the governing body?</td>
<td>7a  No</td>
</tr>
<tr>
<td>7b</td>
<td>Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</td>
<td>7b  No</td>
</tr>
<tr>
<td>8</td>
<td>Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</td>
<td>8a  Yes</td>
</tr>
<tr>
<td>a</td>
<td>The governing body?</td>
<td>8b  Yes</td>
</tr>
<tr>
<td>b</td>
<td>Each committee with authority to act on behalf of the governing body?</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If “Yes,” provide the names and addresses in Schedule O.</td>
<td>9  No</td>
</tr>
</tbody>
</table>

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

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

#### Section C. Disclosure

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>List the States with which a copy of this Form 990 is required to be filed: IL, MA</td>
</tr>
<tr>
<td>18</td>
<td>Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s) only available for public inspection. Indicate how you made these available: Check all that apply</td>
</tr>
<tr>
<td>a</td>
<td>Own website</td>
</tr>
<tr>
<td>b</td>
<td>Another's website</td>
</tr>
<tr>
<td>c</td>
<td>Upon request</td>
</tr>
<tr>
<td>d</td>
<td>Other (explain in Schedule O)</td>
</tr>
<tr>
<td>19</td>
<td>Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year</td>
</tr>
<tr>
<td>20</td>
<td>State the name, physical address, and telephone number of the person who possesses the books and records of the organization</td>
</tr>
</tbody>
</table>

*George Bohn* 633 N St Clair 23rd Floor Chicago, IL (312) 202-5837
### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a. Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter "0" in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee." 
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

- Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) G. Alexander Patterson MD</td>
<td>2.00</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>President</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) W. Randolph Chitwood Jr. MD</td>
<td>2.00</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Vice President</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) David R. Jones MD</td>
<td>2.00</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Secretary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Thomas A. D'Amico MD</td>
<td>2.00</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Secretary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) John W. Hammon Jr. MD</td>
<td>2.00</td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Treasurer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) David H. Adams MD</td>
<td>2.00</td>
<td><strong>X</strong></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) John G. Bryne MD</td>
<td>2.00</td>
<td><strong>X</strong></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) John H. Calhoon MD</td>
<td>2.00</td>
<td><strong>X</strong></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) Andrea J. Carpenter MD</td>
<td>2.00</td>
<td><strong>X</strong></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) Robert J. Cerfolio MD</td>
<td>2.00</td>
<td><strong>X</strong></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11) Ralph Damiano MD</td>
<td>2.00</td>
<td><strong>X</strong></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) Richard H. Feins MD</td>
<td>2.00</td>
<td><strong>X</strong></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13) Douglas J. Mathisen MD</td>
<td>2.00</td>
<td><strong>X</strong></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) D. Craig Miller MD</td>
<td>2.00</td>
<td><strong>X</strong></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15) R. Scott Mitchell MD</td>
<td>2.00</td>
<td><strong>X</strong></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(16) Marc R. Moon MD</td>
<td>2.00</td>
<td><strong>X</strong></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(17) Keith S. Naunheim MD</td>
<td>2.00</td>
<td><strong>X</strong></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Part VII  Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) RICHARD N PIERSO III MD DIRECTOR</td>
<td>2.00 X</td>
<td>Individual trustee or director</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(19) ROBERT C ROBBINS MD DIRECTOR</td>
<td>2.00 X</td>
<td>Individual trustee or director</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(20) JOSEPH B SHRAGER MD DIRECTOR</td>
<td>2.00 X</td>
<td>Individual trustee or director</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(21) DAVID J SUGARBAKER MD DIRECTOR</td>
<td>2.00 X</td>
<td>Individual trustee or director</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(22) MICHAEL M MACK MD IMMEDIATE PAST PRESIDENT</td>
<td>2.00 X</td>
<td>Individual trustee or director</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(23) PRISCILLA PAGE EXECUTIVE DIRECTOR</td>
<td>40.00 X</td>
<td>Individual trustee or director</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

#### 1b Sub-Total  ..................................................  ..................................................  ..................................................

#### c Total from continuation sheets to Part VII, Section A  ..................................................  ..................................................

#### d Total (add lines 1b and 1c)  ..................................................  ..................................................

#### 2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization  ..................................................

#### Yes  No

#### 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  ..................................................

#### 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual  ..................................................

#### 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  ..................................................

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE SOCIETY OF THORACIC SURGEONS 633 N SAINT CLAIR STREET - 23RD FL CHICAGO IL 60611</td>
<td>MANAGEMENT</td>
<td>186,578</td>
</tr>
</tbody>
</table>

#### 2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization  ..................................................
<table>
<thead>
<tr>
<th>Part VIII</th>
<th>Statement of Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Check if Schedule O contains a response to any question in this Part VIII</td>
</tr>
<tr>
<td></td>
<td>(A) Total revenue</td>
</tr>
<tr>
<td>1a</td>
<td>Federated campaigns</td>
</tr>
<tr>
<td>1b</td>
<td>Membership dues</td>
</tr>
<tr>
<td>1c</td>
<td>Fundraising events</td>
</tr>
<tr>
<td>1d</td>
<td>Related organizations</td>
</tr>
<tr>
<td>1e</td>
<td>Government grants (contributions)</td>
</tr>
<tr>
<td>1f</td>
<td>All other contributions, gifts, grants, and similar amounts not included above</td>
</tr>
<tr>
<td>1g</td>
<td>Noncash contributions included in lines 1a-1f</td>
</tr>
<tr>
<td>1h</td>
<td>Total: Add lines 1a-1f</td>
</tr>
<tr>
<td>2a</td>
<td>Business Code</td>
</tr>
<tr>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
</tr>
<tr>
<td>2f</td>
<td>All other program service revenue</td>
</tr>
<tr>
<td>3</td>
<td>Investment income (including dividends, interest, and other similar amounts)</td>
</tr>
<tr>
<td>4</td>
<td>Income from investment of tax-exempt bond proceeds</td>
</tr>
<tr>
<td>5</td>
<td>Royalties</td>
</tr>
<tr>
<td>6a</td>
<td>Gross rents</td>
</tr>
<tr>
<td>6b</td>
<td>Less rental expenses</td>
</tr>
<tr>
<td>6c</td>
<td>Rental income or (loss)</td>
</tr>
<tr>
<td>6d</td>
<td>Net rental income or (loss)</td>
</tr>
<tr>
<td>7a</td>
<td>Gross amount from sales of assets other than inventory</td>
</tr>
<tr>
<td>7b</td>
<td>Less cost or other basis and sales expenses</td>
</tr>
<tr>
<td>7c</td>
<td>Gain or (loss)</td>
</tr>
<tr>
<td>7d</td>
<td>Net gain or (loss)</td>
</tr>
<tr>
<td>8a</td>
<td>Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18</td>
</tr>
<tr>
<td>8b</td>
<td>Less direct expenses</td>
</tr>
<tr>
<td>8c</td>
<td>Net income or (loss) from fundraising events</td>
</tr>
<tr>
<td>9a</td>
<td>Gross income from gaming activities See Part IV, line 19</td>
</tr>
<tr>
<td>9b</td>
<td>Less direct expenses</td>
</tr>
<tr>
<td>9c</td>
<td>Net income or (loss) from gaming activities</td>
</tr>
<tr>
<td>10a</td>
<td>Gross sales of inventory, less returns and allowances</td>
</tr>
<tr>
<td>10b</td>
<td>Less cost of goods sold</td>
</tr>
<tr>
<td>10c</td>
<td>Net income or (loss) from sales of inventory</td>
</tr>
<tr>
<td>11a</td>
<td>Miscellaneous Revenue</td>
</tr>
<tr>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
</tr>
<tr>
<td>11d</td>
<td>All other revenue</td>
</tr>
<tr>
<td>11e</td>
<td>Total: Add lines 11a-11d</td>
</tr>
<tr>
<td>12</td>
<td>Total revenue. See Instructions</td>
</tr>
</tbody>
</table>

Form 990 (2012)
### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX.

<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to governments and organizations in the United States See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to individuals in the United States See Part IV, line 22</td>
<td>370,000</td>
<td>370,000</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees)</td>
<td>186,578</td>
<td>186,578</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Legal</td>
<td>10</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Accounting</td>
<td>14,825</td>
<td>14,825</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Professional fundraising services See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Investment management fees</td>
<td>7,754</td>
<td>7,754</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Advertising and promotion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Office expenses</td>
<td>10,937</td>
<td>10,937</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Information technology</td>
<td>2,625</td>
<td>2,625</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Occupancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Travel</td>
<td>6,662</td>
<td>6,662</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Conferences, conventions, and meetings</td>
<td>14,415</td>
<td>14,415</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Depreciation, depletion, and amortization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Insurance</td>
<td>1,278</td>
<td>1,278</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Other expenses Itemize expenses not covered above List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O</td>
<td>550</td>
<td>550</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>ANNUAL REPORT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>e All other expenses</td>
<td>6,399</td>
<td>6,399</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Total functional expenses Add lines 1 through 24e</td>
<td>622,033</td>
<td>384,415</td>
<td>237,068</td>
</tr>
</tbody>
</table>

**26 Joint costs** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).
**Part X  Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

<table>
<thead>
<tr>
<th>Assets</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash—non-interest-bearing</td>
<td>240,080</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>1,451,240</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>9</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D</td>
<td>10a</td>
</tr>
<tr>
<td>10b</td>
<td>Less accumulated depreciation</td>
<td>10b</td>
</tr>
<tr>
<td>11</td>
<td>Investments—publicly traded securities</td>
<td>1,483,842</td>
</tr>
<tr>
<td>12</td>
<td>Investments—other securities See Part IV, line 11</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Investments—program-related See Part IV, line 11</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other assets See Part IV, line 11</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td><strong>Total assets. Add lines 1 through 15 (must equal line 34)</strong></td>
<td>3,175,162</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>204,665</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>684,348</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability Complete Part IV of Schedule D</td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L</td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D</td>
<td>25</td>
</tr>
<tr>
<td>26</td>
<td><strong>Total liabilities. Add lines 17 through 25</strong></td>
<td>889,013</td>
</tr>
</tbody>
</table>

**Net Assets or Fund Balances**

| Organizations that follow SFAS 117 (ASC 958), check here ✓ and complete lines 27 through 29, and lines 33 and 34. |
| Unrestricted net assets | -229,277 | 28,444 |
| Temporarily restricted net assets | 2,515,426 | 2,001,719 |
| Permanently restricted net assets | 29 |  |

| Organizations that do not follow SFAS 117 (ASC 958), check here ✓ and complete lines 30 through 34. |
| Capital stock or trust principal, or current funds | 30 |  |
| Paid-in or capital surplus, or land, building or equipment fund | 31 |  |
| Retained earnings, endowment, accumulated income, or other funds | 32 |  |
| Total net assets or fund balances | 2,286,149 | 2,030,163 |
| Total liabilities and net assets/fund balances | 3,175,162 | 2,785,849 |
### Part XI - Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
</tr>
</tbody>
</table>

### Part XII - Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990</td>
</tr>
<tr>
<td></td>
<td>[ ] Cash [ ] Accrual [ ] Other</td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O</td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
</tr>
<tr>
<td></td>
<td>[ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis</td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization’s financial statements audited by an independent accountant?</td>
</tr>
<tr>
<td></td>
<td>[ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis</td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes,&quot; to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
</tr>
</tbody>
</table>
Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

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

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

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state __________________________
5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8  A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10  An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
   a  Type I  b  Type II  c  Type III - Functionally integrated  d  Type III - Non-functionally integrated

   By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))</th>
<th>(iv) Is the organization in col (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in col (i) of your support?</th>
<th>(vi) Is the organization in col (i) organized in the U.S.?</th>
<th>(vii) Amount of monetary support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes   No</td>
<td>Yes   No</td>
<td>Yes   No</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
**Part II** Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Gifts, grants, contributions, and membership fees received (Do not include any &quot;unusual grants&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3  The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4  <strong>Total. Add lines 1 through 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6  <strong>Public support. Subtract line 5 from line 4</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7  Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9  Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11  <strong>Total support (Add lines 7 through 10)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12  Gross receipts from related activities, etc (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13  <strong>First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 |
| Public support percentage for 2011 Schedule A, Part II, line 14 | 15 |

| 16a  33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization |          |
| 16b  33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization |          |
| 17a  10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization |          |
| 17b  10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization |          |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions |          |
### Part III: Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received (Do not include any &quot;unusual grants&quot;)</td>
<td>166,482</td>
<td>455,653</td>
<td>566,343</td>
<td>1,564,174</td>
<td>253,137</td>
<td>3,005,789</td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td>166,482</td>
<td>455,653</td>
<td>566,343</td>
<td>1,564,174</td>
<td>253,137</td>
<td>3,005,789</td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>37,000</td>
<td>37,000</td>
</tr>
<tr>
<td>7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8 Public support (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>37,000</td>
<td>37,000</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td>166,482</td>
<td>455,653</td>
<td>566,343</td>
<td>1,564,174</td>
<td>253,137</td>
<td>3,005,789</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>160,916</td>
<td>75,872</td>
<td>54,405</td>
<td>72,980</td>
<td>33,933</td>
<td>398,106</td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Add lines 10a and 10b</td>
<td>160,916</td>
<td>75,872</td>
<td>54,405</td>
<td>72,980</td>
<td>33,933</td>
<td>398,106</td>
</tr>
<tr>
<td>12 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12)</td>
<td>327,398</td>
<td>531,525</td>
<td>620,748</td>
<td>1,637,154</td>
<td>287,070</td>
<td>3,403,895</td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))</td>
<td>87.220%</td>
</tr>
<tr>
<td>16</td>
<td>Public support percentage from 2011 Schedule A, Part III, line 15</td>
<td>83.640%</td>
</tr>
</tbody>
</table>

#### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))</td>
<td>11.700%</td>
</tr>
<tr>
<td>18</td>
<td>Investment income percentage from 2011 Schedule A, Part III, line 17</td>
<td>16.360%</td>
</tr>
</tbody>
</table>

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
**Part IV**  **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

<table>
<thead>
<tr>
<th>Facts And Circumstances Test</th>
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</thead>
<tbody>
<tr>
<td>Explanation</td>
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<td></td>
</tr>
</tbody>
</table>
Supplemental Financial Statements

Part I  Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

1  Total number at end of year  
   (a) Donor advised funds  
   (b) Funds and other accounts

2  Aggregate contributions to (during year)

3  Aggregate grants from (during year)

4  Aggregate value at end of year

5  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  
   □ Yes □ No

6  Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  
   □ Yes □ No

Part II  Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1  Purpose(s) of conservation easements held by the organization (check all that apply)
   □ Preservation of land for public use (e.g., recreation or education) □ Preservation of an historically important land area
   □ Protection of natural habitat □ Preservation of a certified historic structure
   □ Preservation of open space

2  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

   a  Total number of conservation easements
   b  Total acreage restricted by conservation easements
   c  Number of conservation easements on a certified historic structure included in (a)
   d  Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4  Number of states where property subject to conservation easement is located

5  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  
   □ Yes □ No

6  Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year

7  Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  
   □ Yes □ No

9  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

1b  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

   (i) Revenues included in Form 990, Part VIII, line 1 ▶ $ 
   (ii) Assets included in Form 990, Part X ▶ $ 

2  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

2a  Revenues included in Form 990, Part VIII, line 1 ▶ $ 

2b  Assets included in Form 990, Part X ▶ $
Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3  Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
   a  Public exhibition
   b  Scholarly research
   c  Preservation for future generations
   d  Loan or exchange programs
   e  Other

4  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5  During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
   Yes  No

Part IV  Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
   Yes  No

b  If "Yes," explain the arrangement in Part XIII and complete the following table.

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
</tbody>
</table>

2a  Did the organization include an amount on Form 990, Part X, line 21?
   Yes  No

b  If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V  Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

1a  Beginning of year balance

b  Contributions

c  Net investment earnings, gains, and losses

d  Grants or scholarships

e  Other expenditures for facilities and programs

f  Administrative expenses

g  End of year balance

2  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
a  Board designated or quasi-endowment
b  Permanent endowment

c  Temporarily restricted endowment
   The percentages in lines 2a, 2b, and 2c should equal 100%

3a  Are there endowment funds not in the possession of the organization that are held and administered for the organization by
   (i) unrelated organizations
   (ii) related organizations

b  If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI  Land, Buildings, and Equipment. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a  Land</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>b  Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c  Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d  Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e  Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).
Part VII Investments—Other Securities. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total (Column (b) must equal Form 990, Part X, col (b) line 12)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment type</th>
<th>(b) Book value</th>
<th>(c) Method of valuation Cost or end-of-year market value</th>
</tr>
</thead>
</table>

Total (Column (b) must equal Form 990, Part X, col (b) line 13)  

Part IX Other Assets. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total (Column (b) must equal Form 990, Part X, col (b) line 15)  

Part X Other Liabilities. See Form 990, Part X, line 25.

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal income taxes</td>
<td></td>
</tr>
</tbody>
</table>

Total (Column (b) must equal Form 990, Part X, col (b) line 25)  

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.
### Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains on investments</td>
<td>2a</td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
<td>2b</td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
<td>2c</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII)</td>
<td>2d</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII)</td>
<td>4b</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td>5</td>
</tr>
</tbody>
</table>

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
<td>2a</td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td>c</td>
<td>Other losses</td>
<td>2c</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII)</td>
<td>2d</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII)</td>
<td>4b</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</td>
<td>5</td>
</tr>
</tbody>
</table>

### Part XIII  Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48</td>
<td>PART X, LINE 2</td>
<td>THE FOUNDATION IS EXEMPT FROM INCOME TAX UNDER PROVISIONS OF INTERNAL REVENUE CODE SECTION 501 (C)(3) ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION, AND HAS CONCLUDED THAT AS OF JUNE 30, 2013 AND 2012, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2010</td>
</tr>
</tbody>
</table>
**Schedule I**
(Form 990)

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

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

Attach to Form 990

---

**Part I  General Information on Grants and Assistance**

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  

   ✔ Yes  ☐ No

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

---

**Part II  Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC Code section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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

3. Enter total number of other organizations listed in the line 1 table.
### Part III  Grants and Other Assistance to Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th><strong>(a) Type of grant or assistance</strong></th>
<th><strong>(b) Number of recipients</strong></th>
<th><strong>(c) Amount of cash grant</strong></th>
<th><strong>(d) Amount of non-cash assistance</strong></th>
<th><strong>(e) Method of valuation (book, FMV, appraisal, other)</strong></th>
<th><strong>(f) Description of non-cash assistance</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) TSFRE/NHLBI (K08) PROGRAM</td>
<td>5</td>
<td>150,000</td>
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</tr>
<tr>
<td>(2) TSFRE/NIH RESEARCH GRANT</td>
<td>4</td>
<td>80,000</td>
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<tr>
<td>(3) BRAUNWALD GRANT</td>
<td>1</td>
<td>80,000</td>
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<tr>
<td>(4) TSFRE RESEARCH FELLOWSHIP</td>
<td>1</td>
<td>5,000</td>
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<tr>
<td>(5) BRAUNWALD RESEARCH FELLOWSHIP</td>
<td>2</td>
<td>30,000</td>
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<tr>
<td>(6) AMERICAN COLLEGE OF SURGEON</td>
<td>3</td>
<td>7,500</td>
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<tr>
<td>(7) BRANDEIS UNIVERSITY</td>
<td>7</td>
<td>17,500</td>
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</table>

### Part IV  Supplemental Information

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
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</thead>
<tbody>
<tr>
<td>PROCEDURE FOR MONITORING GRANTS IN THE U S</td>
<td>PART I, LINE 2</td>
<td>SCHEDULE I, PART I, LINE 2 EACH TSFRE GRANT PROJECT IS THOROUGHLY EVALUATED AND SCORED BY THREE TSFRE RESEARCH COMMITTEE REVIEWERS. THE RESEARCH REVIEWERS HAVE BEEN APPOINTED BY THE TSFRE PRESIDENT AND APPROVED BY THE TSFRE BOARD OF DIRECTORS, AND SPECIALIZE IN THORACIC SURGERY. THE GRANT APPLICANT IS REQUIRED TO SUBMIT HIS/HER APPLICATION INCLUDING CV, HIS/HER MENTOR'S CV, RESEARCH DESCRIPTION, PHOTO, AND THREE LETTERS OF RECOMMENDATION FROM THE APPLICANT'S SUPERIOR AT THE INSTITUTION OF WHICH THEY ARE APPLYING THE RESEARCH. THE LETTERS OF RECOMMENDATION MUST COME FROM DEPARTMENT CHAIRS, PROGRAM DIRECTORS, OR SPONSORS AT THE INSTITUTION IN WHICH THE RESEARCH OCCURS. THE APPLICANT'S SPONSOR'S CV IS ALSO EVALUATED. EACH TSFRE GRANT PAYMENT IS ISSUED TO THE INSTITUTION, NOT THE INDIVIDUAL. EACH SUBSEQUENT GRANT PAYMENT IS ISSUED AFTER THE APPLICANT Submits A VALID PROGRESS REPORT, AND AFTER THE INSTITUTION SUPPLIES A SIGNED FINANCIAL PROGRESS REPORT VALIDATING THE EXPENSES.</td>
</tr>
</tbody>
</table>
**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990 or 990-EZ.

---

**Name of the organization**

THE THORACIC SURGERY FOUNDATION FOR RESEARCH AND EDUCATION

**Employer identification number**

36-3635910

---

<table>
<thead>
<tr>
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<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORM 990, PART VI, SECTION A, LINE 3</td>
<td>THE SOCIETY OF THORACIC SURGEONS (STS) OF CHICAGO, ILLINOIS, MAINTAINS THE BOOKS AND RECORDS OF THE ORGANIZATION AND PERFORMS OTHER RELATED MANAGERIAL AND ADMINISTRATIVE FUNCTIONS FOR WHICH IT IS COMPENSATED</td>
<td></td>
</tr>
<tr>
<td>FORM 990, PART VI, SECTION B, LINE 11</td>
<td>THE 990 IS REVIEWED BY THE ADMINISTRATIVE STAFF OF THE MANAGEMENT COMPANY (STS) AND IS THEN PROVIDED TO THE TREASURER, AND THEN GOVERNING BODY, FOR FINAL REVIEW BEFORE IT IS FILED</td>
<td></td>
</tr>
<tr>
<td>FORM 990, PART VI, SECTION B, LINE 12C</td>
<td>TSFRE HAS A FORMAL CONFLICT OF INTEREST POLICY ALL BOARD AND COMMITTEE MEMBERS ARE REQUIRED TO SIGN THE POLICY AND DISCLOSE CONFLICTS ANNUALLY THE SIGNED POLICY AND DISCLOSURES ARE SENT TO TSFRE ADMINISTRATION THEY ARE RECORDED AND MONITORED PERIODICALLY THROUGHOUT THE YEAR IF THERE IS A CONFLICT, IT IS BROUGHT TO THE ATTENTION OF THE BOARD PRESIDENT FOR FURTHER ACTION THE BOARD PRESIDENT READS A DISCLOSURE STATEMENT AT THE BEGINNING OF EACH BOARD MEETING</td>
<td></td>
</tr>
<tr>
<td>FORM 990, PART VI, SECTION C, LINE 18</td>
<td>SINCE THERE ARE NO PAID EMPLOYEES QUESTIONS 13 AND 15 DO NOT APPLY TO THE ORGANIZATION</td>
<td></td>
</tr>
<tr>
<td>FORM 990, PART VI, SECTION C, LINE 19</td>
<td>FORM 990 IS AVAILABLE TO THE PUBLIC UPON REQUEST AT THE ADMINISTRATIVE OFFICES OF THE ORGANIZATION'S MANAGEMENT COMPANY (STS), AND ON THE FOUNDATION'S WEBSITE</td>
<td></td>
</tr>
<tr>
<td>FORM 990, PART VI, SECTION C, LINE 19</td>
<td>GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AT THE ADMINISTRATIVE OFFICES OF THE ORGANIZATION'S MANAGEMENT COMPANY (STS)</td>
<td></td>
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</table>