


Form 990-PF



Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS cannot redact the information on the form.

Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.







OMB No 1545-0052

2013

Open to Public Inspection

For calendar year 2013, or tax year beginning 01-01-2013 , and ending 12-31-2013

Name of foundation Nuvasive Spine Foundation		A Employer identification number 26-4835245	
% DIANA SANCIANCO		B Telephone number (see instructions) (858) 909-1902	
Number and street (or P O box number if mail is not delivered to street address) 7475 LUSK BOULEVARD Suite		Room/suite	
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 <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <input checked="" type="checkbox"/> \$ 1,249,681		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
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.)			

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))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	2,175,698			
	2 Check <input checked="" 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	
	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				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
Operating and Administrative Expenses	11 Other income (attach schedule)	 192,398	0	192,398	
	12 Total. Add lines 1 through 11	2,369,409	1,313	193,711	
	13 Compensation of officers, directors, trustees, etc	0			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	 2,110	0	0	2,110
	b Accounting fees (attach schedule)	 34,879	3,488	3,488	31,462
	c Other professional fees (attach schedule)	 1,078	0	0	1,078
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	 310	0	0	310
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	 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 ▶ _____	0		
	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			
	10a	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) ▶ _____			
Liabilities	15	Other assets (describe ▶ _____)	0	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
	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, check here ▶ <input type="checkbox"/> 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 page 17 of the instructions)	1,253,446	1,218,863	
	31	Total liabilities and net assets/fund balances (see page 17 of the 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	1,253,446
2	Enter amount from Part I, line 27a	2	-34,583
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3	4	1,218,863
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	1,218,863

2	Capital gain net income or (net capital loss)	<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px; margin: 0 5px;"> <div style="text-align: center;">If gain, also enter in Part I, line 7</div> <div style="text-align: center;">If (loss), enter -0- in Part I, line 7</div> </div> </div>	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	<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px; margin: 0 5px;"> <div style="text-align: center;">If gain, also enter in Part I, line 8, column (c) (see instructions)</div> <div style="text-align: center;">If (loss), enter -0- in Part I, line 8</div> </div> </div>	3	

Form **990-PF** (2013)

Part VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1		
	Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	0
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments		
a	2013 estimated tax payments and 2012 overpayment credited to 2013	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed <input type="checkbox"/>	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . . . <input type="checkbox"/>	10	
11	Enter the amount of line 10 to be Credited to 2014 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-AStatements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? <input checked="" type="checkbox"/>	1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b		No
	<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>			
c	Did the foundation file Form 1120-POL for this year?.	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ _____ 0 (2) On foundation managers <input type="checkbox"/> \$ _____ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes.</i> <input checked="" type="checkbox"/>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?.	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?.	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i> <input checked="" type="checkbox"/>	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions): <input type="checkbox"/> CA _____			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	Yes	
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	Yes	

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶	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
See 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.			Yes	No
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 page 20 of the instructions)?. . . Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		No
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		No
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?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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 ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013.</i>).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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		No

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)?

5b


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). 

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?

6b

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?

7b

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
See Additional Data Table				

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

Total number of other employees paid over \$50,000. 

Form 990-PF (2013)

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
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	
2	
All other program-related investments. See page 24 of the instructions	
3	
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	0
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	0
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	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	0
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	0
b	Cash distribution test (attach the required schedule).	3b	0
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.			0	
b Total for prior years 2011 , 2010 , 2009		0		
3 Excess distributions carryover, if any, to 2013				
a From 2008.				
b From 2009.				
c From 2010.				
d From 2011.				
e From 2012.				0
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2013 from Part XII, line 4 ▶ \$ 0				
a Applied to 2012, but not more than line 2a			0	
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	0			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:	0			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
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		0		
e Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014				0
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. . . .	0			

Part XIV

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

1a

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 organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☒ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.	Tax year	Prior 3 years			(e) Total
		(a) 2013	(b) 2012	(c) 2011	(d) 2010	
		61,959	49,032	5,354	0	116,345
b	85% of line 2a	52,665	41,677	4,551	0	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.	0	0	0	0	0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i).					0
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).					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					0
	(3) Largest amount of support from an exempt organization.					0
	(4) Gross investment income.					0

Part XV

Supplementary Information (Complete this part only if the organization 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

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

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	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
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			▶ 3a	721,056
b Approved for future payment				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2013)


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?			Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of				
(1) Cash.		1a(1)		No
(2) Other assets.		1a(2)		No
b Other transactions				
(1) Sales of assets to a noncharitable exempt organization.		1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.		1b(2)		No
(3) Rental of facilities, equipment, or other assets.		1b(3)		No
(4) Reimbursement arrangements.		1b(4)		No
(5) Loans or loan guarantees.		1b(5)		No
(6) Performance of services or membership or fundraising solicitations.		1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		1c		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				

[illegible]

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

Sign Here Under penalties of perjury, I declare that I have examined this return, the best of my knowledge and belief, it is true, correct, and complete based on all information of which preparer has any knowledge


 Signature of officer or trustee 2014-11-17 Date

Paid Preparer Use Only	Print/Type preparer's name CAREY K MCKEE	Preparer's Signature
	Firm's name ▶	KPMG LLP
	Firm's address ▶	550 S Hope St Suite 1500 Los Angel


Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(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
ALEXIS LUKIANOV	director 1 0	0	0	0
7475 LUSK BOULEVARD SAN DIEGO,CA 92121				
CRAIG HUNSAKER	TREASURER/DIRECTOR 1 0	0	0	0
7475 LUSK BOULEVARD SAN DIEGO,CA 92121				
KEITH VALENTINE	DIRECTOR 1 0	0	0	0
7475 LUSK BOULEVARD SAN DIEGO,CA 92121				
CHRISTIAN ZAAL	EXECUTIVE DIRECTOR 1 0	0	0	0
7475 LUSK BOULEVARD SAN DIEGO,CA 92121				
BILL WALTON	DIRECTOR 1 0	0	0	0
7475 LUSK BOULEVARD SAN DIEGO,CA 92121				
DAVEED FRAZIER M D	DIRECTOR 1 0	0	0	0
7475 LUSK BOULEVARD SAN DIEGO,CA 92121				
Quentin Blackford	CFO 1 0	0	0	0
7475 LUSK BOULEVARD SAN DIEGO,CA 92121				
DIANA SANCIANO	BOARD SECRETARY 8 0	0	0	0
7475 LUSK BOULEVARD SAN DIEGO,CA 92121				
DAVID SCHWARTZ M D	DIRECTOR 1 0	0	0	0
7475 LUSK BOULEVARD SAN DIEGO,CA 92121				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
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 245033440	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 8 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
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) PO BOX 729 CAPIBILITY GREEN LUTON LU1 3US UK	N/A	NC	PRODUCT DONATION FOR SUPPORTED MISSION TRIP TO ZAMBIA	93,559
WEST AFRICA HEALTHLINK PO 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 PO 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 PO BOX 20906-00202 LENANA ROAD NAIROBI KE	NONE	NC	PATIENT ASSISTANCE FOR SPINAL SURGERY PAID FOR HER ORTHOPEDIC SHOESG EXPENSES	413
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
Total  3a				721,056

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
RICHMOND COUNTY MEDICAL SOCIETYPROJECT 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  3a				721,056

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2013

Name of the organization Nuvasive Spine Foundation	Employer identification number 26-4835245
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 33¹/₃% 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 for 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 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 990PF, 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
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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
_____	See Additional Data Table _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization Nuvasive Spine Foundation	Employer identification number 26-4835245
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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
—	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	<div>Transferee's name, address, and ZIP 4Relationship of transferor to transferee</div>		
—	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	<div>Transferee's name, address, and ZIP 4Relationship of transferor to transferee</div>		
—	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	<div>Transferee's name, address, and ZIP 4Relationship of transferor to transferee</div>		
—	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	<div>Transferee's name, address, and ZIP 4Relationship of transferor to transferee</div>		
—	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	<div>Transferee's name, address, and ZIP 4Relationship of transferor to transferee</div>		

Additional Data

Software ID:

Software Version:

EIN: 26-4835245

Name: Nuvasive Spine Foundation

Form 990 Schedule B, 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
<u>1</u>	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 contribution)
<u>2</u>	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 contribution)
<u>3</u>	DAVID LANE 53 DAYS GAP RD FALKVILLE, AL 92121 	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>4</u>	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 contribution)
<u>5</u>	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 contribution)
<u>6</u>	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 contribution)
<u>7</u>	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 contribution)
<u>8</u>	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 contribution)
<u>9</u>	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 contribution)
<u>10</u>	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 contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u>	<div>ALLOSOURCE</div> <div>6278 S TROY CIRCLE</div> <div>CENTENNIAL, CO 80111</div>	\$ 8,000	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>12</u>	<div>GOLDMAN SACHS CO</div> <div>2121 AVENUE OF THE STARS SUITE 260</div> <div>LOS ANGELES, CA 90067</div>	\$ 8,000	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>13</u>	<div>BANK OF AMERICA</div> <div>ONE BRYANT PARK 21ST FLOOR</div> <div>NEW YORK, NY 10036</div>	\$ 8,000	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>14</u>	<div>NUVASIVE INC</div> <div>7475 LUSK BOULEVARD</div> <div>SAN DIEGO, CA 92121</div>	\$ 38,531	<div>Person <input type="checkbox"/></div> <div>Payroll <input checked="" type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>15</u>	<div>NUVASIVE INC</div> <div>7475 LUSK BOULEVARD</div> <div>SAN DIEGO, CA 92121</div>	\$ 2,017,411	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input checked="" type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>16</u>	<div>FRIEDRICH DANIELS GMBH</div> <div>9815 Lost Lakes Trail</div> <div>Chagrin Falls, OH 44023</div>	\$ 8,000	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>17</u>	<div>GULF FIBEROPTICS</div> <div>448 Commerce Blvd</div> <div>Oldsmar, FL 34677</div>	\$ 5,000	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>18</u>	<div>PULSE TECHNOLOGIES</div> <div>2000 AM Dr</div> <div>Quakertown, PA 18951</div>	\$ 5,000	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>19</u>	<div>STRUCTURE MEDICAL LLC</div> <div>9935 Business Circle</div> <div>Naples, FL 34112</div>	\$ 5,000	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>20</u>	<div>JACOB TYLER</div> <div>625 Broadway Suite 1025</div> <div>San Diego, CA 92101</div>	\$ 5,000	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>21</u>	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 contribution)
<u>22</u>	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 contribution)
<u>23</u>	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 contribution)
<u>24</u>	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 contribution)
<u>25</u>	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 contribution)

TY 2013 Accounting Fees Schedule**Name:** Nuvasive Spine Foundation**EIN:** 26-4835245

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION	13,200	1,320	1,320	11,880
AUDIT SERVICES	21,679	2,168	2,168	19,582

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

TY 2013 Depreciation Schedule

Name: Nuvasive Spine Foundation

EIN: 26-4835245

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

TY 2013 Expenditure Responsibility Statement

Name: Nuvasive Spine Foundation

EIN: 26-4835245

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
NORFOLK&NORWICH UNIVERSITY aka SPINE-AID	PO BOX 729 CAPIBILITY GREEN LUTON, LU1 3US UK	2013-11-01	93,559	PRODUCT DONATION FOR SUPPORTED MISSION TRIP TO ZAMBIA	93,559	NO	02/06/2014	2014-02-06	RECEIVED REGISTERED CHARITY NUMBER 1048170 FROM ADMINISTERED HOSPITAL NO SIGNIFICANT ISSUES WERE NOTED
SALIMA SULEIMAN	PO BOX 20906-00202 LENANA ROAD NAIROBI KE	2013-05-21	413	PATIENT ASSISTANCE GRANT for ORTHOPEDIC SHOES	413	NO	05/21/2013	2013-05-21	THE FOUNDATION PAID DIRECTLY FOR HER ORTHOPEDIC SHOES NO SIGNIFICANT ISSUES WERE NOTED
JACK SPEEGLE	PO BOX 141 ELKTON, TN 38455	2013-07-01	22,708	PATIENT ASSISTANCE GRANT FOR TRAVEL RELATED EXPENSES (FLIGHT, HOTEL, MEALS) FOR TRIPS FOR SURGERY	22,708	NO	01/19/2014	2014-01-19	THE FOUNDATION PAID DIRECTLY FOR TRAVEL RELATED EXPENSES NO SIGNIFICANT ISSUES WERE NOTED
THE HUNT FOUNDATION	444 SOUTH SAN VINCENTE BLVD SUITE LOS ANGELES, CA 90048	2013-06-03	153,270	SUPPORT MISSION TO ETHIOPIA	153,270	NO	01/16/2014	2014-01-16	REPORT REVIEWED, NO SIGNIFICANT ISSUES WERE NOTED
GLORIA BENDER	500 EAST 1400 NORTH LOGAN, UT 84341		270	PRODUCT DONATION FOR PATIENT ASSISTANCE PROGRAM	270	NO	11/22/2013	2013-11-22	REPORT REVIEWED, NO SIGNIFICANT ISSUES WERE NOTED

TY 2013 General Explanation Attachment

Name: Nuvasive Spine Foundation

EIN: 26-4835245

Identifier	Return Reference	Explanation
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 undertaken 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.

Identifier	Return Reference	Explanation
Summary of Direct Charitable Activities - Description of Activities	Form 990, Part IX-A	<p>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.</p> <p>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.</p> <p>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.</p> <p>Zimbabwe Mission Trip - May 13, 2013 - NSF completed 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.</p>

Identifier	Return Reference	Explanation
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

TY 2013 Investments - Land Schedule

Name: Nuvasive Spine Foundation

EIN: 26-4835245

TY 2013 Land, Etc. Schedule**Name:** Nuvasive Spine Foundation**EIN:** 26-4835245

TY 2013 Legal Fees Schedule

Name: Nuvasive Spine Foundation

EIN: 26-4835245

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISC LEGAL SERVICES	2,110			2,110

TY 2013 Other Assets Schedule

Name: Nuvasive Spine Foundation

EIN: 26-4835245

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
OTHER ASSETS	0	14,089	14,089

TY 2013 Other Expenses Schedule**Name:** Nuvasive Spine Foundation**EIN:** 26-4835245

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SURGICAL MISSION DIRECT EXP	1,623,809	0	0	1,611,758
BUSINESS REGISTRATION FEES	895	0	0	895
INSURANCE	7,641	763	763	6,878
OTHER COSTS	764	76	76	170
ACCOUNTING SOFTWARE	479	48	48	431
MARKETING EXPENSES	5,588	0	5,588	0
CREDIT CARD SERVICE CHARGE	2,574	2,574	2,574	0
BANK SERVICE CHARGE	923	923	923	0
SUPPLIES	1,886	0	0	1,886

TY 2013 Other Income Schedule

Name: Nuvasive Spine Foundation

EIN: 26-4835245

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
FUNDRAISING event REVENUE, NET	192,398	0	192,398

TY 2013 Other Professional Fees Schedule

Name: Nuvasive Spine Foundation

EIN: 26-4835245

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FUNDRAISING FEES	1,078	0	0	1,078

TY 2013 Taxes Schedule**Name:** Nuvasive Spine Foundation**EIN:** 26-4835245

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CA FTB FILING FEE	10	0	0	10
CA ATNY GNL REGISTRATION FEES	300	0	0	300