

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL OSTEOPOROSIS FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 251 18TH STREET S 630 City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22202 F Name and address of principal officer: ELIZABETH THOMPSON SAME AS C ABOVE	D Employer identification number 36-3350532 E Telephone number 703-647-3000 G Gross receipts \$ 4,732,328. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.NOF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1984 M State of legal domicile: MO

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO PREVENT OSTEOPOROSIS AND IMPROVE THE LIVES OF THOSE AFFECTED BY THE DISEASE.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	12
6	Total number of volunteers (estimate if necessary)	6	25
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	2,031.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	3,772,499.	3,416,385.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	352,183.	509,760.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,666.	182,604.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	519,393.	437,944.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,688,741.	4,546,693.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,494,697.	1,503,215.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 788,488.	5,908.	2,583.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,728,980.	2,643,603.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,229,585.	4,149,401.
19	Revenue less expenses. Subtract line 18 from line 12	459,156.	397,292.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	5,493,997.	6,956,355.
22	Net assets or fund balances. Subtract line 21 from line 20	427,495.	1,905,073.
22		5,066,502.	5,051,282.

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 any knowledge.

Sign Here	Signature of officer ELIZABETH THOMPSON, CHIEF EXECUTIVE OFFICER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name SCOTT E. HALLBERG, CPA	Preparer's signature <i>Scott E. Hallberg, CPA</i>
	Date 5/15/19	Check if self-employed <input type="checkbox"/> PTIN P01081188
	Firm's name ▶ CALIBRE CPA GROUP PLLC	Firm's EIN ▶ 47-0900880
	Firm's address ▶ 7501 WISCONSIN AVENUE, SUITE 1200 WEST BETHESDA, MD 20814	Phone no. 202-331-9880

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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.

4a (Code:) (Expenses \$ 1,050,055. including grants of \$) (Revenue \$ 427,523.) PROFESSIONAL EDUCATION: SEE SCHEDULE O FOR FULL STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS.

4b (Code:) (Expenses \$ 620,419. including grants of \$) (Revenue \$) PATIENT EDUCATION: SEE SCHEDULE O FOR FULL STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS.

4c (Code:) (Expenses \$ 496,886. including grants of \$) (Revenue \$ 82,879.) ADVOCACY: SEE SCHEDULE O FOR FULL STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 802,616. including grants of \$) (Revenue \$ 23,680.)

4e Total program service expenses 2,969,976.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 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? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b 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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d 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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f 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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b 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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 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? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 21		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 20		
2	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?		X
3	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	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?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **DEBRA ERIKSON - 703-647-3000**
251 18TH STREET S, #630, ARLINGTON, VA 22202

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any 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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JUDY A. BLACK CHAIRMAN	5.00	X		X				0.	0.	0.
(2) SUSAN GREENSPAN, M.D. PRESIDENT	5.00	X		X				0.	0.	0.
(3) E. MICHAEL LEWIECKI, M.D., FACP VICE PRESIDENT	5.00	X		X				0.	0.	0.
(4) BARBARA HANNAH GRUFFERMAN SECRETARY, INTERIM TREASURER	5.00	X		X				0.	0.	0.
(5) C. BERDON LAWRENCE TRUSTEE	5.00	X						0.	0.	0.
(6) ROBERT F. GAGEL, M.D. TRUSTEE	5.00	X						0.	0.	0.
(7) ANDREA SINGER, M.D. CHIEF MEDICAL OFFICER	5.00	X		X				0.	0.	0.
(8) SUSAN BUKATA, M.D. TRUSTEE	5.00	X						0.	0.	0.
(9) BLAIR CHILDS TRUSTEE	5.00	X						0.	0.	0.
(10) MICHAEL COOK, JD TRUSTEE	5.00	X						0.	0.	0.
(11) KARL INSOGNA, M.D. TRUSTEE	5.00	X						0.	0.	0.
(12) DAVID L. KIM TRUSTEE	5.00	X						0.	0.	0.
(13) THOMAS F. KOINIS, M.D. TRUSTEE	5.00	X						0.	0.	0.
(14) JOAN M. LAPPE, PHD, RN, FAAN TRUSTEE	5.00	X						0.	0.	0.
(15) MERYL S. LEBOFF, M.D. TRUSTEE	5.00	X						0.	0.	0.
(16) KENNETH W. LYLES, M.D. TRUSTEE	5.00	X						0.	0.	0.
(17) MARY OATES, M.D. TRUSTEE	5.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) FREDERICK R. SINGER, M.D. TRUSTEE	5.00	X					0.	0.	0.	
(19) ETHEL S. SIRIS, M.D. TRUSTEE	5.00	X					0.	0.	0.	
(20) FELICIA COSMAN, M.D. EDITOR-IN-CHIEF, OSTEOPOROSIS INTERN	5.00	X					0.	0.	0.	
(21) ELIZABETH THOMPSON CHIEF EXECUTIVE OFFICER	37.50	X		X			290,513.	0.	21,389.	
(22) CLAIRE GILL CHIEF MISSION OFFICER	37.50				X		196,084.	0.	17,236.	
(23) DEBBIE ZELDOW EXECUTIVE DIRECTOR, NBHA	37.50				X		167,938.	0.	6,194.	
(24) DEBRA ERIKSON CHIEF ADMINISTRATIVE OFFICER	37.50					X	141,872.	0.	17,900.	
(25) CHRISTINE DOCKTER CHIEF DEVELOPMENT OFFICER	30.00					X	115,236.	0.	14,643.	
1b Sub-total							911,643.	0.	77,362.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							911,643.	0.	77,362.	

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 **5**

	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		X
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	X	
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		X

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.

(A) Name and business address	(B) Description of services	(C) Compensation
SUNTRUST BANK PO BOX 791250, BALTIMORE, MD 21279	CREDIT CARD SERVICES	207,718.
NEW ORLEANS MARRIOTT 555 CANAL STREET, NEW ORLEANS, LA 70130	EVENT SERVICES	171,684.
EXPONENTIAL CONSULTING, LLC 18457 PARK MEADOW COURT, LEESBURG, VA 20175	STAFFING SERVICES	158,829.
MAILING SERVICES OF VIRGINIA PO BOX 7664, CHARLOTTEVILLE, VA 22906	PRODUCT/INVENTORY SERVICES	129,710.
WILMINGTON TRUST COMPANY 1100 N MARKET STREET, WILMINGTON, DE 19890	INVESTMENT SERVICES	116,292.

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 **5**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	103,296.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,313,089.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		3,416,385.				
Program Service Revenue	2 a CONFERENCES & SEMINARS	Business Code 900099	427,523.	427,523.			
	b PUBLICATIONS & PROGRAM	900099	82,237.	82,237.			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		509,760.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		159,172.			159,172.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		413,622.			413,622.	
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	199,078.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	175,646.				
		c Gain or (loss)	23,432.				
	d Net gain or (loss)		23,432.			23,432.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	10,631.					
	b Less: cost of goods sold	b	9,989.				
	c Net income or (loss) from sales of inventory		642.	642.			
Miscellaneous Revenue		Business Code					
11 a LIST RENTAL INCOME	900099	6,328.	6,328.				
	b						
	c						
	d All other revenue	900099	17,352.	17,352.			
	e Total. Add lines 11a-11d		23,680.				
12 Total revenue. See instructions		4,546,693.	534,082.	0.	596,226.		

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 or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	520,222.	345,346.	45,467.	129,409.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	829,990.	550,983.	72,540.	206,467.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,520.	10,303.	1,356.	3,861.
9 Other employee benefits	68,715.	45,616.	6,006.	17,093.
10 Payroll taxes	68,768.	45,651.	6,010.	17,107.
11 Fees for services (non-employees):				
a Management				
b Legal	16,065.	12,273.	938.	2,854.
c Accounting	36,251.	27,695.	2,118.	6,438.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	2,583.			2,583.
f Investment management fees	19,705.	15,054.	1,151.	3,500.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,170,833.	894,466.	68,419.	207,948.
12 Advertising and promotion	15,042.	13,220.	1,291.	531.
13 Office expenses	259,405.	181,141.	36,906.	41,358.
14 Information technology	184,886.	113,476.	40,669.	30,741.
15 Royalties				
16 Occupancy	174,928.	93,696.	47,123.	34,109.
17 Travel	218,964.	186,534.	11,973.	20,457.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	313,679.	267,222.	17,151.	29,306.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,931.	4,232.	2,115.	1,584.
23 Insurance	34,435.	18,445.	9,276.	6,714.
24 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.)				
a DUES & SUBSCRIPTIONS	37,934.	33,339.	3,257.	1,338.
b PUBLICATIONS	37,108.	32,614.	3,185.	1,309.
c BANK SERVICE FEES	30,915.	23,617.	1,807.	5,491.
d LIST RENTAL	18,621.	14,226.	1,088.	3,307.
e All other expenses	66,901.	40,827.	11,091.	14,983.
25 Total functional expenses. Add lines 1 through 24e	4,149,401.	2,969,976.	390,937.	788,488.
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 <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	169,178.	52,496.	21,929.	94,753.

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	207,491.	1	676,634.
	2 Savings and temporary cash investments	1,372,322.	2	2,106,493.
	3 Pledges and grants receivable, net	227,666.	3	729,651.
	4 Accounts receivable, net	33,655.	4	24,893.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	8,097.	8	79,215.
	9 Prepaid expenses and deferred charges	113,561.	9	86,248.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 661,295.		
	b Less: accumulated depreciation	10b 650,936.		
	11 Investments - publicly traded securities	15,584.	10c	10,359.
	12 Investments - other securities. See Part IV, line 11	3,515,621.	11	3,242,862.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,493,997.	15		
		16	6,956,355.	
Liabilities	17 Accounts payable and accrued expenses	185,186.	17	316,826.
	18 Grants payable		18	
	19 Deferred revenue	92,999.	19	1,438,845.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	149,310.	25	149,402.
	26 Total liabilities. Add lines 17 through 25	427,495.	26	1,905,073.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,842,302.	27	3,863,930.
	28 Temporarily restricted net assets	1,044,188.	28	1,007,340.
	29 Permanently restricted net assets	180,012.	29	180,012.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	5,066,502.	33	5,051,282.	
34 Total liabilities and net assets/fund balances	5,493,997.	34	6,956,355.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,546,693.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,149,401.
3	Revenue less expenses. Subtract line 2 from line 1	3	397,292.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,066,502.
5	Net unrealized gains (losses) on investments	5	-412,512.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,051,282.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	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?		X
3b	If "Yes," 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		

Form 990 (2018)

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

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2818690.	3131435.	2447822.	3772499.	3416385.	15586831.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2818690.	3131435.	2447822.	3772499.	3416385.	15586831.
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)						2085308.
6 Public support. Subtract line 5 from line 4.						13501523.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	2818690.	3131435.	2447822.	3772499.	3416385.	15586831.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	373,438.	457,065.	472,093.	432,120.	572,794.	2307510.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		3,563.	1,382.		23,680.	28,625.
11 Total support. Add lines 7 through 10						17922966.
12 Gross receipts from related activities, etc. (see instructions)					12	520,391.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	75.33 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	65.12 %
16a 33 1/3% support test - 2018. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2017. 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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

b 33 1/3% support tests - 2017. 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

LIST RENTAL INCOME

2018 AMOUNT: \$ 6,328.

MISCELLANEOUS

2015 AMOUNT: \$ 3,563.

2016 AMOUNT: \$ 1,382.

2018 AMOUNT: \$ 17,352.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

NATIONAL OSTEOPOROSIS FOUNDATION

Employer identification number

36-3350532

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization NATIONAL OSTEOPOROSIS FOUNDATION	Employer identification number 36-3350532
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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
1	 <hr/> <hr/> <hr/>	\$ <u>486,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>410,467.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>232,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>203,012.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL OSTEOPOROSIS FOUNDATION	Employer identification number 36-3350532
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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
7	_____ _____ _____	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 111,229.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 70,639.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL OSTEOPOROSIS FOUNDATION	Employer identification number 36-3350532
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization NATIONAL OSTEOPOROSIS FOUNDATION	Employer identification number 36-3350532
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization NATIONAL OSTEOPOROSIS FOUNDATION	Employer identification number 36-3350532
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	66,000.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	102,000.													
c	Total lobbying expenditures (add lines 1a and 1b)	168,000.													
d	Other exempt purpose expenditures	4,025,111.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	4,193,111.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	359,656.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	89,914.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	344,115.	332,592.	361,479.	359,656.	1,397,842.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,096,763.
c Total lobbying expenditures				168,000.	168,000.
d Grassroots nontaxable amount	87,882.	86,029.	83,148.	89,914.	346,973.
e Grassroots ceiling amount (150% of line 2d, column (e))					520,460.
f Grassroots lobbying expenditures				66,000.	66,000.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization NATIONAL OSTEOPOROSIS FOUNDATION **Employer identification number** 36-3350532

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 a 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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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.

b 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) Revenue included on 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:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

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" on 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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	180,012.	180,012.	180,012.	180,012.	180,012.
b Contributions					
c Net investment earnings, gains, and losses	1,247.	3,991.	4,077.	401.	514.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,247.	3,991.	4,077.	401.	514.
f Administrative expenses					
g End of year balance	180,012.	180,012.	180,012.	180,012.	180,012.

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 100.00 %
- c Temporarily restricted endowment _____ %

The percentages on 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

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		74,501.	67,916.	6,585.
e Other		586,794.	583,020.	3,774.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,359.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	149,402.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	149,402.

2. Liability for uncertain tax positions. 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	4,130,953.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-412,512.	
b	Donated services and use of facilities	2b	6,488.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-406,024.
3	Subtract line 2e from line 1		3	4,536,977.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	19,705.	
b	Other (Describe in Part XIII.)	4b	-9,989.	
c	Add lines 4a and 4b		4c	9,716.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	4,546,693.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	4,146,173.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	6,488.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	9,989.	
e	Add lines 2a through 2d		2e	16,477.
3	Subtract line 2e from line 1		3	4,129,696.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	19,705.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	19,705.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	4,149,401.

Part XIII Supplemental Information.

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.

PART X, LINE 2:

IN ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ACCOUNTING STANDARDS REQUIRE AN ENTITY TO RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD INCLUDED ON PART VIII -9,989.

Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD INCLUDED ON PART VIII 9,989.

PART V, LINE 4:

THE SHOU MEI HU - CECILIA WU KOJIMA FUND TOTALED \$80,012 AND THE RESTRICTED INCOME IS FOR MEDICAL AND SCIENTIFIC RESEARCH RELATED TO THE PREVENTION, CURE, AND/OR TREATMENT OF OSTEOPOROSIS. THE DR. BURTON SPILLER FUND FOR BONE HEALTH RESEARCH TOTALED \$100,000 AND THE RESTRICTED INCOME IS FOR MEDICAL RESEARCH REGARDING BONE HEALTH AND BONE RESEARCH GRANTS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL OSTEOPOROSIS FOUNDATION

Employer identification number

36-3350532

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ELIZABETH THOMPSON CHIEF EXECUTIVE OFFICER	(i)	290,513.	0.	0.	9,231.	12,158.	311,902.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CLAIRE GILL CHIEF MISSION OFFICER	(i)	191,084.	5,000.	0.	7,723.	9,513.	213,320.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DEBBIE ZELDOW EXECUTIVE DIRECTOR, NBHA	(i)	167,938.	0.	0.	4,929.	1,265.	174,132.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DEBRA ERIKSON CHIEF ADMINISTRATIVE OFFICER	(i)	136,872.	5,000.	0.	5,760.	12,140.	159,772.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

DURING 2018, PERFORMANCE-BASED BONUSES WERE AWARDED TO CLAIRE GILL AND DEBRA ERIKSON. THESE PAYMENTS WERE APPROVED BY ELIZABETH THOMPSON, CHIEF EXECUTIVE OFFICER.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

NATIONAL OSTEOPOROSIS FOUNDATION

Employer identification number

36-3350532

PART III, LINE 1: DESCRIPTION OF ORGANIZATION'S MISSION

THE NATIONAL OSTEOPOROSIS FOUNDATION (NOF) IS THE LEADING HEALTH ORGANIZATION DEDICATED TO PREVENTING OSTEOPOROSIS AND BROKEN BONES, PROMOTING STRONG BONES FOR LIFE AND REDUCING HUMAN SUFFERING THROUGH PROGRAMS OF PUBLIC AND CLINICIAN AWARENESS, EDUCATION, ADVOCACY AND RESEARCH.

ESTABLISHED IN 1984, NOF IS THE NATION'S ONLY HEALTH ORGANIZATION SOLELY DEDICATED TO OSTEOPOROSIS AND BONE HEALTH.

OSTEOPOROSIS IS A MAJOR PUBLIC HEALTH THREAT FOR AN ESTIMATED 54 MILLION AMERICANS. STUDIES SHOW THAT ONE IN TWO WOMEN AND UP TO ONE IN FOUR MEN OVER AGE 50 WILL BREAK A BONE DUE TO OSTEOPOROSIS IN THEIR LIFETIME. NOF WORKS TO IMPROVE PATIENT CARE AND SUPPORT FOR THOSE WHO HAVE BROKEN BONES DUE TO OSTEOPOROSIS AND TO EDUCATE THE PUBLIC TO PREVENT OSTEOPOROSIS AND BROKEN BONES AND PROMOTE STRONG BONES FOR LIFE.

TO ACCOMPLISH ITS MISSION, NOF ACCEPTS SUPPORT FROM A WIDE BREADTH OF DIVERSIFIED SOURCES, INCLUDING INDIVIDUALS, FOUNDATIONS, GOVERNMENT SOURCES AND CORPORATIONS.

THE STRENGTH OF OUR MISSION IS THE KEY TO MEETING THE NEEDS OF OUR VARIOUS CONSTITUENCIES, HEALTHCARE PROFESSIONALS AND PATIENTS, AND TO CREATING THE TRULY PROGRESSIVE FUTURE WE ENVISION FOR BONE HEALTH. IN 2018, NOF UNDERWENT A SIGNIFICANT ORGANIZATIONAL RESTRUCTURE, THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization NATIONAL OSTEOPOROSIS FOUNDATION	Employer identification number 36-3350532
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CENTERPIECE OF WHICH WAS CREATING A NEW, MORE DYNAMIC FOCUS ON OUR MISSION VIA OUR STAFF STRUCTURE AND PROGRAMMING.

PART III, LINE 4A: STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROFESSIONAL EDUCATION:

THE FOUNDATION'S EDUCATION DEPARTMENT PROVIDES EVIDENCE-BASED INFORMATION, EDUCATION, SERVICES AND INITIATIVES TO HEALTHCARE PROFESSIONALS THROUGH VARIOUS ACTIVITIES AND CHANNELS. THESE EFFORTS ARE DESIGNED TO HELP HEALTHCARE PROFESSIONALS MAKE INFORMED DECISIONS ABOUT THE PREVENTION, DIAGNOSIS AND TREATMENT OF OSTEOPOROSIS.

IN 2018, THE FOUNDATION PLANNED AND IMPLEMENTED THE INTERDISCIPLINARY SYMPOSIUM ON OSTEOPOROSIS (ISO) IN NEW ORLEANS, LA, MAY 17-19, 2018. THIS SYMPOSIUM PROVIDED THE MOST CURRENT, CLINICALLY RELEVANT AND EVIDENCE-BASED INFORMATION ON THE PREVENTION, DIAGNOSIS, AND TREATMENT OF OSTEOPOROSIS. ISO IS UNIQUE IN THAT IT IS THE ONLY PROFESSIONAL MEETING THAT ENCOMPASSES ALL MEDICAL DISCIPLINES AND SPECIALTIES INVOLVED IN THE DIAGNOSIS AND TREATMENT OF PATIENTS WITH, OR AT RISK FOR, OSTEOPOROSIS AND RELATED FRACTURES. MORE THAN 350 PROFESSIONALS PARTICIPATED IN THE CONFERENCE. IN CONJUNCTION WITH THE CONFERENCE, A PRE-CONFERENCE WORKSHOP WAS HELD TO TRAIN ATTENDEES IN THE FRACTURE LIAISON SERVICE (FLS) MODEL OF CARE. ISO18 CONTINUED NOF'S EFFORTS TO TRAIN PROFESSIONALS IN FLS, OFFERING PROFESSIONAL EDUCATION OPPORTUNITIES LIVE AND ON-DEMAND. THE FOUNDATION ALSO PRODUCED SIX ISSUES OF ITS PROFESSIONAL NEWSLETTER BONE SOURCE, RELEASED VIA THE JOURNAL AND NEWSLETTER OSTEOPOROSIS: CLINICAL UPDATES, PROVIDING

Name of the organization

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CONTINUING EDUCATION CREDIT FOR HEALTH CARE PROFESSIONALS ON TOPICS
RELEVANT TO CLINICAL PRACTICE.

THE NOF PROFESSIONAL LEARNING CENTER PROVIDES ONLINE CONTINUING MEDICAL
EDUCATION FOR HEALTHCARE PROFESSIONALS. DESIGNED TO DELIVER ON-DEMAND
AND AUTOMATED DELIVERY CONTINUING MEDICAL EDUCATION, THE LEARNING
MANAGEMENT SYSTEM SERVES AS THE PORTAL TO ACCESS ALL OF NOF'S
PROFESSIONAL EDUCATION ACTIVITIES. ADDITIONALLY, THE PROFESSIONAL
LEARNING CENTER INCLUDES A COMPILATION OF HELPFUL CLINICAL RESOURCES
AND LINKS FOR OSTEOPOROSIS PATIENT MANAGEMENT ALL IN ONE PLACE. THE
PROFESSIONAL LEARNING CENTER CAN BE ACCESSED AT WWW.CME.NOF.ORG.

NOF IS ALSO ADVOCATING FOR THE WIDESPREAD IMPLEMENTATION OF THE
FRACTURE LIAISON SERVICE (FLS) MODEL OF SECONDARY FRACTURE PREVENTION
IN SEVERAL HEALTH CARE SETTINGS AND HAS A NUMBER OF COMPLEMENTARY
EFFORTS TO SUPPORT THIS GOAL. FLS PROGRAMS COORDINATE POST-FRACTURE
CARE THROUGH AN FLS COORDINATOR (A NURSE, NURSE PRACTITIONER, PHYSICIAN
ASSISTANT OR OTHER HEALTHCARE PROFESSIONAL) WHO ENSURES THAT
INDIVIDUALS WHO SUFFER A FRACTURE RECEIVE APPROPRIATE DIAGNOSIS,
TREATMENT AND SUPPORT.

TO HELP SPREAD THE IMPLEMENTATION OF FLS PROGRAMS, NOF MAINTAINS THE
WEBSITE FRACTURE PREVENTION CENTRAL
(WWW.FRACTUREPREVENTIONCENTRAL.ORG), WHICH PROVIDES TOOLS TO HEALTHCARE
PROFESSIONALS, HEALTH INSURERS, ACCOUNTABLE CARE ORGANIZATIONS,
HOSPITALS AND OTHER SITES INTERESTED IN IMPLEMENTING THIS MODEL OF
CARE. BY THE END OF 2018, OVER 5,000 INDIVIDUALS HAD REGISTERED TO
ACCESS THESE MATERIALS. INCLUDED IN THE RESOURCES ARE CASE STUDIES,

Name of the organization

NATIONAL OSTEOPOROSIS FOUNDATION

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BEST PRACTICES AND BUSINESS PLANS AND OVER 15 WEBINARS AVAILABLE FOR ON DEMAND VIEWING. NOF ALSO COORDINATED ONE-ON-ONE CONSULTS PROVIDING SUPPORT TO INDIVIDUAL SITES ON ASPECTS OF THEIR FLS PROGRAM FROM LEADING FLS EXPERTS.

NOF ALSO HOSTS FLS BONE HEALTH TELE ECHO CLINICS MONTHLY TO ENHANCE THE CLINICAL SKILLS OF FLS COORDINATORS THROUGH BRIEF DIDACTIC PRESENTATIONS AND DISCUSSION OF CASE PRESENTATIONS. OPERATIONAL ISSUES OF DEVELOPING AND MAINTAINING FLS PROGRAMS ARE ALSO DISCUSSED. THIS IS FOR ANY FLS COORDINATOR WHO WANTS TO OPTIMIZE BEST PRACTICE CARE FOR FRACTURE PREVENTION AND FOR ANYONE CONSIDERING STARTING AN FLS PROGRAM. NEW FOR 2018, NOF HOSTED TWO "FLS BOOT CAMPS," EACH PROVIDING A SMALL GROUP OF ATTENDEES WITH AN INTENSIVE LEARNING SESSION ON CREATING AND SUPPORTING AN FLS PROGRAM.

AS PART OF AN EFFORT TO ADDRESS THE SHORTCOMINGS IN USING BIOCHEMICAL MARKERS AS TOOLS IN CLINICAL PRACTICE, NOF IS ALSO WORKING ON A SERIES OF RELATED PROJECTS TO ADDRESS THE CHALLENGES TO WIDESPREAD USE OF BONE TURNOVER MARKERS AND DESCRIBED IN THE BONE TURNOVER STANDARDIZATION PROJECT, WHICH AIMS TO GIVE CLINICIANS CONFIDENCE IN THEIR USE OF BONE TURNOVER MARKERS TO HELP MONITOR OSTEOPOROSIS TREATMENT AND ASSESS FUTURE FRACTURE RISK FOR THEIR PATIENTS. THESE EFFORTS INCLUDE THE ESTABLISHMENT OF A U.S. REFERENCE RANGE FOR THESE BONE TURNOVER MARKERS AND A DRUG HOLIDAY STUDY. THESE ACTIVITIES WILL ALLOW CLINICIANS TO HAVE CONFIDENCE IN THEIR USE OF BONE TURNOVER MARKERS TO HELP MONITOR OSTEOPOROSIS TREATMENT AND ASSESS FUTURE FRACTURE RISK.

Name of the organization NATIONAL OSTEOPOROSIS FOUNDATION	Employer identification number 36-3350532
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PART III, LINE 4B: STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PATIENT EDUCATION:

NOF PROVIDES PATIENTS AND CAREGIVERS WITH THE LATEST INFORMATION ON OSTEOPOROSIS PREVENTION, TREATMENT AND DETECTION BY PROVIDING UPDATED INFORMATION ON THE NOF.ORG WEBSITE. ADDITIONALLY, NOF SPONSORS PATIENT SUPPORT GROUPS ACROSS THE COUNTRY AND PROVIDES EDUCATIONAL INFORMATION AND RESOURCES FOR DISTRIBUTION AT CONSUMER EVENTS. NOF'S ONLINE PATIENT SUPPORT COMMUNITY HAS GROWN DRAMATICALLY OVER THE PAST YEAR AND REACHED A MILESTONE OF MORE THAN 48,000 PARTICIPATING MEMBERS OFFERING PEER-TO-PEER SUPPORT AND ADVICE TO ONE ANOTHER.

NOF HAS APPOINTED ONE OF ITS VOLUNTEER SUPPORT GROUP LEADERS TO SERVE AS THE FOUNDATION'S NATIONAL SUPPORT GROUP LEADER. THIS IMPORTANT VOLUNTEER POSITION IS RESPONSIBLE FOR INITIATING CONTACT WITH PROSPECTIVE SUPPORT GROUP LEADERS AND PROVIDING INFORMATION AND PEER-TO-PEER SUPPORT AS THE NEW GROUP GETS ESTABLISHED. NEW SUPPORT GROUPS ARE NOW REQUIRED TO HAVE A MEDICAL ADVISOR AND AT LEAST FIVE FOUNDING MEMBERS TO AFFILIATE WITH THE FOUNDATION TO IMPROVE THE QUALITY OF INFORMATION DISSEMINATED THROUGH THE SUPPORT GROUPS AND GIVE NEW GROUPS A BETTER CHANCE AT SUCCEEDING. IN 2018, NOF UPDATED ITS SUPPORT GROUP LEADER MANUAL AND PROVIDED COPIES TO EACH GROUP. THIS TOOL WILL ALSO BE USED TO HELP ORIENT NEW SUPPORT GROUP LEADERS.

NOF CURRENTLY REACHES OVER 145,000 UNIQUE MONTHLY VISITORS ON ITS WEBSITE - WWW.NOF.ORG - AND THOUSANDS MORE HAVE CONNECTED WITH THE ORGANIZATION VIA ITS SOCIAL MEDIA PLATFORMS ON FACEBOOK, TWITTER AND LINKEDIN. THE FOUNDATION'S WEBSITE IS ITS MOST VALUABLE CHANNEL FOR

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COMMUNICATING DIRECTLY WITH THE OSTEOPOROSIS PATIENTS, CAREGIVERS AND THE PUBLIC. SEVERAL NEW RESOURCES WERE ADDED TO THE NOF WEBSITE IN 2018, INCLUDING A DIGITAL GUIDE TO A BONE HEALTHY DIET, CREATING AN INTERACTIVE VERSION OF NOF'S POPULAR PRINT PUBLICATION. IN ADDITION, TWO DIGITAL WHITE BOARDS WERE CREATED TO SHARE DETAILS ABOUT THE IMPORTANCE OF CALCIUM AND VITAMIN D TO BONE HEALTH. THESE TOOLS WERE SPECIFICALLY DESIGNED TO PROMOTE SOCIAL SHARING AND TO HELP NOF SPREAD THE WORD ABOUT THE IMPORTANCE CONNECTION BETWEEN NUTRITION AND BONE HEALTH.

ANOTHER NEW TOOL ADDED IN 2018 WAS A RISK EQUATION VIDEO, WHICH HIGHLIGHTS A PERSON'S RISK OF FRACTURE IN THEIR LIFETIME VERSUS THE RISK OF A RARE SIDE EFFECT FROM TREATMENT. UNFORTUNATELY, THE FEAR OF HAVING A RARE SIDE EFFECT OFTEN PREVENTS EVEN THOSE AT HIGHEST RISK OF ON AN OSTEOPOROTIC FRACTURE FROM SEEKING MEDICAL TREATMENT. THE VIDEO'S AIM WAS TO PROVIDE HEALTHCARE PROVIDERS AND PATIENTS WITH A TOOL THEY CAN USE TO DISCUSS THE RISK EQUATION IN OSTEOPOROSIS.

IN NOVEMBER 2018, NOF LAUNCHED ITS FIRST EVER BE BONE STRONG MARATHON TEAM IN THE TCS NEW YORK CITY MARATHON. SEVEN WOMEN OVER THE AGE OF 50 HELPED TO RAISE MONEY AND AWARENESS ABOUT OSTEOPOROSIS AND THE IMPORTANCE OF IMPACT/WEIGHT-BEARING EXERCISE ON BUILDING AND MAINTAINING BONE STRENGTH.

NOF ALSO CONTINUES TO HOST AND UPDATE ITS HISPANIC WEBSITE - WWW.HUESOSANOS.ORG, TO REACH THIS IMPORTANT DEMOGRAPHIC WITH NEWS AND INFORMATION ABOUT OSTEOPOROSIS IN SPANISH. THE WEBSITE ALSO INCLUDES VIDEOS FROM SPANISH-SPEAKING OSTEOPOROSIS EXPERTS.

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PART III, LINE 4C: STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ADVOCACY:

STRONG VOICES FOR STRONG BONES:

THE NATIONAL OSTEOPOROSIS FOUNDATION IS THE VOICE FOR ISSUES DEALING WITH OSTEOPOROSIS AND BONE HEALTH. FOR OVER 30 YEARS, NOF HAS BEEN COMMITTED TO PREVENTING BROKEN BONES AND OSTEOPOROSIS THROUGH EDUCATION, ADVOCACY AND RESEARCH. WE ADVOCATE FOR AWARENESS, RESEARCH, PATIENTS, AND PROFESSIONALS.

IN 2018, ADVOCACY ACTIVITIES INCLUDED:

THE AMBASSADORS LEADERSHIP COUNCIL
NOF AMBASSADORS ARE WELL-INFORMED, PASSIONATE, AND CARE DEEPLY ABOUT THOSE WHO SUFFER FROM OSTEOPOROSIS. AMBASSADORS ARE ADEPT AT MAKING AN IMPACT AND SPARKING POSITIVE CHANGE IN THEIR FIELD, SECTOR OR COMMUNITY. THE ROLE OF AN AMBASSADOR IS TO ADVISE NOF LEADERSHIP, AND TO HELP MAKE INROADS IN THE MEDICAL, BUSINESS AND PHILANTHROPIC SECTORS WITHIN THEIR COMMUNITIES. INVOLVEMENT IS TAILORED TO EACH AMBASSADOR'S AREAS OF INTEREST, TIME CONSTRAINTS AND EXPERTISE. THE AMBASSADOR CHOOSES WHEN, HOW AND ON WHAT ISSUES SHE OR HE WOULD LIKE TO BE INVOLVED. NOF HAS OVER 135 AMBASSADORS IN THE U.S.

MEDICARE PART D

MEDICARE PART D IS A VITALLY IMPORTANT PROGRAM THAT HELPS OVER 42

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MILLION SENIORS AND INDIVIDUALS WITH DISABILITIES GAIN ACCESS TO A BROAD RANGE OF LIFE-SAVING MEDICATIONS. THE PROGRAM'S COMPETITIVE STRUCTURE WORKS TO KEEP COSTS LOW FOR BOTH BENEFICIARIES AND TAXPAYERS. HOWEVER, PROPOSED CHANGES RISK DECREASING ACCESS TO MEDICATIONS, WHICH COULD LEAD TO DISRUPTED TREATMENT PLANS, WORSENERD HEALTH OUTCOMES AND ULTIMATELY, HIGHER OVERALL MEDICARE COSTS. NOF ADVOCATES FOR ALL PATIENTS TO PROTECT THEIR ACCESS TO AFFORDABLE PRESCRIPTION DRUGS THROUGH MEDICARE PART D, SPECIFICALLY ITS NON-INTERFERENCE CLAUSE.

FRACTURE PREVENTION COALITION

FRACTURES RELATED TO OSTEOPOROSIS THREATEN THE HEALTH AND INDEPENDENCE OF OLDER AMERICANS. AND FRACTURES ARE COMMON: MORE THAN 2 MILLION FRACTURES HAPPEN EACH YEAR DUE TO OSTEOPOROSIS. THE STATISTICS ARE STAGGERING AND UNNECESSARY.

A DXA (DUAL-ENERGY X-RAY ABSORPTIOMETRY) BONE DENSITY TEST IS A NON-INVASIVE, SIMPLE, YET TOP-QUALITY TEST FOR SCREENING AND DIAGNOSING PATIENTS THAT MAY NEED TO BE TREATED FOR OSTEOPOROSIS. DXA IS MORE POWERFUL IN PREDICTING FRACTURES THAN CHOLESTEROL IS IN PREDICTING A HEART ATTACK OR BLOOD PRESSURE IS IN PREDICTING A STROKE.

UNFORTUNATELY, SINCE 2007, MEDICARE HAS SIGNIFICANTLY CUT THE FUNDING FOR DXA TESTING IN PHYSICIAN'S OFFICES LEADING TO A SHARP DECLINE IN THE NUMBER OF PEOPLE TESTED, DIAGNOSED AND TREATED, AND THE NUMBER OF PHYSICIANS OFFERING THIS SERVICE, RESULTING IN AN INCREASE IN HIP FRACTURES.

NOF AND COLLEAGUES AT THE INTERNATIONAL SOCIETY FOR CLINICAL DENSITOMETRY SUPPORTED LEGISLATION IN CONGRESS. THIS LEGISLATION WOULD

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HELP ENSURE THAT PATIENTS HAVE ACCESS TO DXA TESTING BY RESTORING
MEDICARE FUNDING FOR DXA.

OSTEOPOROSIS AND BONE HEALTH TOWN HALL WEBINAR

TEN MILLION AMERICANS OVER THE AGE OF 50 SUFFER FROM OSTEOPOROSIS AND
MILLIONS MORE ARE AT INCREASED RISK OF HAVING A DEBILITATING OR EVEN
DEADLY FRACTURE. TWO MILLION BROKEN BONES ARE CAUSED EACH YEAR BY
OSTEOPOROSIS. IN DECEMBER 2018, NOF OFFERED A WIDELY-ATTENDED WEBINAR
TO MEMBERS OF CONGRESS, CONGRESSIONAL STAFF, INDUSTRY AND OTHERS ON
WHAT YOU NEED TO KNOW ABOUT OSTEOPOROSIS AND BONE HEALTH - ITS IMPACT
ON YOUR CONSTITUENTS, THE HEALTHCARE SYSTEM AND THE ECONOMY. THE
WEBINAR WAS RECORDED AND MADE AVAILABLE ON NOF'S WEBSITE TO REACH A
BROADER AUDIENCE.

BONE HEALTH POLICY INSTITUTE

TO CONTINUE THE COLLABORATIVE WORK OF NOF'S FORMER NATIONAL BONE HEALTH
ALLIANCE PROGRAM AND TO IDENTIFY AND ACT ON ISSUES RELATED TO
OSTEOPOROSIS DIAGNOSIS AND TREATMENT, NOF LAUNCHED THE BONE HEALTH
POLICY INSTITUTE. THE BONE HEALTH POLICY INSTITUTE WILL ADDRESS SEVERAL
KEY AREAS FOR ADVANCING THE FIELD, INCLUDING: COMMISSIONING AND
RELEASING AN IN-DEPTH REPORT ON THE ECONOMIC BURDEN OF OSTEOPOROSIS;
CONDUCTING A GAP ANALYSIS; AND WORKING ON DEVELOPING OUTCOME MEASURES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CHIEF ADMINISTRATIVE OFFICER AND FINANCE CONSULTANT, AS WELL AS THE
CHIEF EXECUTIVE OFFICER, REVIEW THE FEDERAL FORM 990 AS PREPARED BY THE
INDEPENDENT AUDITORS TO DETERMINE IF THE INFORMATION PRESENTED IN THE

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FEDERAL FORM 990 IS IN AGREEMENT WITH INFORMATION ORIGINALLY PROVIDED TO THE INDEPENDENT AUDITORS. THE FOUNDATION AND AUDITORS DISCUSS ISSUES, IF ANY, BEFORE THE FEDERAL FORM 990 IS FILED WITH THE INTERNATIONAL REVENUE SERVICE. BOARD MEMBERS ARE NOTIFIED THAT THE COMPLETED FEDERAL FORM 990 IS AVAILABLE FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD ANNUALLY REVIEWS THE CONFLICT OF INTEREST POLICY AND DISCLOSES ANY POTENTIAL CONFLICT OF INTEREST. SENIOR STAFF, OFFICERS, AND HIGHLY COMPENSATED EMPLOYEES ARE ASKED TO SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT. THE SIGNED DOCUMENTS ARE REVIEWED BY THE CHIEF EXECUTIVE OFFICER AND KEPT BY THE CHIEF ADMINISTRATIVE OFFICER. THE CONFLICT OF INTEREST POLICY IS ALWAYS TAKEN INTO CONSIDERATION WHEN THERE IS THE POTENTIAL FOR CONFLICT, PARTICULARLY WHEN SIGNING NEW CONTRACTS OR BEGINNING NEW RELATIONSHIPS. ANY POSSIBLE APPEARANCE OF CONFLICT OF INTEREST THAT ARISES IN THE COURSE OF BUSINESS IS RESEARCHED TO DETERMINE THE EXISTENCE OF A CONFLICT. IF A CONTRACT IS TO BE MADE WITH A RELATED PARTY, IT IS DISCLOSED TO THE BOARD AND A VOTE IS TAKEN IF THE FOUNDATION'S STAFF MEMBERS IDENTIFY A CONFLICT OF INTEREST. THE FOUNDATION'S CHIEF EXECUTIVE OFFICER AND ITS CHIEF ADMINISTRATIVE OFFICER SHARE THIS INFORMATION WITH THE EXECUTIVE COMMITTEE OF THE BOARD FOR ITS ACTION.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION SURVEYS FOR EMPLOYEES IN SIMILAR POSITIONS WITH SIMILAR RESPONSIBILITIES IN THE NOT-FOR-PROFIT INDUSTRY ARE USED AS BENCHMARKS FOR DETERMINING COMPENSATION OF OFFICERS AND KEY EMPLOYEES. THE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER IS DECIDED BY THE BOARD PRIVATELY. EACH YEAR, PRIOR TO THE MEETING WHEN THE COMPENSATION DECISION IS MADE, THE

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CHAIRMAN OF THE BOARD REVIEWS COMPARABLE SALARIES IN THE NOT-FOR-PROFIT INDUSTRY AND SENDS OUT A PERFORMANCE REVIEW TO EACH BOARD MEMBER TO USE IN EVALUATING THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC
ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE PUBLIC AS THE FOUNDATION BELIEVES THESE ARE PROPRIETARY IN NATURE. THE FOUNDATION'S FINANCIAL STATEMENTS AND FEDERAL FORM 990 ARE MADE AVAILABLE TO THE PUBLIC ON THE FOUNDATION'S WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING FEES:

PROGRAM SERVICE EXPENSES	720,514.
MANAGEMENT AND GENERAL EXPENSES	55,113.
FUNDRAISING EXPENSES	167,507.
TOTAL EXPENSES	943,134.

OTHER CONTRACTUAL SERVICES:

PROGRAM SERVICE EXPENSES	160,583.
MANAGEMENT AND GENERAL EXPENSES	12,283.
FUNDRAISING EXPENSES	37,333.
TOTAL EXPENSES	210,199.

CONTRACTOR EXPENSE:

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PROGRAM SERVICE EXPENSES	13,369.
MANAGEMENT AND GENERAL EXPENSES	1,023.
FUNDRAISING EXPENSES	3,108.
TOTAL EXPENSES	17,500.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,170,833.

FORM 990, PART XII, LINE 2C:

THE FINANCE AND AUDIT COMMITTEE HAS RESPONSIBILITY FOR OVERSIGHT OF THE
 AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT
 CHANGED FROM THE PRIOR YEAR.