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Enrm		_		

** PUBLIC DISCLOSURE COPY **

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

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service A For the 2015 ca

lendar year, or tax year beginning	and ending	
ne of organization		D Employer identification number

B	Check if applicable	C Name of organization		D Employer identific	ation number
	Addres				
	Name Change	Doing business as		36-33	350532
	Initial return		Room/suite	E Telephone number	
	Final return/ termin	251 18TH ST S	530	70364	473000
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,172,154.
	Ameno			H(a) Is this a group re	
	Applic tion pendir			for subordinates?	? Yes X No
	-	SAME AS C ABOVE		H(b) Are all subordinates ind	cluded? Yes No
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) o	or 🛄 527	If "No," attach a l	list. (see instructions)
		e: ▶ WWW.NOF.ORG		H(c) Group exemption	
		organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1984 M	State of legal domicile: MO
Pa		Summary			
ĕ	1	Briefly describe the organization's mission or most significant activities:	REVENT	OSTEOPOROS	IS AND
Activities & Governance	1 .		HE DIS		
ērn		Check this box $ig>$ if the organization discontinued its operations or dispos			
20 So		Number of voting members of the governing body (Part VI, line 1a)			21
م		Number of independent voting members of the governing body (Part VI, line 1b) $_{\rm .}$			20
ties		Total number of individuals employed in calendar year 2015 (Part V, line 2a)			<u>12</u> 20
tivi		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		
				Prior Year 2,818,690.	Current Year 3,131,435.
Revenue		Contributions and grants (Part VIII, line 1h)		688,224.	370,753.
ven		Program service revenue (Part VIII, line 2g)		224,404.	127,025.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,640,054.	337,917.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,371,372.	3,967,130.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
6		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,920,634.	1,715,254.
Ise		Professional fundraising fees (Part IX, column (A), line 11e)		11,213.	6,894.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	13.	-	- /
щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,098,687.	2,175,849.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,030,534.	3,897,997.
		Revenue less expenses. Subtract line 18 from line 12		1,340,838.	69,133.
or				ginning of Current Year	End of Year
Net Assets (Fund Balanc	20	Total assets (Part X, line 16)		5,212,568.	5,310,738.
t As	21	Total liabilities (Part X, line 26)		515,871.	643,448.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		4,696,697.	4,667,290.
P	art II	Signature Block			

art in j 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. Τ.

Sign Here	Signature of officer AMY PORTER, EXECUTIVE Type or print name and title	DIRECTOR/CEO	Date	
Paid	Print/Type preparer's name JOAN M.RENNER CPA	Preparer's signature JOAN M.RENNER CPA	Date Check	
Preparer	Firm's name RENNER AND COMPA	NY, CPA, P.C	Firm's EIN	
Use Only	Firm's address 700 NORTH FAIRFA		Phone no.	703-535-1200
May the IF	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No
532001 12-1	6-15 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2015)

Par	t III Statement of Program Service Accomplishments		Page
			г
			L
1	THE NATIONAL OSTEOPOROSIS FOUNDATION (NOF) IS THE LEAD ORGANIZATION DEDICATED TO PREVENTING OSTEOPOROSIS AND PROMOTING STRONG BONES FOR LIFE AND REDUCING HUMAN SUF	BROKEN BONES, FERING THROUG	
		ADVOCACY AND	
2		Yes	X
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?Yes	X
4		as measured by expenses	S.,
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	• •	
la	(Code:) (Expenses \$ 1,216,038. including grants of \$) (Re IN 2011, THE FOUNDATION LAUNCHED THE NATIONAL BONE HEA	LTH ALLIANCE	
	AND RESOURCES OF 55 PARTICIPATING ORGANIZATIONS TO COL	LECTIVELY PRO	мот
	2015, NBHA WELCOMED 6 NEW MEMBERS.	IND EVALUATION	• 1
	NBHA IS ADVOCATING FOR THE WIDESPREAD IMPLEMENTATION O	F THE FRACTUR	E
			_
	EFFORTS TO SUPPORT THIS GOAL. FLS PROGRAMS COORDINATE	POST-FRACTURE	
1 b			153
			<u> </u>
			110
	IN 2015, THE FOUNDATION PLANNED AND IMPLEMENTED THE 20	15	
			CE
	IIII Sittement of Program Service Accomplishments IX Deck disbudie Ocontians are agenorate or ate to any line in this Part III IX Item AnTIONAL OSTEOPOROSIS FOUNDATION (NOP) IS THE LEADING HEALTH IX ORGANIZATION DEDICATED TO PREVENTING OSTEOPOROSIS AND BROKEN BONES. PROMOTING STROMG EDORES FOR LIPE AND REDUCTING HUMAN SUPFERING THROUGH PROMOTING STROMG EDORES FOR LIPE AND REDUCTING HUMAN SUPFERING THROUGH PROMOTING estores IX Odd the argunzation undertable any significant program services and mean of lated on IV set (Sacothe these new services on schedule 0. Odd the argunzation argent services accompliated thanges in how it conducts, any program services, as measured by expenses. Sector 500(2) (Sacothe the organization's program services accompliated thange of the mean and allocations to others, the total expenses. Sector 50(2) (Sacother to explanation's program services accompliated thange of the mean and allocations to others, the total expenses. 10(1): (THE FOUNDATION LAUNCHD THE NATIONAL BONE HEALTH ALLIANCE No 2011, THE FOUNDATION LAUNCHD THE MATIONAL BONE HEALTH ALLIANCE 1123, 33, metangenet of the second secon		
Cneck 1 Schedule Contains a resonse or note to any line in the Part III IX 1 Heily decode the organization resistor 1 Heily decode the organization resistor 1 Heily decode the organization resistor 2 Filty Antion Participation of the Part Part Time (NOP) IS THE LEADING HEALTH ORGANIZATION DEDICATED TO PREVENTING OSTREOFORSIS AND BROKEN BONGEN AND PROGRAMS OF PUBLIC AND CLINICIAN AWARENESS, EDUCATION, ADVOCACY AND 2 Dot the organization undertake any significant program services group of the organization undertake any significant program service and the two not listed on the organization cancel and schedule 0. Ives (X) No If ''es', (3cotto these charge on Schedule 0. 3 Dd the organization is program service accompliatments for each of its three largest program services, as measured by organizations are required to report the angula discussive to dense. The total expenses, and revenue, flan, to each program service accompliatments for each of its three largest program services, as measured by organizations are required to report and sciences to others. The total expenses, Section 50(10) and 50(10) dogganizations are required to report and and cancel and the science others. The total expenses, and revenue, flan, to each program service accompliatments for each of its three largest program services, as measured by organization are reported. 4 (case []] [] fereness 1 . 1,216,731. metartyperiod That and lance the science of th			
			CH
		NTION, DIAGNO	SIS
B brefly describe the organization simulation. THE NATIONAL OSTEOPROROSIS FOUNDATION (NOF) IS THE LEADING HEALTH ORGANIZATION DEDICATED TO PREVENTING OSTEOPOROSIS AND BROKEN BORES, PROMOTING STRONG BORES FOR LIPE AND REDUCING HUMAN SUFFERING THROUGH PROGRAMS OF DUBLIC AND CLINICIAN AWARENESS, EDUCATION, ADVOCACY AND 2 bd the organization underdae any significant program services, and under the prior from 980 or 990-627. ↓ Yes [X] No 11 'Yes, 'describe these inve services on Schedule 0. ↓ Yes [X] No ↓ Yes [X] No 12 'New of each program mervice accompliabments for each of its three largest program services, as measured by expense. Section 501(c)(3) and 301(c)(4) organizations are required to report the amount of guants and allocations to other, the total expense, and introdum, if any, the each program service accompliabments for each of its three largest program services, as measured by expense. Section 501(c)(3) and 301(c)(4) organizations are required to report the amount of guants and allocations to other, the total expense, and introdum, if any, the each program service accompliabments for each of its three largest program services, as measured by expense. (IN 2012) and the each program service accompliabments for each of the three largest program services, as measured by expense. Section 501(c)(3) and 301(c)(4) organizations are required to the each of the three largest program services. (IN 2012) and the each program services in the largest program services. (IN 2012) and the description of the PRACINE PROVIDED TONE CETTIVELE YEAPRITISE (NDRA), A FUBLIC - PRIVATE PARTNERNSHIP THAT BEINES TO COEFFICETIVELE YEAPRITISE (NDRA), A FUBLIC - PRIVATE PARTNERNSHIP THAT BEINES TO COEFFICE TIVELY PRIVE (IN 2015), NEAL WELLOW TO THE WIDESPREAD IMPLEMENTATION OF THE PRACINT ON IN A NUMBER OF HEALTH AND PR			
	IN 2015 THE FOUNDATION EXPANDED ITS FOCUS ON HEALTH AN	ID WELLNESS.	
	NOF FINALTZED TTS "PEAK BONE MASS" REVIEW MANUSCRIPT F		N ·
1d	(Expenses \$ 501,823 · including grants of \$) (Revenue \$	699,803. ₎	
10	Total program service expenses ► 2,980,777.		
10			
			90 (2

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Form	990	(2015)

NATIONAL OSTEOPOROSIS FOUNDATION

Pa	t 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)?			
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ŭ	public office? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	· ·		
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	-	8		x
•	Schedule D, Part III	•		- 23
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?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	х	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	445	х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Δ	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	~	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		х	
	Schedule D, Parts XI and XII	12a	~	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	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	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			x
.	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		х	
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17	Δ	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," complete Schedule G, Part III	10		x
		19	1	

Form **990** (2015)

532003 12-16-15

F	Form 990 (2015)	NATIONAL	OSTEOPORC
I	Part IV	Checklist of	Required Schee	dules (continued)

NATIONAL OSTEOPOROSIS FOUNDATION

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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? If "Yes," complete Schedule I, Parts I and II	21		X
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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		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? If "Yes,"			
	complete Schedule L, Part II	26		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			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations?	30		- 23
51		31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2015)

532004 12-16-15

Form	990 (2015) NATIONAL OSTEOPOROSIS FOUNDATION		36-3350	532	P	age 5
Pa	t 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	1a	26			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction					
3a				3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
iu	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		x
h	If "Yes," enter the name of the foreign country:	40004				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year in the damageneric shelter transaction at any time during the tax year in the damageneric shelter transaction at any time during the tax year in the damageneric shelter transaction at any time during the tax year in the damageneric shelter transaction at any time during the tax year in the damageneric shelter transaction at any time during the tax year in the damageneric shelter transaction at any time during the tax year in the damageneric shelter transaction at any time during the tax year in the damageneric shelter transaction at any time during the tax year in the damageneric shelter transaction at any time during the tax year in the damageneric shelter transaction at any time during the tax year in the damageneric shelter transaction at any time during the tax year in the damageneric shelter transaction at any time during the tax year in the damageneric shelter transaction at any time during the tax year in the damageneric shelter transaction at any time during the tax year in the damageneric shelter transaction at any time during the tax year in the damageneric shelter transaction at any time during the tax year in the damageneric shelter transaction at any time during the tax year in the damageneric shelter transaction at any time during the tax year in the damageneric shelter transaction at any time during the tax year in the damageneric shelter transaction at any time during the tax year in the damageneric shelter transaction at any time during the tax year in the damageneric shelter transaction at any time during the tax year in the damageneric shelter transaction at any time during the tax year in the damageneric shelter transaction at any time during the tax year in the damageneric shelter transaction at any time during the tax year in the damageneric shelter transaction at a shelter transaction at at a shelter transaction at a shelter shelter shelter shelte			5a 5b		x
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t			30		
Ua				6a		x
h	any contributions that were not tax deductible as charitable contributions?			Ua		
D			-	Gh		
7	were not tax deductible?	•••••		6b		
7	Organizations that may receive deductible contributions under section 170(c).	rvione r	vrovidad to the pavor?	70		x
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a 7h		- 23
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	/as req	uirea	7.		x
لہ	to file Form 8282?	7d		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			70		x
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f 7m		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	,		•		
•				8		
9	Sponsoring organizations maintaining donor advised funds.			•		
a				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	40-				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		l			
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? 	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	I			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				v
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		

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NATIONAL OSTEOPOROSIS FOUNDATION

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.

ec	Check if Schedule O contains a response or note to any line in this Part VI					
					Yes	;]
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	1		
	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 0.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	hip with	any other			
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form					
5	Did the organization become aware during the year of a significant diversion of the organization's a					
6	Did the organization have members or stockholders?					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or					-
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					-
				7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y			10		-
				8a	x	
d h	The governing body? Each committee with authority to act on behalf of the governing body?				X	-
9				00		-
э	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re			9		
0.0	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		-
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenu	e Code.)		Vee	-
~				40	Yes	-
	Did the organization have local chapters, branches, or affiliates?			10a		_
b	If "Yes," did the organization have written policies and procedures governing the activities of such					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		_
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody befo	ore filing the form?	11a	X	_
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
				12a	X	_
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," d	escribe			
	in Schedule O how this was done			12c	X	
3	Did the organization have a written whistleblower policy?			13	X	
4	Did the organization have a written document retention and destruction policy?			14	X	
5	Did the process for determining compensation of the following persons include a review and appro	val by ii	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	1?				
а	The organization's CEO, Executive Director, or top management official			15a	X	
	Other officers or key employees of the organization				Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement v	with a			
	taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org					
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure			100		-
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright AL , AK , AR , AZ ,			а нт	тт	Ē
7 0						-
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-i (Seci		availat	ле	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website Upon request Other (expla		•			
~	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	conflict o	of interest policy, a	nd finan	icial	
9	statements available to the public during the tax year.					
9			nd records:			
9	State the name, address, and telephone number of the person who possesses the organization's b	DOOKS a				
_	DEBBIE ERIKSON - 703-647-3000	DOOKS a				_
_	State the name, address, and telephone number of the person who possesses the organization's to DEBBIE ERIKSON - 703-647-3000 251 18TH ST S #630, ARLINGTON, VA 22202 3 12-16-15 SEE SCHEDULE O FOR FULL LIST OF STATES				1 990	_

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

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.

		l	111120			npe	nout			(Г)
	(B)				C) ition	1		(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week		, unle: cer an					compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				Ð		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			in sate		(W-2/1099-MISC)		organization
	organizations	trust	ial tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	lest c loyee	ner			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) JUDY BLACK	5.00									
CHAIRMAN		Х		Х				0.	0.	0.
(2) ROBERT GAGEL, M.D.	5.00									
PRESIDENT		X		X				0.	0.	0.
(3) KENNETH SAAG, M.D.	5.00									
VICE PRESIDENT		X		X				0.	0.	0.
(4) ANN MILLER, M.D.	5.00									
SECRETARY		X		X				0.	0.	0.
(5) ROBERT UNDERSTEIN, CPA	5.00									
TREASURER		X		X				0.	0.	0.
(6) AMY PORTER	40.00									
EXECUTIVE DIRECTOR/CEO		X		X				283,198.	0.	12,341.
(7) DOUGLAS BAUER, M.D.	5.00									
TRUSTEE		X						0.	0.	0.
(8) SUSAN GREENSPAN, M.D.	5.00									
TRUSTEE		X						0.	0.	0.
(9) BARBARA HANNAH GRUFFERMAN	5.00									
TRUSTEE		Х						0.	0.	0.
(10) JUDITH HULKA, APR	5.00									
TRUSTEE		Х						0.	0.	0.
(11) KARL INSOGNA, M.D.	5.00									
TRUSTEE		Х						0.	0.	0.
(12) DAVID KIM	5.00									
TRUSTEE		Х						0.	0.	0.
(13) JOAN LAPPE, PH.D	5.00									
TRUSTEE		Х						0.	0.	0.
(14) BERDON LAWRENCE	5.00									
TRUSTEE		Х						0.	0.	0.
(15) MERYL LEBOFF, M.D.	5.00									
TRUSTEE		Х						0.	0.	0.
(16) MICHAEL LEWIECKI, M.D.	5.00									
TRUSTEE		Х						0.	0.	0.
(17) MARY MCKINLEY	5.00									
TRUSTEE		Х						0.	0.	0.
522007 12 16 15										Form 990 (2015)

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Dort VII	-

NATIONAL OSTEOPOROSIS FOUNDATION

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Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C	1				
(A)	(B)			•	C) sitior	`		(D)	(E)		(F)	
Name and title	Average hours per	(do	not c	heck	more	than	one	Reportable	Reportable		Estimate	
	week	offi	, unie cer ar	ess pe nd a c	erson directo	is bot or/trus	th an stee)	compensation from	compensation from related		amount other	
	(list any	tor						the	organizations		compensa	
	hours for	direc				pg		organization	(W-2/1099-MISC)		from th	
	related	tee or	ustee			ensat		(W-2/1099-MISC)			organizat	ion
	organizations	al trus	nal tr		oyee	e omp					and relat	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			0	organizati	ons
(18) GAIL SHEEHY	5.00	Ĕ	ŝ	5	, Ee	Ξ	R			_		
TRUSTEE	5.00	x						0.	0			0.
(19) ETHEL SIRIS, M.D.	5.00									╈		
TRUSTEE		x						0.	0	•		0.
(20) HEIDI SKOLNIK, MS	5.00											
TRUSTEE		x						0.	0	•		0.
(21) ANDREA SINGER, M.D.	5.00											
TRUSTEE		Х						0.	0	•		0.
(22) FELICIA COSMAN, M.D.	5.00								_			_
TRUSTEE - EX OFFICIO		Х						0.	0	•		0.
(23) CLAIRE GILL	40.00	4						101 040			0 1	C 1
SENIOR DIRECTOR MARKETING	40.00				X			191,843.	0	•	9,1	61.
(24) DAVID LEE	40.00	-			x			100 102	0		16 2	70
DIRECTOR NATIONAL BONE HEA (25) TAYLOR WALLACE	40.00							190,103.	0	•	16,3	12.
SENIOR DIRECTOR SCIENCE PO	40.00				x			171,284.	0		12,3	29.
(26) DEBRA ERIKSON	40.00							1/1/2010	•	-	10,5	<u> </u>
DIRECTOR DEVELOPMENT OPERATIONS		1				x		121,901.	0	•	14,5	59.
1b Sub-total	1				1			958,329.	0	•	64,7	62.
c Total from continuation sheets to Part V								265,816.	0	•	31,1	50.
d Total (add lines 1b and 1c)								1,224,145.	0	•	95,9	12.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	,000 of reportable			
compensation from the organization												
										_	Yes	No
3 Did the organization list any former officer,							-	•			-	v
line 1a? If "Yes," complete Schedule J for s										·	3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	•		•						the organization		4 X	
5 Did any person listed on line 1a receive or									dual for services	· –	4 11	
rendered to the organization? If "Yes," con	-				-			-			5	x
Section B. Independent Contractors	<u></u>				10 01 0					<u> </u>	-	<u> </u>
1 Complete this table for your five highest co	mpensated in	depe	ende	ent d	cont	racto	ors t	that received more than	\$100,000 of compe	nsati	on from	
the organization. Report compensation for	the calendar y	ear	endi	ing ۱	with	or w	/ithi	n the organization's tax y	/ear.			
(A)								(B)		~	(C)	
Name and business	address							Description of s	ervices	Con	npensatio	n
HAINES AND COMPANY		TAC		` 11	1		2 0				176 E	21
8050 FREEDOM AVE NW, NOR	IN CANIC		, (Л	4	4/2	20	DIRECI MAIDI.	ING		176,5	41.
2 Total number of independent contractors (not li	mite	ed to	tho	se li	stec	d above) who received m	ore than			
\$100,000 of compensation from the organ		<u></u>		<u>, m</u>	T ~ 1			FFMC			000	
SEE PART VII, SECTIO	N A CON	т. Т І	NUZ	A.T.	TOI		эп.	6619		Fo	orm 990 (2015)
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Part VII Section A. Officers, Directors		mplo	oyee			ligh	est			(—)
(A) Name and title	(B) Average hours	(cl	heck	(C Pos (all 1	ition		ly)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) SUSAN RANDALL	40.00					x		140,171.	0.	18,457
SENIOR DIRECTOR SCIENCE AN (28) DEBBIE ZELDOW	40.00	-				<u> </u>		140,1/1•	0.	10,437
SENIOR DIRECTOR CLINICAL P						x		125,645.	0.	12,693
		_								
		-								
		-								
		$\frac{1}{1}$								
		-								
Total to Part VII, Section A, line 1c								265,816.		31,150

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				OPOROSIS	FOUNDATIO	N	36-3350	532 Page 9
Pa	t VI	II Statement of Reve	nue					
		Check if Schedule O con	tains a response	or note to any lir				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d f g		1b 1c 1d tions) 1e its, and its and its and its and its and jts	87,925. 043,510. ■ Business Code 900099 900099 900099	3,131,435. 250,153. 97,914. 22,686.	250,153.		
am	d				-	-		
^{og}	е							
۲.	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f			370,753.			
	3	Investment income (including other similar amounts)		►	122,711.			122,711.
	4	Income from investment of ta			334,354.			334,354.
	5	Royalties	(i) Real		554,554.			554,554.
	6 9	Gross rents		(ii) Personal				
		Gross rents						
		Rental income or (loss)						
		Net rental income or (loss)		►				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	209,338.					
	b	Less: cost or other basis						
		and sales expenses	205,024.					
	C	Gain or (loss)	4,314.		4,314.			4,314.
		Net gain or (loss) Gross income from fundraisir		····· ►	4,514.			4,514.
Other Revenue		including \$ contributions reported on line Part IV, line 18	of e 1c). See a					
Gth		Less: direct expenses						
-		Net income or (loss) from fun		····· ►				
	9 a	Gross income from gaming a						
	h	Part IV, line 19						
		 Less: direct expenses Net income or (loss) from gan 						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
	с	Net income or (loss) from sale	es of inventory	►				
		Miscellaneous Revenu	le	Business Code				
	11 a	MISCELLANEOUS		900099	3,563.	3,563.		
	b							
	C							
	d				3,563.			
	е 12	• Total. Add lines 11a-11d Total revenue. See instructions.			3,967,130.		0 -	461,379.
53200					-,,1200.	0,1,010.	<u>J</u>	Form 990 (2015)

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Part IX Statement of Functional Expenses

NATIONAL OSTEOPOROSIS FOUNDATION

	Check if Schedule O contains a respons	e or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 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,	1 040 175		20 501	
	trustees, and key employees	1,048,175.	805,057.	38,581.	204,537
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	511,856.	202 124	10 0/0	00 000
7	Other salaries and wages	511,050.	393,134.	18,840.	99,882
8	Pension plan accruals and contributions (include	20,833.	16,001.	767.	1 065
~	section 401(k) and 403(b) employer contributions)	47,867.	36,764.	1,762.	4,065 9,341
9	Other employee benefits	86,523.	66,454.	3,185.	16,884
10	Payroll taxes	00,525.	00,434.	5,105.	10,004
11	Fees for services (non-employees):				
	Management	41,709.	32,035.	1,535.	8 1 3 9
		27,608.	21,205.	1,016.	8,139 5,387
	Accounting	27,000.	21,203.	1,010.	5,507
	Lobbying Professional fundraising services. See Part IV, line 17	6,894.			6,894
f		17,059.		17,059.	0,054
g		1,,0350			
y	column (A) amount, list line 11g expenses on Sch O.)	528,972.	406,280.	19,470.	103,222
12	Advertising and promotion	19,638.	15,083.	723.	3,832
13	Office expenses				0,002
14	Information technology	208,686.	160,283.	7,681.	40,722
15	Royalties			.,	/ /
16	Occupancy	232,280.	178,404.	8,550.	45,326
17	Travel	125,169.	96,137.	4,607.	24,425
18	Payments of travel or entertainment expenses				,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	28,350.	21,774.	1,044.	5,532
20	Interest	9.	7.		2
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,131.	12,389.	594.	3,148
23	Insurance	37,339.	28,679.	1,374.	7,286
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 0.)				
а		114,982.	88,313.	4,232.	22,437
b	a DONGOD GUT D	101,323.	77,822.	3,729.	19,772
с	CATERING AND FACILITY	98,126.	75,366.	3,612.	19,148
d	CAGING SERVICE	89,579.	68,808.	3,297.	17,474
е	All other expenses SEE SCH O	488,889.	380,782.	18,249.	89,858
25	Total functional expenses. Add lines 1 through 24e	3,897,997.	2,980,777.	159,907.	757,313
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	186,078.	44,106.	26,874.	115,098

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Inventories for sale or use 108,458. Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 687,738. basis. Complete Part VI of Schedule D _____ 10a 646,833. 14,839. b Less: accumulated depreciation 10b 10c 2,928,934. Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 14 Intangible assets Other assets. See Part IV, line 11 15 5,212,568. Total assets. Add lines 1 through 15 (must equal line 34) 16 344,340. 17 Accounts payable and accrued expenses 18 Grants payable 152,340. 19 Deferred revenue Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 19,191. 25 Schedule D 515,871. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and complete lines 27 through 29, and lines 33 and 34. 3,261,283. 27 Unrestricted net assets 1,255,402. 28 Temporarily restricted net assets 180,012. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Part II of Schedule L

Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing

Notes and loans receivable, net

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances_____

5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete

employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L

NATIONAL OSTEOPOROSIS FOUNDATION

(B)

End of year 1,490,314.

651,558.

111,014.

9,037.

131,820.

40,905.

2,876,090.

5,310,738.

203,055.

399,600.

<u>40,</u>793.

643,448.

3,454,522. 1,032,756.

180,012.

(A)

Beginning of year

336,186.

622,518. 83,952.

23,878.

1,093,803.

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Liabilities

Vet Assets or Fund Balances

Assets

Part X Balance Sheet

30 31 32 4,667,290. 4,696,697. 33 5,212,568. 5,310,738. 34

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	990 (2015) NATIONAL OSTEOPOROSIS FOUNDATION	36-33	<u>50532</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			2 0 0	- 1	20
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,96		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,89		
3	Revenue less expenses. Subtract line 2 from line 1	3		9,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,69		
5	Net unrealized gains (losses) on investments	5	-12		
6	Donated services and use of facilities	6	3	0,1	<u>79</u> .
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	4,66	7,2	90.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
				000	

Form **990** (2015)

532012 12-16-15

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	·ΕΖ
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4

4947(a)(1)	nonexemp	t charita	ble trust.
Attach	to Form 990) or Forr	n 990-EZ

Attach to Form 990 or Form 990-EZ

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.

OMB No. 1545-0047
2015
Open to Public

Inspection Employer identification number

Name of the organizatio	n
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	NATIONAL	OSTEOPOROSIS	FOUNDATION	
ation				

		NATI	ONAL OSTEO	POROSIS FOUN	DATIO	N	3	6-3350532
Pa	nrt I	Reason for Public	Charity Status (All organizations must c	omplete th	is part.) Se	e instructions.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 11, o	check only	one box.)		
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(1	l)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative	hospital service org	anization described in s	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit descrik	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substa	intial part of its support	from a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9		An organization that norma	Ily receives: (1) more	e than 33 1/3% of its sup	oport from	contributio	ons, membership fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions	, and (2) no	o more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
10		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).	
11		An organization organized a	and operated exclus	ively for the benefit of, t	o perform t	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 11a through 11d that	describes the type o	of supporting organization	n and com	nplete lines	s 11e, 11f, and 11g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s), typically by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority (of the dire	ctors or trustees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organization(s), by ha	aving
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	oported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С	c L Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,							
	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.							
d	d L Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)							
	that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness							
	_	requirement (see instruct	-	-				
е		☐ Check this box if the orga					a Type I, Type II, Type III	
	_	functionally integrated, or		nally integrated support	ing organiz	zation.		
		er the number of supported of	•					
g		vide the following information	about the supporte	ed organization(s).	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	(organization		(III) Type of organization (described on lines 1-9	listed i	n your	support (see	other support (see
				above (see instructions))	governing o		instructions)	instructions)
					Yes	No		
								<u> </u>

Form 990 or 990-EZ. 532021 09-23-15

LHA For Paperwork Reduction Act Notice, see the Instructions for

Total

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 NATIONAL OSTEOPOROSIS FOUNDATION

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3297233.	2932324.	2103896.	2818690.	3131435.	14283578.
2	Tax revenues levied for the organ-						
	ization'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 \dots						
4	Total. Add lines 1 through 3	3297233.	2932324.	2103896.	2818690.	3131435.	14283578.
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)						4604797.
	Public support. Subtract line 5 from line 4.						9678781.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012 2932324.	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	3297233.	2932324.	2103896.	2818690.	3131435.	14283578.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	4 6 1 0 1 4			272 420		0101401
	and income from similar sources \dots	461,014.	509,916.	380,058.	373,438.	457,065.	2181491.
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	620	25 240	2 1 7 0			
	assets (Explain in Part VI.)	638.	35,240.	3,178.			<u>39,056.</u> 16504125.
	Total support. Add lines 7 through 10						,381,269.
	Gross receipts from related activities,	•	,				, 301, 209.
13	First five years. If the Form 990 is for		s first, second, thir	d, tourth, or titth ta	ax year as a sectio	n 501(c)(3)	
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2015 (column (f))		14	58.64 %
	Public support percentage from 2014					15	59.23 %
	33 1/3% support test - 2015. If the c						
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2014. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances tes	-	-				
	more, and if the organization meets th						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						s ►
					Sche	dule A (Form 990	or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 NATIONAL OSTEOPOROSIS FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 201	5 (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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
t	3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 201	5 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
-	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) o	rganization,
	check this box and stop here		-				<u></u>
Se	ction C. Computation of Pub	lic Support Pe	ercentage				
15	Public support percentage for 2015 (line 8, column (f) d	livided by line 13,	column (f))		15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inve						
	Investment income percentage for 20 Investment income percentage from			ne 13, column (f))		17 18	<u>%</u>
19 a	a 33 1/3% support tests - 2015. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and	l line 17 is not
	more than 33 1/3%, check this box a	and stop here. The	e organization qua	lifies as a publicly	supported organiz	zation	
k	33 1/3% support tests - 2014. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1	/3% , and
	line 18 is not more than 33 1/3%, ch	eck this box and s	top here. The org	anization qualifies	as a publicly supp	ported organiz	zation ►
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	▶
5320	23 09-23-15			17	Sch	nedule A (For	m 990 or 990-EZ) 2015

^{2015.04010} NATIONAL OSTEOPOROSIS FOUND 1323_001

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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))? *If* "*Yes*," *provide detail in* **Part VI.**
- **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? *If* "Yes," *provide detail in Part VI.*
- 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? *If "Yes," provide detail in Part VI.*
- **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)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

532024 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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18

Schedule A (Form 990 or 990-EZ) 2015 NATIONAL OSTEOPOROSIS FOUNDATION Part IV Supporting Organizations (continued)

<form> 1 Has the organization accepted a gift or cortribution from any of the following parsons? Image: Not directly or indirectly controls, either atoms of together with persons described in (b) and (c) below, the genering body of as lapported organization? Image: Not directly organization accepted in (a) above? 2 A 38% accentration described in (a) above? Image: Not directly organization accentration (a) (a the above? Image: Not directly organization accentration (a) (a the above? 3 A 38% accentration described in (a) above? Image: Not directly organization accentration (a) (a the above? Image: Not directly organization accentration (a) (a the above? 4 Did the directors, trustees, or membership of one or more supported organization may be the organization accentration (a) (a the approximation (b) effectively operated, supervised, or controlled the organization accentration (a) (a the approximation (b) effectively operated, supervised, or controlled the organization accentration (a) (a the supported organization (b) the tay supervised (a controlled the supporting organization (b) that operated, supervised, or controlled the supporting organization (b) that operated, supervised, or controlled the supporting organization (b) that operated, supervised, or controlled the supporting organization (b) the operated organization (b) that operated, supervised, or controlled the supporting organization (b) the director's or trustees of each of the organization (b) that operated organization (b) the lad dy of the director's or trustees of organization (b) the director's or trustees of each of the songanization (b) the director's or trustees of the organization (b) the director's or trustees of each of the organization (b) tha supported organization (</form>		Cupperting organizations (continued)		Vee	NI
A spector who directly controls, either atoms or together with persons described in (b) and (c) beaw, the governing body of a supported granization? A spector direction entry of a person described in (g) a (b) g) above? A spector direction entry of a person described in (g) a (b) g) above? A spector direction entry of a person described in (g) a (b) g) above? A spector direction entry of a person described in (g) a (b) g) above? A spector direction entry of a person described in (g) a (b) g) above? A spector direction entry of a person direction or thores and a majority of the directors or trustees and genetic pith entry of the directors or trustees and genetic pith entry of the directors or trustees and genetic pith entry of the directors or trustees and genetic pith entry operated, supported organization, d) address the book of the supported organization of direction or directors or trustees and genetic pith entry of the directors or trustees and genetic pith entry of the directors or trustees and genetic pith entry of the directors or trustees and genetic pith entry of the directors or trustees and genetic pith entry operated. A spectra of the supporting organization of the supported organization of the supported organization of the support of the sup				Yes	No
b A rawny member of a person described in § alove?) 11a 11a b A rawny member of a person described in § alove?) 11c 11c Section B. Type I Supporting Organizations Yes' to a, b, or c, provide detail in Part VI. Yes No 1 Did the directors, trustees, or membership of one or more supported organizations haive the power to meguinary point or elect at least a majority of the organization at directors or trustees at all times during the tax year? (No.' describe in Part VI how the supported organization (describe organization, describe how the powers to appoint andrive remove directors or trustees or howers during the tax year. 1 1 2 Did the organization science or trustees or trustees or trustees or allocated among the supported organization, describe how the powers to appoint andrive remove directors or trustees or howers during the tax year. 1 1 2 Did the organization benefic carried organization the member supported organization (No allow power). 2 1 3 Did the organization supported organization? 2 1					
b A family member of a person described in (a) above? c A 53% controlled entity of a person described in (a) (b) (b) (b) (b) (b) (b) (b) (b) (b) (b	а				
C A 39% controlled entity of a period described in (a) or (b) above?/f 'Yes' to a, b, or c, provide detail in Part V. Section B. Type I Supporting Organizations Yes No mapdaty appoint or elect at least a majority of the organization's directors or trustees at all times during the tax yea? If 'No,' describe in Part VI how the supported organization's directors or trustees or allocated among the supported organization and what conditiones. If the organization is an one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditiones. If the organization is an one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization's provided, controlled the supporting organization' If 'No,' 'describe in Part VI how providing such benefit carried out the purposes of the supported organization, apported, or controlled the supporting organization's If 'No,' 'describe in Part VI how control or maxigement of the supported organization's If 'No,' 'describe in Part VI how control or maxigement of the supporting Organization's Ves No or maxigement of the supporting Organizations Ves No or maxigement of the supporting Organizations Ves No organization's provided communication's Ves No vestice of the organization supported organization's directors or trustees of the organization supported organization's Ves No vestice of the organization's supported organization's Ves No vestice of the organization's directors or trustees during the support of the organization's Ves No vestice of the organization's directors or trustees of the same presens that controlled or maxing the No vestice of the organization's Ves No vestice of the organization's directors or trustees of the organization's Ves No vestice organization supported organiz					
Section B. Type I Supporting Organizations Yes No 1 Up the directors, trustews, or membership of one or more supported organizations have the prover to regularity appoint or direct at least a majority of the corganization is directors or trustees at all times during the tax year! If "No," describe in Part VI how the supported organization (generated, supporting organization, describe how the powers to appoint and/or environment directors or trustees were allocated among the supported organization (generated, supervised, or controlled the supporting organization) of the support of supporting organization of the trust and the purposes of the supporting organization of the trust. 1 <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
Del 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) directors or trustees at all times during the tax year? If a Work of the organization and directors or trustees were allocated among the supported organization and what conflictions or restrictors, If any, applied to such power a during the tax year. Did the organization operate for the benefit of any supported organization of the vargence and the supported organization of the supported organization of the supported organization (s) that operated, supervised, or controlled the supported organization of the vargence and or other parts the supported organization (s) that operated, supervised, or controlled the supported organization (s) that operated, supervised, or controlled the supported organization) and work conflicts. Section C. Type II Supporting Organizations The support of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the supported organizations, by the last day of the fifth month of the organization's directors or trustees during the tax year also a majority or the director sore of the organization's directors, or trustees eating the support provided during the prior tax, year, (ii) a over (if easy of the tax year (ii) a copy of the form 900 bit taw some are early fild as of the date or ontification, and (ii) copies of the organization's governing documents in effect on the date or ontification, and (ii) copies of the organization's over the organization's apported organiz			11c		
1 Dot the directors, trustees, or membership of one or more supported organizations have the power to requiring documents in Part VI how the supported organization's directors or trustees at all times during the tax year 11 **0,** describe in Part VI how the supported organization's directors or trustees at all times during the tax year 12 **0,*** describe in Part VI how the support and the provides card or the power to accurate the upport of the support of the support of organization of the support of organization of the support of the power to the power to accurate the upport of the support of the support of the support of organization of the support of organization of the support of the power to accurate were elected arrong the support of organization of the support o	Sec	tion B. Type I Supporting Organizations			
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Schedule A (Form 990 or 990-EZ) 2015 NATIONAL OSTEOPOROSIS FOUNDATION

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All

other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Ad	justed Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short	term capital gain	1		
2 Recoverie	es of prior-year distributions	2		
3 Other gro	ss income (see instructions)	3		
4 Add lines	1 through 3	4		
5 Depreciat	ion and depletion	5		
6 Portion of	operating expenses paid or incurred for production or			
collection	of gross income or for management, conservation, or			
maintena	nce of property held for production of income (see instructions)	6		
7 Other exp	enses (see instructions)	7		
8 Adjusted	Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Mi	nimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate	e fair market value of all non-exempt-use assets (see			
instructio	ns for short tax year or assets held for part of year):			
a Average r	nonthly value of securities	1a		
b Average r	nonthly cash balances	1b		
c Fair mark	et value of other non-exempt-use assets	1c		
d Total (ad	d lines 1a, 1b, and 1c)	1d		
e Discount	claimed for blockage or other			
factors (e	xplain in detail in Part VI):			
2 Acquisitio	n indebtedness applicable to non-exempt-use assets	2		
3 Subtract	line 2 from line 1d	3		
4 Cash dee	med held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instru	ictions).	4		
5 Net value	of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply li	ne 5 by .035	6		
7 Recoverie	es of prior-year distributions	7		
8 Minimum	Asset Amount (add line 7 to line 6)	8		
Section C - Dis	tributable Amount			Current Year
1 Adjusted	net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85%	6 of line 1	2		
3 Minimum	asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter grea	ater of line 2 or line 3	4		
5 Income ta	ax imposed in prior year	5		
6 Distribut	able Amount. Subtract line 5 from line 4, unless subject to			
emergeno	cy temporary reduction (see instructions)	6		
	eck here if the current year is the organization's first as a non-function	ally-integrat	ted Type III supporting or	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990 EZ) 2015 NATIONAL OSTEOPOROSIS FOUNDATION

Section D - Distributions Current 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. 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distribution Allocations (see instructions) Excess Distributions Underdistributions Pre-2015 10 Line 8 amount for 2015 from Section C, line 6 11 Distributions and for applied ese instructions) Image: Pre-2015 Image: Pre-2015 Amount for 2015 (pre Section C, line 6 12 Underdistributions (arryover, if any, to 2015:	Year
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10 Line 8 amount divided by Line 9 amount (i) (ii) (iii) (iii) Section E - Distribution Allocations (see instructions) Excess Distributions Pre-2015 Amount for 1 Distributable amount for 2015 from Section C, line 6 Image: Section Section C, line 6 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Image: Section Section C, line 6 Image: Section C, line 6	
Section E - Distribution Allocations (see instructions)(i) Excess Distributions(ii) Underdistributions Pre-2015(iii) Distribu Amount for1Distributable amount for 2015 from Section C, line 62Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)3Excess distributions carryover, if any, to 2015:abcdFrom 2013eFrom 2014fTotal of lines 3a through egApplied to underdistributions of prior yearshApplied to 2015 distributable amountiCarryover from 2010 not applied (see instructions)jRemainder. Subtract lines 3g, 3h, and 3i from 3f.	
Section E - Distribution Allocations (see instructions)Excess DistributionsUnderdistributions Pre-2015Distribut Amount for1Distributable amount for 2015 from Section C, line 6 </th <th></th>	
1 Distributable amount for 2015 from Section C, line 6 Image: Construction of the section C, line 6 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Image: Construction of the section of the sectin of the section of the sectin of the section of the se	table
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(reasonable cause required-see instructions) Image: second se	
3 Excess distributions carryover, if any, to 2015: a	
a a a b a a c a a d From 2013 a a e From 2014 a a f Total of lines 3a through e a a g Applied to underdistributions of prior years a a h Applied to 2015 distributable amount a a i Carryover from 2010 not applied (see instructions) a a j Remainder. Subtract lines 3g, 3h, and 3i from 3f. a a	
b c d From 2013 e From 2014 <t< th=""><th></th></t<>	
caad From 2013ae From 2014af Total of lines 3a through eag Applied to underdistributions of prior yearsah Applied to 2015 distributable amountai Carryover from 2010 not applied (see instructions)aj Remainder. Subtract lines 3g, 3h, and 3i from 3f.a	
dFrom 2013Image: Construction of the second s	
eFrom 2014Image: Construction of the second s	
fTotal of lines 3a through eImage: Construction of prior yearsgApplied to underdistributions of prior yearsImage: Construction of prior yearshApplied to 2015 distributable amountImage: Construction of prior yearsiCarryover from 2010 not applied (see instructions)Image: Construction of prior yearsjRemainder. Subtract lines 3g, 3h, and 3i from 3f.Image: Construction of prior years	
g Applied to underdistributions of prior yearsand an	
h Applied to 2015 distributable amount Image: Carryover from 2010 not applied (see instructions) Image: Carryover from 2010 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Image: Carryover from 2010 not applied (see instructions)	
i Carryover from 2010 not applied (see instructions)	
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	
line 7: \$	
a Applied to underdistributions of prior years	
b Applied to 2015 distributable amount	
c Remainder. Subtract lines 4a and 4b from 4.	
5 Remaining underdistributions for years prior to 2015, if	
any. Subtract lines 3g and 4a from line 2 (if amount	
greater than zero, see instructions).	
6 Remaining underdistributions for 2015. Subtract lines 3h	
and 4b from line 1 (if amount greater than zero, see	
instructions).	
7 Excess distributions carryover to 2016. Add lines 3j	
and 4c.	
8 Breakdown of line 7:	
a	
b line line line line line line line line	
c Excess from 2013	
d Excess from 2014	
e Excess from 2015	

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

	Sunniemental Information	Dravida the avalanation	a required by Dart !!	lina 10. Dart II, lina 17a a	r 17h Dart III line 10
Part VI	Supplemental Information. F Part IV, Section A, lines 1, 2, 3b, 3c, 4	4b, 4c, 5a, 6, 9a, 9b, 9c	s required by Part II, , 11a, 11b, and 11c;	Part IV, Section B, lines	1 and 2; Part III, line 12; 1 and 2; Part IV, Section C,
	Part IV, Section A, lines 1, 2, 3b, 3c, line 1; Part IV, Section D, lines 2 and	3; Part IV, Section E, lin	ies 1c, 2a, 2b, 3a and	3b; Part V, line 1; Part \	/, Section B, line 1e; Part V
	Section D, lines 5, 6, and 8; and Part (See instructions.)	V, Section E, lines 2, 5,	and 6. Also complet	e this part for any addition	onal information.
	· · · · · · · · · · · · · · · · · · ·				
32028 09-23-1	5			Schedu	le A (Form 990 or 990-EZ)
2028 09-23-1			22		

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

Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2015

Employer identification number

36-33505	32
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112	ATIONAL OSTEOPOROSIS FOUNDATION					
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	\fbox 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					

NATTONAL OCTOODOCTO FOINDATTON

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

X 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, II, and III.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

36-3350532 NATIONAL OSTEOPOROSIS FOUNDATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 625,236. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 110,379. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 210,800. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 205,042. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 95,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

13330728 783690 1323.001

523452 10-26-15

24 2015.04010 NATIONAL OSTEOPOROSIS FOUND 1323_001

Employer identification number

(d)

(d)

(d)

(d)

(d)

Type of contribution

X

X

X

36-3350532

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization NATIONAL OSTEOPOROSIS FOUNDATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Person Payroll 320,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 Person Payroll 400,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c)

		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

25

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name, address, and ZIP + 4

523452 10-26-15

13330728 783690 1323.001

No.

2015.04010 NATIONAL OSTEOPOROSIS FOUND 1323_001

Total contributions

36-3350532

NATIONAL OSTEOPOROSIS FOUNDATION

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

13330728 783690 1323.001

26

Page	4
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Part III	AL OSTEOPOROSIS FOUNDAT Exclusively religious, charitable, etc., contri	butions to organizations described	in section 501(c	(7) (8) or (10) th	5 – 3 3 5 0 5 3 2 at total more than \$1,000
artin	the year from any one contributor. Complete co	lumns (a) through (e) and the follo	wing line entry. F	or organizations	αι ισται πιστο πιαπ φ 1,000
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona		r less for the year. (Er	nter this info. once.) 🕨 🗣	
(a) No. from					of how with in hold
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description	of how gift is held
-					
-					
-					
		(e) Transfer of gi	t I		
	Transferee's name, address, and	3 ZIP + 4	Relation	ship of transfero	r to transferee
-					
-					
-					
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description	of how gift is held
Part I		(c) use of gift		(d) Description	of now gift is neid
-					
-					
-					
		(e) Transfer of gi	t		
	Transferee's name, address, and	1 ZIP + 4	Relation	ship of transfero	r to transferee
-		[
-		[
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description	of how gift is held
Part I					
-					
		(e) Transfer of gi	t		
	Transferee's name, address, and		Relation	ship of transfero	r to transferee
			neiation		
-		——————————————————————————————————————			
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description	of how gift is held
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description	of how gift is held
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description	of how gift is held
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description	of how gift is held
(a) No. from Part I	(b) Purpose of gift			(d) Description	of how gift is held
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description	of how gift is held
(a) No. from Part I	(b) Purpose of gift	(e) Transfer of gi		(d) Description	
(a) No. from Part I 		(e) Transfer of gi			
(a) No. from Part I		(e) Transfer of gi			
(a) No. from Part I		(e) Transfer of gi			

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

5 **ZU**

OMB No. 1545-0047

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	

Nan	ne of organization				Emplo	yer identification	number
		AL OSTEOPOROSIS FO				36-335053	32
Pa	rt I-A Complete if the or	ganization is exempt unde	r section 501(c) c	or is a section 5	527 or	ganization.	
1 2 3	Political expenditures	ization's direct and indirect political					
		ganization is exempt unde					
		incurred by the organization under					
2	Enter the amount of any excise tax	incurred by organization managers	s under section 4955		►\$_		
3	If the organization incurred a secti	on 4955 tax, did it file Form 4720 fo	r this year?			Yes	No No
4a	Was a correction made?					Yes	No No
b	If "Yes," describe in Part IV.						
Pa	rt I-C Complete if the or	ganization is exempt unde	r section 501(c),	except section			
1	Enter the amount directly expende	ed by the filing organization for sect	on 527 exempt function	on activities	. ▶\$_		
2	Enter the amount of the filing orga	nization's funds contributed to othe	r organizations for sec	ction 527			
	exempt function activities				🏲 💲 _		
3	Total exempt function expenditure	s. Add lines 1 and 2. Enter here and	d on Form 1120-POL,				
4	Did the filing organization file Form	1120-POL for this year?				Yes	No No
5	Enter the names, addresses and e	mployer identification number (EIN)	of all section 527 poli	tical organizations t	o which	the filing organiza	tion
		ation listed, enter the amount paid 1	0 0				
	-	romptly and directly delivered to a s	· · · ·		separate	e segregated fund	or a
	political action committee (PAC). I	additional space is needed, provid	e information in Part IV	V.			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizatio	on's	(e) Amount of percentributions rece	ived and
				funds. If none, ent	er -0	promptly and di delivered to a se	
						political organiz	
						If none, enter	-U

				If none, enter -0
For Paperwork Reduction Act Notice	see the Instructions for Form 99	0 or 990-E7	Schedule C	(Earm 990 or 990-E7) 2015

tion Act Notice, see the Instructions for Form 990 or 990-E LHA

chedule C (Form 990 or 990-EZ) 2015

532041 10-05-15

Sche	edule C (Form 990 or 990-EZ) 2015 NATIO	NAL OSTEOPOROSIS FOUNDATION	36-3	350532 Page 2						
	rt II-A Complete if the organization	on is exempt under section 501(c)(3) and fil	ed Form 5768 (e	lection under						
	section 501(h)).									
A C	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 exces	ss lobbying expenditures).								
BC	heck 🕨 📃 if the filing organization check	ed box A and "limited control" provisions apply.								
	l imits on Lob	oving Expenditures	(a) Filing organization's	(b) Affiliated group						
	totals									
1a	Total lobbying expenditures to influence pub	lic opinion (grass roots lobbying)	0.							
b	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	0.							
С	Total lobbying expenditures (add lines 1a an	d 1b)	0.							
d	Other exempt purpose expenditures		3,882,298.							
е	Total exempt purpose expenditures (add line	s 1c and 1d)	3,882,298.							
f	Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.	344,115.							
	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% o	f line 1f)	86,029.							
•	Subtract line 1g from line 1a. If zero or less, e	,	0.							
	Subtract line 1f from line 1c. If zero or less, e		0.							
i	,	er line 1h or line 1i, did the organization file Form 4720		I						
,	reporting section 4911 tax for this year?			Yes 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 b	elow.						

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total		
2a Lobbying nontaxable amount	382,298.	363,630.	351,527.	344,115.	1,441,570.		
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					2,162,355.		
c Total lobbying expenditures							
d Grassroots nontaxable amount	95,575.	90,908.	87,882.	86,029.	360,394.		
e Grassroots ceiling amount (150% of line 2d, column (e))					540,591.		
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2015

532042 10-05-15

Schedule C (Form 990 or 990-EZ) 2015 NATIONAL OSTEOPOROSIS FOUNDATION

36-3350532 Page 3

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		(;	a)	(b	(b)	
of the lobbying activity.		Yes	No	Amo	ount	
1 a	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: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	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					
	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					
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		(
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction		
	501(c)(6).			N	Ne	
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				ne 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	cal		1		
	expenses for which the section 527(f) tax was paid).			l		
а	Current year		2a			
b	Carryover from last year		2b			
С	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 exc	cess		1		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical		l		
	expenditure next year?					
	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par						
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part I	I-A, lines 1 a	and 2 (see		

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2015

532043 10-05-15

SCHEDULE [)
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Department of the Treasury Internal Revenue Service

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Name of the organization

NATIONAL OSTEOPOROSIS FOUNDATION

Employer identification number 36-3350532

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(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 v	vriting that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's of	exclusive legal control?	Yes 📃 No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose con	ferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) 🛛 🗌 Preservation of a historica	ally 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 qualif	ied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
с	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		anization during the tax
	year 🕨		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	►	5 , 5	5,
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year
	► \$	5	5 ,
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4	-)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art.
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descril		
b	If the organization elected, as permitted under SFAS 116 (AS		d balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, ec		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under SFAS 1		n, provide
а	Revenue included on Form 990, Part VIII, line 1		► \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2015
53205 11-02-			
11-02-	U	31	

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2015.04010 NATIONAL OSTEOPOROSIS FOUND 1323_001

Sche		L OSTEOPOR				36-33			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or O	ther S	imilar Asse	e ts (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are	a signifi	cant use of its	collectio	n item	íS
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co						rt XIII.		
5	During the year, did the organization solicit o						_		7
Der	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par	-	te if the organizatio	on answered "Yes"	on Forr	n 990, Part IV,	line 9, or	r	
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contributior	ns or other assets	not inclu	beb			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amoun	t	
с	Beginning balance					1c			
d	Additions during the year				L	1d			
е	Distributions during the year				L	1e			
f	Ending balance					1f			
	Did the organization include an amount on F				•	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.					<u></u>			
Par	t V Endowment Funds. Complete i						1 () [
		(a) Current year	(b) Prior year	(c) Two years bac			(e) Four		
	Beginning of year balance	180,012.	180,012.	180,01	<u> </u>	180,012.			012.
		401.	514.	3,31	3	11 151		<u>0</u>	474
	Net investment earnings, gains, and losses	401.	514.	5,51	3. 11,151. 8,			474.	
	Grants or scholarships								
е	Other expenditures for facilities	401.	514.	3,31	3	11,151.		8	474.
f	and programsAdministrative expenses	401.	514.	5,51	<u> </u>	11,151.	• 	•,	<u> </u>
	End of year balance	180,012.	180,012.	180,01	2	180,012.		180	012.
2	Provide the estimated percentage of the cur	· · ·	,	· · ·	- •		1	,	
	Board designated or quasi-endowment	forte your one balanos	%						
	Permanent endowment 100.00	%							
	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse		ation that are held a	and administered for	or the or	rganization			
	by:	C C				•	[Yes	No
	(i) unrelated organizations						3a(i)	Х	
	(ii) related organizations								Х
b	 b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 					. 3b			
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm	ient.							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Par	t X, line	10.			
	Description of property	(a) Cost or ot		•) Accum		(d) Boo	k valu	е
		basis (investm	nent) basis	(other)	depreci	ation			
	Land								
	Buildings								
	Leasehold improvements						4	<u>~ ~</u>	
	Equipment			0,944.		8,685.			59.
	Other			6,794.	558	3,148.		8,6	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part J	X, column (B), line 1	10c.)				0,9	
						Schedule	e D (Forn	n 990)	2015

Schedule D (Form 990) 2015 NATIONAL OS	TEOPOROSIS FOU	JNDATION	36-	-3350532 Page 3
Part VII Investments - Other Securities.				<u> </u>
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end	-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) CHARLES SCHWAB	2,556,541.			VALUE
(B) MERRILL LYNCH	316,961.		EAR MARKET	VALUE
(C) SEQUOIA	2,588.	END-OF-Y	EAR MARKET	VALUE
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	2,876,090.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of				
(a) Description of investment	(b) Book value	(c) Method of Va	aluation: 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" of	on Form 990 Part IV line 1	1d See Form 990	Part X line 15	
-	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" of	on Form 990, Part IV, line 1	1e or 11f. See Form	n 990, Part X, line 25.	
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes				
(2) DEFERRED RENT		40,793.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

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

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 X

532053 09-21-15 40,793.

Sche	edule D (Form 990) 2015 NATIONAL OSTEOPOROSIS FOU	NDATION		36-	3350532	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With F				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,851,	,530.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-128,720.			
b	Donated services and use of facilities	2b	30,179.			
с						
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,541.
3	Subtract line 2e from line 1			3	3,950,	,071.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	17,059.			
b	Other (Describe in Part XIII.)	4b			. –	
С				4c		,059.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,967	,130.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With				<u> </u>
Pa	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ments With ^{2a.}	Expenses per	Retu	ırn.	
Pa	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	ments With ^{2a.}	Expenses per			
	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ments With	Expenses per	Retu	ırn.	
1	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	ments With 2a. 2a	Expenses per	Retu	ırn.	
1 2	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a. 2a. 2a. 2b.	Expenses per	Retu	ırn.	
1 2 a	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a. 2a. 2b. 2c.	Expenses per	Retu	ırn.	
1 2 b c d	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a. 2a. 2b. 2c. 2d.	Expenses per	Retu	ırn.	,938.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2a. 2b 2b 2c 2c 2d	Expenses per	1 2e	ırn. 3,880,	, <u>938.</u> 0.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a. 2a 2a. 2b 2b 2c 2c 2d	Expenses per	1	ırn.	, <u>938.</u> 0.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a. 2b 2c 2d	Expenses per	1 2e 3	ırn. 3,880,	, <u>938.</u> 0.
1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2c 2d 2d	Expenses per	1 2e 3	ırn. 3,880,	, <u>938.</u> 0.
1 2 6 6 8 4	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d 2d	Expenses per	1 2e 3	ırn. 3,880, 3,880,	,938. 0. ,938.
1 2 a b c d e 3 4 a	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2a 2b 2c 2c 2d 2d 4a 4b 4b	Expenses per	2e 3 4c 4c	ı rn. 3,880, 3,880,	<u>,938.</u> 0. ,938.
1 2 a b c d e 3 4 a b c 5	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2c 2c 2d 2d 4a 4b 4b	Expenses per	1 2e 3	ırn. 3,880, 3,880,	<u>,938.</u> 0. ,938.

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:

THE FOUNDATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE
YEAR ENDED DECEMBER 31, 2015, AND DETERMINED THAT THERE WERE NO MATTERS
THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY
HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.
AS OF DECEMBER 31, 2015, THE STATUTE OF LIMITATIONS FOR TAX YEARS ENDING
DECEMBER 31, 2013, THROUGH 2015 REMAINS OPEN WITH THE U.S. FEDERAL
JURISDICTION OR THE VARIOUS POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES
RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSE. AS OF
DECEMBER 31, 2015, THE FOUNDATION HAD NO ACCRUALS FOR INTEREST AND/OR
PENALTIES.

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	ental Information (continued)
PART V, LINE	4:
THE SHOU MEI	HU - CECILIA WU KOJIMA FUND TOTALED \$80,012 AND THE
RESTRICTED IN	ICOME IS FOR MEDICAL AND SCIENTIFIC RESEARCH RELATED TO THE
PREVENTION, C	URE, AND/OR TREATMENT OF OSTEOPOROSIS. THE DR. BURTON SPILLE
FUND FOR BONE	HEALTH RESEARCH TOTALED \$100,000 AND THE RESTRICTED INCOME
IS FOR MEDICA	L RESEARCH REGARDING BONE HEALTH AND BONE RESEARCH GRANTS.

(Form 990 or 990-EZ) Complete if th Department of the Treasury	ental Information Regarding e organization answered "Yes" on organization entered more than \$ Attach to Form 99 about Schedule G (Form 990 or 990-EZ	Form 9 15,000 0 or Fo	990, P on Fo rm 99	art IV, lines 17, 18, rm 990-EZ, line 6a. 0-EZ.	or 19	, or if the	OMB No. 1545-0047
Name of the organization					00//10	Employer id	entification number
	AL OSTEOPOROSIS FOU S. Complete if the organization answ				lino 1	36-3350	
Part I required to complete this pa		eleu i	65 01	rronn 990, Farriv,		7.10m 990-L	2 mers are not
 Indicate whether the organization rate a X Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, I b If "Yes," list the ten highest paid incocompensated at least \$5,000 by the 	e Solicita f Solicita g Specia or oral agreement with any individua Part VII) or entity in connection with dividuals or entities (fundraisers) pure	ation of ation of I fundra al (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	X Ye	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	aiser ustody trol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
HAINES AND COMPANY INC - 8050		Yes	No	117 600		c	1.56 5.64
FREEDOM AVE, NORTH CANTON, OH	DIRECT MAIL PROGRAM	+	Х	417,600.		6,894	. 176,521.
Total				417,600.		6,894	. 176,521.
3 List all states in which the organizati	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from	registration
or licensing. AL, AK, AZ, AR, CA, CO, CT,	DC FL GA HT TO TN	TA	KS	KY LA ME M	N D	Α ΜΤ Μ	S MO MT NH
NJ, NM, NY, MN, NC, ND, OH	, OK, OR, PA, RI, SC, TN	, TX ,	UT,	VT,VA,WA,W	V,V	VI	<u>, 110 , 111 , 111 </u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS 532081 09-14-15 Schedule G (Form 990 or 990-EZ) 2015

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		or fullaraising event contributions and gre			evente with groot recei	pto groater than \$0,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Ş	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
lirect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
_	11	Net income summary. Subtract line 10 from li	ne 3, column (d)		►	
Pa	rt I	• · · ·	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	Í	(b) Pull tabs/instant	I	
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	4	Gross royonuo				
	-	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc.	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
	0	Net gaming income summary. Subtract line /				
9	Ent	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming a		states?		Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
53208	32 09	9-14-15			Schedule G (Fo	rm 990 or 990-EZ) 2015

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Sch	edule G (Form 990 or 990-EZ) 2015 NATIONAL OSTEOPOROSIS FOUNDATION 36-	3350532	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
с	of gaming revenue retained by the third party ▶\$ If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
L	retain the state gaming license?	Yes	NO
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Pa	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	lines 9, 9b, 10b	o, 15b,
<u>م</u> ر	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RG.	
<u></u>	MEDOLE G, FART I, HINE ZD, HIST OF TEN MIGHEST FAID FONDRATSE		
(I) NAME OF FUNDRAISER: HAINES AND COMPANY INC		
<u>`</u>			
(1) ADDRESS OF FUNDRAISER: 8050 FREEDOM AVE, NORTH CANTON, OH	44720	
53208	33 09-14-15 Schedule G (For	m 990 or 990-E	Z) 2015

Schedule G (Form 990 or 990-EZ)	NATIONAL	OSTEOPOROSIS	FOUNDATION
Part IV Supplemental In	formation (continue	ed)	

			Schedule G (Fo	orm 990 or 990-E2

SC	SCHEDULE J Compensation Information										
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2015							
•		Compensated Employees		2010							
Dene	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.										
	Department of the Treasury Attach to Form 990. O Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. O										
Nam	Name of the organization Employer identif										
		NATIONAL OSTEOPOROSIS FOUNDATION	36-3	35053	2						
Pa	rt I Question	s Regarding Compensation									
					Yes	No					
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,								
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.									
	First-class or charter travel Housing allowance or residence for personal use										
	Travel for com		sidence								
	X Tax indemnifie	ation and gross-up payments Health or social club dues or initiation fee	'S								
	Discretionary	spending account Personal services (e.g., maid, chauffeur, o	chef)								
b		on line 1a are checked, did the organization follow a written policy regarding payment or									
		provision of all of the expenses described above? If "No," complete Part III to explain		1 b	X						
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			37						
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	X						
•											
3		ny, of the following the filing organization used to establish the compensation of the organiz									
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	tion to								
		ation of the CEO/Executive Director, but explain in Part III.									
	X Compensation										
	·	compensation consultant									
		ther organizations Approval by the board or compensation of	committee								
4	During the year di	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing									
-	organization or a re										
а		e payment or change-of-control payment?		4a		x					
b		ceive payment from, a supplemental nonqualified retirement plan?		·····		X					
		ceive payment from, an equity-based compensation arrangement?				X					
•		nes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on								
	contingent on the r										
а	The organization?			5a		Х					
		ation?				Х					
		r 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 compensati	on								
	contingent on the r	net earnings of:									
а	The organization?			6a		X					
		ation?				X					
		or 6b, describe in Part III.									
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed paymen									
	not described on li	nes 5 and 6? If "Yes," describe in Part III		7		X					
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to	the								
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X					
9		d the organization also follow the rebuttable presumption procedure described in									
		ז 53.4958-6(c)?				Ĺ					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forr	n 990)) 2015					

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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 are not 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) AMY PORTER	(i)	280,283.	0.	2,915.	9,972.	2,369.	295,539.	0.
EXECUTIVE DIRECTOR/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CLAIRE GILL	(i)	191,843.	0.	0.	7,498.	1,663.	201,004.	0.
SENIOR DIRECTOR MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAVID LEE	(i)	190,103.	0.	0.	7,840.	8,532.	206,475.	0.
DIRECTOR NATIONAL BONE HEA	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TAYLOR WALLACE	(i)	171,284.	0.	0.	6,600.	5,729.	183,613.	0.
SENIOR DIRECTOR SCIENCE PO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SUSAN RANDALL	(i)	140,171.	0.	0.	5,562.	12,895.	158,628.	0.
SENIOR DIRECTOR SCIENCE AN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(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.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.

OMB No. 1545-0047

NATIONAL OSTEOPOROSIS FOUNDATION

Employer identification number 36 - 3350532

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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, NBHA LAUNCHED

FRACTURE PREVENTION CENTRAL (WWW.FRACTUREPREVENTIONCENTRAL.ORG) IN

MARCH 2013, WHICH PROVIDES TOOLS TO HEALTHCARE PROFESSIONALS, HEALTH LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 532211 09-02-15

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Schedule O (Form 990 or 990 EZ) (2015)	Page 2								
Name of the organization NATIONAL OSTEOPOROSIS FOUNDATION	Employer identification number $36-3350532$								
INSURERS, ACCOUNTABLE CARE ORGANIZATIONS, HOSPITALS AND OTHER SITES									
INTERESTED IN IMPLEMENTING THIS MODEL OF CARE. BY THE END OF 2015, OVER									
3,700 INDIVIDUALS HAD REGISTERED TO ACCESS THESE MATERIAL	S. INCLUDED IN								
THE RESOURCES ARE CASE STUDIES, BEST PRACTICES AND BUSINE	SS PLANS AND A								
SERIES OF SIX WEBINARS AVAILABLE FOR ON DEMAND VIEWING. F	URTHER, IN								
2015, NBHA CONCLUDED A DEMONSTRATION STUDY THAT WILL PROV	IDE								
PARTICIPATING HOSPITALS WITH THE FLS MODEL OF CARE IN A C	LOUD-BASED								
PLATFORM TO ACCESS THE HOSPITALS' ADOPTION AND IMPLEMENTATION OF A FLS									
ACROSS THEIR COMMUNITIES AND MEASURING THE IMPACT ON PATI	ENT CARE								
(PROJECT RESULTS WILL BE PUBLISHED IN 2016.)									

NBHA'S PUBLIC AND HEALTH PROFESSIONAL AWARENESS CAMPAIGN,

2MILLION2MANY, LAUNCHED IN APRIL 2012, HIGHLIGHTS THE CONNECTION BETWEEN FRACTURES AND OSTEOPOROSIS AND THE TWO MILLION BONE BREAKS EACH YEAR THAT ARE NO ACCIDENT BUT SIGNS OF OSTEOPOROSIS. THE CENTERPIECE OF THE CAMPAIGN IS CAST MOUNTAIN, A THOUGHT-PROVOKING 12-FOOT TALL BY 12-FOOT WIDE INSTALLATION THAT REPRESENTS THE 5,500 BONE BREAKS DUE TO OSTEOPOROSIS THAT OCCUR IN THE U.S. EVERY DAY. THE CAMPAIGN ENCOURAGES INDIVIDUALS 50 AND OLDER WHO BREAK A BONE TO ASK THEIR HEALTHCARE PROFESSIONAL FOR AN OSTEOPOROSIS TEST AND GETS PEOPLE THINKING ABOUT THEIR BONE HEALTH. 2MILLION2MANY PRODUCED AND DISSEMINATED TWO NEW PUBLIC SERVICE ANNOUNCEMENTS ON THE CONNECTION BETWEEN OSTEOPOROSIS AND BONE BREAKS IN 2015 AND THE CAMPAIGN HAS BEEN FEATURED IN ONLINE AND PRINT STORIES THROUGH NATIONAL MEDIA OUTREACH ACTIVITIES. THE 2MILLION2MANY PUBLIC SERVICE ANNOUNCEMENTS AND OTHER MATERIALS CAN BE ACCESSED AT WWW.2MILLION2MANY.ORG.

AS	PAR	Г OF	AN	EFFORT	то	ADDRESS	THE	SHORTCOMING	S IN	USING	BIOCHEMI	CAL	
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Schedule O (Form 990 or 990-EZ) (2015)	Page 2									
Name of the organization NATIONAL OSTEOPOROSIS FOUNDATION	Employer identification number 36-3350532									
MARKERS AS TOOLS IN CLINICAL PRACTICE, NBHA IS EXECUTING A SERIES OF										
RELATED PROJECTS BUILT ON THE RECOMMENDATIONS OF THE INTERNATIONAL										
OSTEOPOROSIS FOUNDATION/INTERNATIONAL FEDERATION OF CLINICAL CHEMISTRY										
AND LABORATORY MEDICINE BONE MARKER STANDARDS WORKING GRO	UP POSITION									
PAPER PUBLISHED IN OSTEOPOROSIS INTERNATIONAL IN 2011 REG	ARDING THE USE									
AND UTILITY OF BONE TURNOVER MARKERS IN CLINICAL PRACTICE	. AS A FIRST									
STEP, THE PROJECT TEAM PUBLISHED A POSITION PAPER IN JULY	2012 THAT									
OUTLINED THE CHALLENGES TO WIDESPREAD USE OF BONE TURNOVE	R MARKERS AND									
DESCRIBED THE BONE TURNOVER STANDARDIZATION PROJECT, WHIC	H AIMS TO GIVE									
CLINICIANS CONFIDENCE IN THEIR USE OF BONE TURNOVER MARKE	RS TO HELP									
MONITOR OSTEOPOROSIS TREATMENT AND ASSESS FUTURE FRACTURE	RISK FOR									
THEIR PATIENTS. THESE EFFORTS INCLUDE THE STANDARDIZATION	OF U.S. BONE									
MARKER SAMPLE COLLECTION PROCEDURES, 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 TH	EIR USE OF									
BONE TURNOVER MARKERS TO HELP MONITOR OSTEOPOROSIS TREATM	ENT AND ASSESS									
FUTURE FRACTURE RISK.										

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
CONJUNCTION WITH THE CONFERENCE, A PRE-CONFERENCE WORKSHOP WAS HELD TO
TRAIN ATTENDEES IN THE FRACTURE LIAISON SERVICE (FLS) MODEL OF CARE.
ISO15 CONTINUED NOF'S EFFORTS TO TRAIN PROFESSIONALS IN FLS, OFFERING
PROFESSIONAL EDUCATION OPPORTUNITIES LIVE AND ON-DEMAND, AND RECEIVE A
CERTIFICATE OF COMPLETION. THE FOUNDATION ALSO PRODUCE FOUR ISSUES OF
ITS PROFESSIOAANL NEWWLETTER, OSTEOPOROSIS: CLINICAL UPDATES, PROVIDING
CONTINUING EDUCATION CREDIT FOR HEALTH CARE PROFESSIONALS ON TOPICS
RELEVANT TO CLINICAL PRACTICE.

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Schedule O (Form 990 or 990-EZ) (2015) Page 2 Name of the organization Employer identification number NATIONAL OSTEOPOROSIS FOUNDATION 36-3350532 THE NOF PROFESSIONAL LEARNING CENTER WAS LAUNCHED IN SEPTEMBER 2015. 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 THE PROFESSIONAL LEARNING CENTER CAN BE ACCESSED AT ONE PLACE. WWW.CNE.NOF.ORG.

THE FOUNDATION'S EDUCATION DEPARTMENT 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 25,000 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. 532212 09-02-15 Schedule O (Form 990 or 990-EZ) (2015) 46

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Name of the organization

NATIONAL OSTEOPOROSIS FOUNDATION

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 COMMUNICATING DIRECTLY WITH THE OSTEOPOROSIS PATIENTS, CAREGIVERS AND THE GENERAL PUBLIC. IN MAY 2015, NOF BEGAN A YEAR-LONG PROCESS TO UP-DATE THE CONTENT AND LAYOUT OF ITS WEBSITE TO PROVIDE A MORE DIRECT PATH FOR PATIENTS, PROFESSIONALS, CAREGIVERS AND THOSE INTERESTED IN PREVENTION TO FIND THE INFORMATION THEY NEED. THE SITE CURRENTLY FEATURES PRACTICAL INFORMATION ON HOW TO LIVE WITH OSTEOPOROSIS AND LOW-BONE MASS, LEARN MORE ABOUT THE PREVENTION AND TREATMENT OF THE DISEASE AND WAYS TO CONNECT WITH THE FOUNDATION AND OTHERS THROUGH THE ONLINE COMMUNITY AND SUPPORT GROUPS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: DEVELOPMENT OF PEAK BONE MASS. TNOF PRESENTED FINDINGS FROM THE POSITION STATEMENT AT CONFERENCES AROUND THE WORLD IN 2015.

CALCIUM PLUS VITAMIN D SUPPLEMENTATION HAS BEEN WIDELY RECOMMENDED TO PREVENT OSTEOPOROSIS AND SUBSEQUENT FRACTURES; HOWEVER, CONSIDERABLE CONTROVERSY EXISTS REGARDING THE ASSOCIATION OF CALCIUM PLUS VITAMIN D SUPPLEMENTATION AND FRACTURE RISK. TO CLARIFY THE CONTROVERSY IN THIS AREA, NOF UPDATED A FORMER EVIDENCE REPORT PUBLISHED IN 2011 BY THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY WITH NEW CLINICAL TRIAL DATA. THESE RESULTS STRONGLY SUGGEST THAT CALCIUM PLUS VITAMIN D SUPPLEMENTATION SIGNIFICANTLY REDUCES THE RISK OF TOTAL FRACTURES BY 16% AND HIP FRACTURES BY 32%. THE MANUSCRIPT, "CALCIUM PLUS VITAMIN D 502212 09-02-15 Schedule O (Form 990 or 990-EZ) (2015) 47 13330728 783690 1323.001 2015.04010 NATIONAL OSTEOPOROSIS FOUND 1323_001

Schedule O (Form 990 or 990-EZ) (2015)	Page 2							
Name of the organization NATIONAL OSTEOPOROSIS FOUNDATION	Employer identification number 36-3350532							
SUPPLEMENTATION AND RISK OF FRACTURES: AN UPDATED META-ANALYSIS FROM								
THE NATIONAL OSTEOPOROSIS FOUNDATION WAS SUBMITTED TO A P	EER-REVIEW							
JOURNAL AND PUBLISHED ONLINE OSTEOPOROSIS INTERNATIONAL I	N OCTOBER							
2015. PRINT PUBLICATION IS EXPECTED IN Q1 OF 2016.								
IN ADDITION, NOF HAS UNDERTAKEN A SYSTEMATIC REVIEW OF BO	TH CLINICAL							
AND POPULATION STUDIES TO ACCESS WHETHER CALCIUM SUPPLEME	NTATION							
PROMOTES OR PREVENTS THE DEVELOPMENT OF KIDNEY STONES. T	HESE FINDINGS							
WILL BE SHARED IN 2016. NOF'S SCIENTIFIC JOURNAL, OSTEOP	OROSIS							
INTERNATIONAL, WELCOMED A NEW EDITOR-IN-CHIEF IN 2015 FOR	THE NORTH							
AMERICAN EDITORIAL OFFICE. FELICIA COSMAN, MD, A NOTED								
ENDOCRINOLOGIST, WAS APPOINTED TO THIS POSITION FOLLOWING	A NATIONAL							

SEARCH. NOF IS CO-OWNER OF THIS RESPECTED JOURNAL WITH THE INTERNATION

OSTEOPOROSIS FOUNDATION (IOF.)

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

THE DIRECTOR OF FINANCE AND THE SENIOR ACCOUNTANT, AS WELL AS THE EXECUTIVE DIRECTOR/CEO, REVIEW THE FEDERAL FORM 990 AS PREPARED BY RENNER & COMPANY, CPA, PC TO DETERMINE IF THE INFORMATION PRESENTED IN THE FEDERAL FORM 990 IS IN AGREEMENT WITH INFORMATION ORIGINIALLY PROVIDED TO RENNER & COMPANY CPA, PC. THE FOUNDATION AND RENNER & COMPANY, CPA. PC DISCUSS ISSUES, IF ANY, BEFORE THE FEDERAL FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE. BOARD MEMBERS ARE NOTIFIED THAT THE COMPLETED FEDERAL FORM 990 IS AVAILABLE FOR THEIR REVIEW.

FORM	1990,	PART	VI,	SECT	ION	в,	LINE	12C:								
THE	BOARD	ANNU	ALLY	REVI	EWS	THE	CONE	LICT	OF	INTERE	ST	POLICY	AND	DISC	LOSE	S
ANY	POTEN	FIAL	CONFI	LICT (OF]	INTE	REST.	SEN	IOR	STAFF,	OF	FICERS	, AND	HIG	HLY	
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Schedule O (Form 990 or 990-EZ) (2015)	Page 2								
Name of the organization NATIONAL OSTEOPOROSIS FOUNDATION	Employer identification number 36-3350532								
COMPENSATED EMPLOYEES ARE ASKED TO SIGN A CONFLICT OF INTEREST DISCLOSURE									
STATEMENT THE SIGNED DOCUMENTS ARE REVIEWED BY THE EXECUT	IVE DIRECTOR/CEO								
AND KEPT BY THE DIRECTOR OF FINANCE. THE CONFLICT OF INTE	REST POLICY IS								
ALWAYS TAKEN INTO CONSIDERATION WHEN THERE IS THE POTENTI	AL FOR CONFLICT,								
PARTICULARLY WHEN SIGNING NEW CONTRACTS OR BEGINNING NEW	RELATIONSHIPS. ANY								
POSSIBLE APPEARANCE OF CONFLICT OF INTEREST THAT ARISES I	N THE COURSE OF								
BUSINESS IS RESEARCHED TO DETERMINE THE EXISTENCE OF A CO	NFLICT. IF A								
CONTRACT IS TO BE MADE WITH A RELATED PARTY, IT IS DISCLO	SED TO THE BOARD								
AND A VOTE IS TAKEN IF THE FOUNDATION'S STAFF MEMBERS IDE	NTIFY A CONFLICT								
OF INTEREST. THE FOUNDATION'S EXECUTIVE DIRECTOR/CEO AND	ITS DIRECTOR OF								
OPERATIONS SHARE THIS INFORMATION WITH THE EXECUTIVE COMM	ITTEE 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 EXECUTIVE DIRECTOR/CEO IS DECIDED BY THE BOARD PRIVATELY. EACH YEAR, PRIOR TO THE MEETING WHEN THE COMPENSATION DECISION IS MADE, THE 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 EXECUTIVE DIRECTOR/CEO'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:					
	532212 09-0)2-15							49	Schedule O) (Form 990	or 990-EZ) (2015)
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Schedule O (Form 990 or 990-EZ) (2015) Name of the organization	Page 2
NATIONAL OSTEOPOROSIS FOUNDATION	36-3350532
THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INT	EREST POLICY ARE
NOT MADE PUBLIC AS THE FOUNDATION BELIEVES THESE ARE PRO	PRIETARY IN NATURE.
THE FOUNDATION'S FINANCIAL STATEMENTS AND FEDERAL FORM 9	90 ARE MADE
AVAILABLE TO THE PUBLIC ON THE FOUNDATION'S WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING EXPENSES:	
PROGRAM SERVICE EXPENSES	201,242.
MANAGEMENT AND GENERAL EXPENSES	9,644.
FUNDRAISING EXPENSES	51,129.
TOTAL EXPENSES	262,015.
OTHER CONTRACTUAL SERVICES:	
PROGRAM SERVICE EXPENSES	205,038.
MANAGEMENT AND GENERAL EXPENSES	9,826.
FUNDRAISING EXPENSES	52,093.
TOTAL EXPENSES	266,957.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	528,972.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENS	ES:
WEBSITE HOSTING:	
PROGRAM SERVICE EXPENSES	58,069.
MANAGEMENT AND GENERAL EXPENSES	2,783.
FUNDRAISING EXPENSES	14,753.
TOTAL EXPENSES	75,605.
AUDIO AND VISUAL EXPENSE:	
PROGRAM SERVICE EXPENSES	51,860.
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Name of the organization NATIONAL OSTEOPOROSIS FOUNDATION	Employer identification number 36-3350532
MANAGEMENT AND GENERAL EXPENSES	2,485
FUNDRAISING EXPENSES	13,176
TOTAL EXPENSES	67,521
COURIER:	
PROGRAM SERVICE EXPENSES	41,565
MANAGEMENT AND GENERAL EXPENSES	1,992
FUNDRAISING EXPENSES	10,560
TOTAL EXPENSES	54,117
DUES AND SUBSCRIPTIONS :	
PROGRAM SERVICE EXPENSES	23,474
MANAGEMENT AND GENERAL EXPENSES	1,125
FUNDRAISING EXPENSES	5,964
TOTAL EXPENSES	30,563
MOVING EXPENSE:	
PROGRAM SERVICE EXPENSES	22,740
MANAGEMENT AND GENERAL EXPENSES	1,090
FUNDRAISING EXPENSES	5,778
TOTAL EXPENSES	29,608
SHIPPING:	
PROGRAM SERVICE EXPENSES	21,430
MANAGEMENT AND GENERAL EXPENSES	1,027
FUNDRAISING EXPENSES	5,445
TOTAL EXPENSES	27,902

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Schedule O (Form 990 or 990-EZ) (2015)

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Name of the organization NATIONAL OSTEOPOROSIS FOUNDATION	Employer identification numb 36-3350532
BANK FEES AND CREDIT CARD CHARGES:	
PROGRAM SERVICE EXPENSES	21,275
MANAGEMENT AND GENERAL EXPENSES	1,020
FUNDRAISING EXPENSES	5,406
TOTAL EXPENSES	27,703
COGS:	
PROGRAM SERVICE EXPENSES	18,044
MANAGEMENT AND GENERAL EXPENSES	865
FUNDRAISING EXPENSES	4,584
TOTAL EXPENSES	23,493
LIST RENTAL:	
PROGRAM SERVICE EXPENSES	18,02
MANAGEMENT AND GENERAL EXPENSES	864
FUNDRAISING EXPENSES	4,580
TOTAL EXPENSES	23,469
TELEPHONE:	
PROGRAM SERVICE EXPENSES	16,620
MANAGEMENT AND GENERAL EXPENSES	790
FUNDRAISING EXPENSES	4,223
TOTAL EXPENSES	21,63
FULFILLMENT SERVICES:	
PROGRAM SERVICE EXPENSES	14,178
MANAGEMENT AND GENERAL EXPENSES	679
FUNDRAISING EXPENSES	3,602

Name of the organization NATIONAL OSTEOPOROSIS FOUNDATION	Employer identification numbe 36-3350532
TOTAL EXPENSES	18,459
POSTAGE :	
PROGRAM SERVICE EXPENSES	13,376
MANAGEMENT AND GENERAL EXPENSES	641
FUNDRAISING EXPENSES	3,398
TOTAL EXPENSES	17,415
MEETINGS:	
PROGRAM SERVICE EXPENSES	11,382
MANAGEMENT AND GENERAL EXPENSES	545
FUNDRAISING EXPENSES	2,892
TOTAL EXPENSES	14,819
HONORARIUM:	
PROGRAM SERVICE EXPENSES	11,137
MANAGEMENT AND GENERAL EXPENSES	534
FUNDRAISING EXPENSES	2,829
TOTAL EXPENSES	14,500
PROFESSIONAL DUES:	
PROGRAM SERVICE EXPENSES	11,064
MANAGEMENT AND GENERAL EXPENSES	530
FUNDRAISING EXPENSES	2,811
TOTAL EXPENSES	14,405
FEES AND LICENSES:	
PROGRAM SERVICE EXPENSES	7 , 600 Schedule O (Form 990 or 990-EZ) (201

13330728 783690 1323.001 2015.04010 NATIONAL OSTEOPOROSIS FOUND 1323_001

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization NATIONAL OSTEOPOROSIS FOUNDATION	Page 2 Employer identification number 36-3350532
MANAGEMENT AND GENERAL EXPENSES	364.
FUNDRAISING EXPENSES	1,931.
TOTAL EXPENSES	9,895.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	11,633.
MANAGEMENT AND GENERAL EXPENSES	559.
FUNDRAISING EXPENSES	-3,931.
TOTAL EXPENSES	8,261.
DESIGN:	
PROGRAM SERVICE EXPENSES	4,952.
	237.
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	1,258.
TOTAL EXPENSES	6,447.
SUPPLIES:	
PROGRAM SERVICE EXPENSES	2,356.
MANAGEMENT AND GENERAL EXPENSES	113.
FUNDRAISING EXPENSES	599.
TOTAL EXPENSES	3,068.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 488,889.
FORM 990, PART XII, LINE 2C:	
NO CHANGE FROM PRIOR YEAR	

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Form 4562	
Department of the Treasury Internal Revenue Service	(99)
Name(s) shown on return	

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

Attachment Sequence No. 179

L

Identifying number

5

Attach to your tax return.

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562. Business or activity to which this form relates

NA	TIONAL OSTEOPOROSIS	FOUNDATI	ON F	ORM 990	PAGE 10		36-3350532
Pa	rt I Election To Expense Certain Prope	erty Under Section 1	79 Note: If you have an	y listed property	, complete Par	t V before yo	ou complete Part I.
1	Maximum amount (see instructions)					1	500,000.
2	Total cost of section 179 property plac						
	Threshold cost of section 179 property						2,000,000.
	Reduction in limitation. Subtract line 3						
5	Dollar limitation for tax year. Subtract line 4 from lin	e 1. If zero or less, enter	-0 If married filing separately	, see instructions		5	
6	(a) Description of p	roperty	(b) Cost (b	usiness use only)	(c) Electe	d cost	
	Listed property. Enter the amount fron						
	Total elected cost of section 179 prop						
	Tentative deduction. Enter the smaller						
	Carryover of disallowed deduction fror						
	Business income limitation. Enter the s						
	Section 179 expense deduction. Add I					12	
	Carryover of disallowed deduction to 2			🏲 13			
	e: Do not use Part II or Part III below for IT II Special Depreciation Allow:		•				
	opeelal Bepreelation / the fit		• •		,,		
	Special depreciation allowance for qua		,	/ 1	U		
	the tax year						
	Property subject to section 168(f)(1) el					15	16,130.
	Other depreciation (including ACRS)		roperty)(See instructio			10	10,150.
			Section A	10.)			
17	MACRS deductions for assets placed	in service in tax ve	ears beginning before 2	015		17	
	If you are electing to group any assets placed in ser						
			e During 2015 Tax Ye			ation Syste	m
		(b) Month and	(c) Basis for depreciation	(d) Recover			(g) Depreciation deduction
	(a) Classification of property	year placed in service	(business/investment use only - see instructions)	period	(e) Convention	(I) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
с	7-year property						
d	10-year property						
е	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
L.	Desidential vental averaget	/		27.5 yrs.	MM	S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
	Nervesidential real property	/		39 yrs.	MM	S/L	
i	Nonresidential real property	/			MM	S/L	
	Section C - Assets I	Placed in Service	During 2015 Tax Yea	r Using the Alte	rnative Depre	ciation Syst	tem
<u>20a</u>	Class life					S/L	
b	12-year			12 yrs.		S/L	
		/		40 yrs.	MM	S/L	
	Summary (See instructions.)						
	Listed property. Enter amount from lin					21	
	Total. Add amounts from line 12, lines	-					1 - 1 - 0
	Enter here and on the appropriate lines				str	22	16,130.
	For assets shown above and placed in	•					
	portion of the basis attributable to sec			23			
51625 12-28	LHA For Paperwork Reduction						Form 4562 (2015

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our answer to 3	37, 38, 39, 40, or 4	41 is "Yes	s," do n	ot comp	lete Sec	tion B fo	or the co	overed v	ehicles.				
mortization													
(a)			(b)		(c)			(d)					(f)
Description of	costs							Code section				Ar fc	mortization or this year
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