

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2023

Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BONE HEALTH AND OSTEOPOROSIS FOUNDATION</b>		<b>D</b> Employer identification number <b>36-3350532</b>
	Doing business as		<b>E</b> Telephone number <b>703-647-3000</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>251 18TH STREET S</b>		<b>G</b> Gross receipts \$ <b>3,070,567.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>ARLINGTON, VA 22202</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>CLAIRE GILL</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
<b>J</b> Website: <b>WWW.BONEHEALTHANDOSTEOPOROSIS.ORG</b>		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1984</b>	<b>M</b> State of legal domicile: <b>MO</b>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE BONE HEALTH &amp; OSTEOPOROSIS FOUNDATION (BHOFF) IS THE LEADING HEALTH ORGANIZATION DEDICATED TO</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>7</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>20</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,898,008.</b>	<b>2,010,770.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>148,787.</b>	<b>68,081.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>170,750.</b>	<b>186,991.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>398,439.</b>	<b>542,059.</b>
		<b>3,615,984.</b>	<b>2,807,901.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>11,213.</b>	<b>150.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,177,940.</b>	<b>1,268,052.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>630,030.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,446,096.</b>	<b>2,187,726.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,635,249.</b>	<b>3,455,928.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-19,265.</b>	<b>-648,027.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>7,143,733.</b>	<b>6,245,306.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,768,035.</b>	<b>1,142,015.</b>
		<b>5,375,698.</b>	<b>5,103,291.</b>

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>CLAIRE GILL, CHIEF EXECUTIVE OFFICER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>SCOTT E. HALLBERG, CPA</b>		<b>07/16/24</b>	<input type="checkbox"/>	<b>P01081188</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	<b>CALIBRE CPA GROUP PLLC</b>	<b>47-0900880</b>		<b>202-331-9880</b>	
	Firm's address				
	<b>7501 WISCONSIN AVENUE, SUITE 1200 WEST BETHESDA, MD 20814</b>				

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 303,773. including grants of \$ ) (Revenue \$ ) PATIENT EDUCATION: SEE SCHEDULE O FOR FULL STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS.

4b (Code: ) (Expenses \$ 1,150,837. including grants of \$ ) (Revenue \$ 22,700.) PROFESSIONAL EDUCATION: SEE SCHEDULE O FOR FULL STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS.

4c (Code: ) (Expenses \$ 892,114. including grants of \$ ) (Revenue \$ ) ADVOCACY: SEE SCHEDULE O FOR FULL STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 234,240. including grants of \$ 150.) (Revenue \$ 47,731.)

4e Total program service expenses 2,580,964.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 14; 1b Enter the number of voting members included on line 1a... 14; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CLAIRE GILL CHIEF EXECUTIVE OFFICER	37.50			X			318,462.	0.	14,704.	
(2) LINDSEY WEST SENIOR PROGRAM MANAGER	37.50				X		182,840.	0.	24,117.	
(3) DEBRA ERIKSON CAO	37.50			X			177,482.	0.	23,697.	
(4) AMI PATEL SENIOR DIRECTOR OF CLINICAL EDUCATIO	37.50				X		124,194.	0.	13,387.	
(5) KATHLEEN SHOEMAKER CHAIRMAN	5.00	X		X			0.	0.	0.	
(6) KENNETH W. LYLES PRESIDENT	5.00	X		X			0.	0.	0.	
(7) THOMAS F. KOINIS VICE PRESIDENT	5.00	X		X			0.	0.	0.	
(8) BARBARA HANNAH GRUFFERMAN SECRETARY	5.00	X		X			0.	0.	0.	
(9) CHARLES B. LAWRENCE, JR. TREASURER	5.00	X		X			0.	0.	0.	
(10) SALLY FULLMAN TRUSTEE	5.00	X					0.	0.	0.	
(11) KAREN KEMMIS TRUSTEE	5.00	X					0.	0.	0.	
(12) FREDERICK R. SINGER TRUSTEE	5.00	X					0.	0.	0.	
(13) LAILA TABATABAI TRUSTEE	5.00	X					0.	0.	0.	
(14) ANN VU TRUSTEE	5.00	X					0.	0.	0.	
(15) JOSHUA WING TRUSTEE	5.00	X					0.	0.	0.	
(16) NICOLE WRIGHT TRUSTEE	5.00	X					0.	0.	0.	
(17) JOANNE WU TRUSTEE	5.00	X					0.	0.	0.	



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	63,075.				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,947,695.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			2,010,770.			
Program Service Revenue	<b>2 a</b> PUBLICATIONS & PROGRAM	Business Code	900099	45,381.	45,381.		
	<b>b</b> CONFERENCES & SEMINARS		900099	22,700.	22,700.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			68,081.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			164,562.		164,562.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties			421,017.		421,017.	
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
	<b>6a</b> Gross rents		118,692.				
	<b>b</b> Less: rental expenses		0.				
	<b>6c</b> Rental income or (loss)		118,692.				
	<b>d</b> Net rental income or (loss)			118,692.		118,692.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
<b>7a</b> Gross amount from sales of assets other than inventory		278,712.					
<b>b</b> Less: cost or other basis and sales expenses		256,283.					
<b>7c</b> Gain or (loss)		22,429.					
<b>d</b> Net gain or (loss)			22,429.		22,429.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances							
<b>10a</b> Gross sales of inventory, less returns and allowances		5,912.					
<b>b</b> Less: cost of goods sold	<b>10b</b>	6,383.					
<b>c</b> Net income or (loss) from sales of inventory			-471.	-471.			
Miscellaneous Revenue	<b>11 a</b> LIST RENTAL INCOME	Business Code	900099	1,721.	1,721.		
	<b>b</b> MISCELLANEOUS INCOME		900099	1,100.	1,100.		
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			2,821.			
<b>12 Total revenue.</b> See instructions			2,807,901.	70,431.	0.	726,700.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	150.	150.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	534,346.	400,688.	34,860.	98,798.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	531,132.	398,278.	34,650.	98,204.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	21,855.	16,389.	1,425.	4,041.
<b>9</b> Other employee benefits .....	113,855.	85,376.	7,428.	21,051.
<b>10</b> Payroll taxes .....	66,864.	50,139.	4,362.	12,363.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	17,543.	13,669.	464.	3,410.
<b>c</b> Accounting .....	48,179.	37,540.	1,273.	9,366.
<b>d</b> Lobbying .....	24,000.	18,700.	634.	4,666.
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	26,190.	20,407.	692.	5,091.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,153,528.	898,804.	30,481.	224,243.
<b>12</b> Advertising and promotion .....	47,975.	39,652.	2,738.	5,585.
<b>13</b> Office expenses .....	139,427.	77,357.	35,139.	26,931.
<b>14</b> Information technology .....	231,027.	180,011.	6,105.	44,911.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	185,234.	109,268.	48,257.	27,709.
<b>17</b> Travel .....	65,799.	51,948.	5,342.	8,509.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	77,589.	61,257.	6,299.	10,033.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	4,096.	2,423.	1,058.	615.
<b>23</b> Insurance .....	51,332.	30,280.	13,373.	7,679.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a PUBLICATION EXPENSES</b>	27,682.	22,879.	1,580.	3,223.
<b>b DUES AND SUBSCRIPTIONS</b>	24,765.	20,468.	1,414.	2,883.
<b>c CAGING SERVICES</b>	14,975.	11,668.	396.	2,911.
<b>d BANK SERVICE CHARGES</b>	14,139.	8,438.	3,142.	2,559.
<b>e</b> All other expenses .....	34,246.	25,175.	3,822.	5,249.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	3,455,928.	2,580,964.	244,934.	630,030.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	73,950.	17,689.	13,923.	42,338.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	9,406.	<b>1</b>	4,192.
	<b>2</b> Savings and temporary cash investments .....	2,277,578.	<b>2</b>	1,391,597.
	<b>3</b> Pledges and grants receivable, net .....	241,692.	<b>3</b>	46,785.
	<b>4</b> Accounts receivable, net .....	24.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	72,000.	<b>8</b>	65,617.
	<b>9</b> Prepaid expenses and deferred charges .....	96,020.	<b>9</b>	172,168.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 55,805.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 43,217.	12,067.	<b>10c</b> 12,588.
	<b>11</b> Investments - publicly traded securities .....	3,788,370.	<b>11</b>	4,070,688.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	646,576.	<b>15</b>	481,671.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	7,143,733.	<b>16</b>	6,245,306.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	387,857.	<b>17</b>	397,030.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	615,948.	<b>19</b>	166,759.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	764,230.	<b>25</b>	578,226.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,768,035.	<b>26</b>	1,142,015.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	4,168,512.	<b>27</b>	4,319,661.
	<b>28</b> Net assets with donor restrictions .....	1,207,186.	<b>28</b>	783,630.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	5,375,698.	<b>32</b>	5,103,291.
<b>33</b> Total liabilities and net assets/fund balances .....	7,143,733.	<b>33</b>	6,245,306.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,807,901.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,455,928.
3	Revenue less expenses. Subtract line 2 from line 1	3	-648,027.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,375,698.
5	Net unrealized gains (losses) on investments	5	344,752.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	30,868.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,103,291.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2864073.	2742849.	3637158.	2976058.	2010770.	14230908.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2864073.	2742849.	3637158.	2976058.	2010770.	14230908.
<b>5</b> 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) .....						6214804.
<b>6 Public support.</b> Subtract line 5 from line 4.						8016104.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	2864073.	2742849.	3637158.	2976058.	2010770.	14230908.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	492,863.	519,257.	656,829.	549,801.	704,271.	2923021.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	7,152.	4,729.	3,073.		2,821.	17,775.
<b>11 Total support.</b> Add lines 7 through 10						17171704.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	504,102.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	46.68	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	50.83	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

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

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

LIST RENTAL INCOME

2019 AMOUNT: \$ 5,823.

2020 AMOUNT: \$ 3,389.

2021 AMOUNT: \$ 3,073.

2023 AMOUNT: \$ 1,721.

MISCELLANEOUS

2019 AMOUNT: \$ 1,329.

2020 AMOUNT: \$ 1,340.

2023 AMOUNT: \$ 1,100.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**BONE HEALTH AND OSTEOPOROSIS FOUNDATION**

Employer identification number

**36-3350532**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization  <b>BONE HEALTH AND OSTEOPOROSIS FOUNDATION</b>	Employer identification number  <b>36-3350532</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 285,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 525,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BONE HEALTH AND OSTEOPOROSIS FOUNDATION</b>	Employer identification number  <b>36-3350532</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>BONE HEALTH AND OSTEOPOROSIS FOUNDATION</b>	Employer identification number  <b>36-3350532</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**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 <b>BONE HEALTH AND OSTEOPOROSIS FOUNDATION</b>	Employer identification number <b>36-3350532</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

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

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

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

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	24,000.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	0.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	24,000.													
<b>d</b>	Other exempt purpose expenditures .....	4,074,736.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	4,098,736.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	354,937.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	88,734.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount	281,899.	350,024.	355,029.	354,937.	1,341,889.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					2,012,834.
<b>c</b> Total lobbying expenditures	17,619.	24,000.	24,000.	24,000.	89,619.
<b>d</b> Grassroots nontaxable amount	70,475.	87,506.	88,757.	88,734.	335,472.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					503,208.
<b>f</b> Grassroots lobbying expenditures	17,619.	24,000.	24,000.	24,000.	89,619.

Schedule C (Form 990) 2023

**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)).**

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

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

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

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

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

**Part IV Supplemental Information**

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

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization BONE HEALTH AND OSTEOPOROSIS FOUNDATION Employer identification number 36-3350532

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above 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 easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	268,081.	268,081.	180,012.	180,012.	180,012.
b Contributions			88,069.		
c Net investment earnings, gains, and losses		7,968.		3,160.	6,137.
d Grants or scholarships					
e Other expenditures for facilities and programs		7,968.		3,160.	6,137.
f Administrative expenses					
g End of year balance	268,081.	268,081.	268,081.	180,012.	180,012.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations?   | X   |    |
| (ii) Related organizations?  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		33,964.	17,280.	16,684.
e Other		21,841.	25,937.	-4,096.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				12,588.

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) RIGHT OF USE ASSET	481,671.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	481,671.

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE DEPOSITS	10,598.
(3) OPERATING LEASE LIABILITY	567,628.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	578,226.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

1	Total revenue, gains, and other support per audited financial statements		1	3,142,383.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	344,752.	
b	Donated services and use of facilities	2b	9,537.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		354,289.
3	Subtract line 2e from line 1		3	2,788,094.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	26,190.	
b	Other (Describe in Part XIII.)	4b	-6,383.	
c	Add lines 4a and 4b	4c		19,807.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,807,901.

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

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

1	Total expenses and losses per audited financial statements		1	3,445,659.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	9,537.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	6,383.	
e	Add lines 2a through 2d	2e		15,920.
3	Subtract line 2e from line 1		3	3,429,739.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	26,190.	
b	Other (Describe in Part XIII.)	4b	-1.	
c	Add lines 4a and 4b	4c		26,189.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,455,928.

**Part XIII Supplemental Information**

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

**PART X, LINE 2:**

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE FOUNDATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE VARIOUS JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. THE FOUNDATION FILES THE FEDERAL FORM 990 TAX RETURN IN THE U.S. FEDERAL JURISDICTION AND VARIOUS STATES. AS OF DECEMBER 31, 2022, THE STATUTE OF LIMITATION FOR TAX YEARS 2019 THROUGH 2021 REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION AND VARIOUS STATES.

IN ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ACCOUNTING STANDARDS REQUIRE AN ENTITY TO RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL NOT BE

**Part XIII** Supplemental Information (continued)

SUSTAINED UPON EXAMINATION. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD INCLUDED ON PART VIII -6,383.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD INCLUDED ON PART VIII 6,383.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING -1.

PART V, LINE 4:

THE SHOU MEI HU - CECILIA WU KOJIMA FUND TOTALED \$80,012 AND THE RESTRICTED INCOME IS FOR MEDICAL AND SCIENTIFIC RESEARCH RELATED TO THE PREVENTION, CURE, AND/OR TREATMENT OF OSTEOPOROSIS. THE DR. BURTON SPILLER FUND FOR BONE HEALTH RESEARCH TOTALED \$188,069 AND THE RESTRICTED INCOME IS FOR MEDICAL RESEARCH REGARDING BONE HEALTH AND BONE RESEARCH GRANTS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**BONE HEALTH AND OSTEOPOROSIS FOUNDATION**

Employer identification number

**36-3350532**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CLAIRE GILL CHIEF EXECUTIVE OFFICER	(i)	318,462.	0.	0.	12,654.	2,050.	333,166.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LINDSEY WEST SENIOR PROGRAM MANAGER	(i)	182,840.	0.	0.	7,350.	16,767.	206,957.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DEBRA ERIKSON CAO	(i)	177,482.	0.	0.	7,497.	16,200.	201,179.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

BONE HEALTH AND OSTEOPOROSIS FOUNDATION

Employer identification number

36-3350532

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

PREVENTING OSTEOPOROSIS AND BROKEN BONES, PROMOTING STRONG BONES FOR  
LIFE, AND REDUCING HUMAN SUFFERING THROUGH PROGRAMS OF PUBLIC AND  
CLINICIAN AWARENESS, EDUCATION, ADVOCACY, AND RESEARCH. ESTABLISHED IN  
1984, BHOF IS THE NATION'S LARGEST 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. BHOF WORKS TO IMPROVE PATIENT CARE  
AND SUPPORT FOR THOSE WHO HAVE BROKEN BONES DUE TO OSTEOPOROSIS AND TO  
EDUCATE THE PUBLIC TO PREVENT OSTEOPOROSIS AND BROKEN BONES AND PROMOTE  
STRONG BONES FOR LIFE. TO ACCOMPLISH ITS MISSION, BHOF ACCEPTS SUPPORT  
FROM A WIDE BREADTH OF DIVERSIFIED SOURCES, INCLUDING INDIVIDUALS,  
FOUNDATIONS, GOVERNMENT SOURCES, AND CORPORATIONS.

**FORM 990, PART III, LINE 4A. PATIENT EDUCATION**

BHOF PROVIDES PATIENTS AND CARE PARTNERS WITH THE LATEST INFORMATION ON  
OSTEOPOROSIS PREVENTION, DETECTION, AND TREATMENT TO PREVENT BONE LOSS  
AND FRACTURES BY OFFERING A WIDE VARIETY OF PROGRAMS AND RESOURCES.

**YOUR PATH TO GOOD BONE HEALTH ONLINE PATIENT EDUCATION TOOL**

THIS PATIENT EDUCATION TOOL IS A ROADMAP FOR PATIENTS AND CARE PARTNERS  
AT ANY STAGE OF THEIR OSTEOPOROSIS JOURNEY. FROM UNDERSTANDING THE  
RISKS, TO JUST HAVING BEEN DIAGNOSED OR MANAGING OSTEOPOROSIS, IT  
SERVES AS A GUIDE TO SHARE THE KEY THINGS THAT THEY NEED TO KNOW. AND,  
IT POINTS TO RESOURCES TO ANSWER QUESTIONS. IT PLACES PATIENTS IN THE

**DRIVER'S SEAT THROUGHOUT THEIR OSTEOPOROSIS JOURNEY TO LEARN FROM QUICK**

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

BONE HEALTH AND OSTEOPOROSIS FOUNDATION

Employer identification number

36-3350532

READS, VIDEOS, AND PODCASTS. IT ALSO HELPS PATIENTS MORE EASILY NAVIGATE BHOF MATERIALS AND LINKS TO OTHER KEY RESOURCES. THIS ROADMAP HELPS PATIENTS TAKE CARE OF THEIR BONES TO STAY HEALTHY, ACTIVE, AND INDEPENDENT THROUGHOUT THEIR LIFETIME.

#### STEPS TO STRONG BONES

BHOF HOSTS THE MONTHLY STEPS TO STRONG BONES PROGRAM FOR THOSE WHO WANT TO STAY MOTIVATED TO MOVE MORE TO MAINTAIN THEIR BONE HEALTH. EACH SESSION FEATURES A SPEAKER WHO PROVIDES TIPS AND INSPIRATION TO STAY ACTIVE, EXERCISE, MOVE SAFELY, AND STAY COMMITTED TO FITNESS GOALS. NEARLY 100 PARTICIPANTS EACH MONTH TAKE THIS OPPORTUNITY TO LEARN MORE, CONNECT WITH LIKE-MINDED INDIVIDUALS, ASK QUESTIONS, AND SHARE THEIR PROGRESS.

#### SUPPORT GROUPS

BHOF STRIVES TO ASSIST THE MILLIONS OF PEOPLE AFFECTED BY OSTEOPOROSIS THROUGH A UNIFIED, NATIONAL NETWORK OF SUPPORT GROUPS THAT ARE COMMITTED TO PROVIDING PEOPLE WITH THE OPPORTUNITY TO OBTAIN ACCURATE, TIMELY INFORMATION IN AN ENVIRONMENT WHICH PROMOTES CONNECTEDNESS, AND CAMARADERIE.

SUPPORT GROUPS PROVIDE A SAFE SPACE FOR INDIVIDUALS OF ALL AGES AND BACKGROUNDS TO SHARE INFORMATION AND EXPERIENCES AND ENCOURAGE EACH OTHER, LEADING TO A MORE ACTIVE ROLE IN MANAGING THEIR OSTEOPOROSIS AND PREVENTING ASSOCIATED FRACTURES.

WHEN DIAGNOSED WITH A CHRONIC CONDITION LIKE OSTEOPOROSIS, WHICH CAN BE OVERWHELMING AND LIFE-CHANGING FOR MANY, ENGAGING AND EMPOWERING PEOPLE TO TAKE A MORE ACTIVE ROLE IN THEIR OWN CARE BECOMES CRUCIAL.

INDIVIDUALS LEARN TO SELF-MANAGE AND INCORPORATE THEIR HEALTH CONDITION

Name of the organization

BONE HEALTH AND OSTEOPOROSIS FOUNDATION

Employer identification number

36-3350532

INTO THEIR DAILY LIVES.

SUPPORT GROUPS MEET IN PERSON AND VIRTUALLY ACROSS 14 STATES SERVING 1,000+ MEMBERS, PROVIDING RESOURCES TO LEARN ABOUT OSTEOPOROSIS AND SHARING FIRST-HAND ADVICE FROM INDIVIDUALS EXPERIENCING A SIMILAR SITUATION.

BHOF'S ONLINE COMMUNITY HOSTED BY INSPIRE

BHOF WORKS TO ENSURE THAT EVERYONE AFFECTED BY OSTEOPOROSIS HAS A PLACE TO TURN FOR SUPPORT. AS A RESULT, BHOF AND INSPIRE HAVE PARTNERED TO CREATE A SAFE AND SECURE ONLINE OSTEOPOROSIS SUPPORT COMMUNITY. THE BHOF SUPPORT COMMUNITY OFFERS A PLACE FOR PATIENTS AND CAREGIVERS TO MEET OTHERS, ASK QUESTIONS, AND SHARE INFORMATION ABOUT OSTEOPOROSIS AND BONE HEALTH ONLINE. VOLUNTEER GROUP LEADERS, BHOF STAFF, AND INSPIRE STAFF ALL PLAY A KEY ROLE IN MONITORING THE BONE HEALTH AND OSTEOPOROSIS SUPPORT COMMUNITY. WE ARE PLEASED TO SEE COMMUNITY MEMBERSHIP GROW ON AN ANNUAL BASIS. IN 2023, THE ONLINE COMMUNITY INCREASED TO NEARLY 85,000 MEMBERS. WE HELD AN "ASK THE EXPERTS" SESSION ABOUT EXERCISE AND SAFE MOVEMENT WITH A PHYSICAL THERAPIST AND PILATES INSTRUCTOR DURING THE WEEK OF WORLD OSTEOPOROSIS DAY.

HEALTHY BONES, BUILD THEM FOR LIFE PATIENT REGISTRY

THE HEALTHY BONES, BUILD THEM FOR LIFE PATIENT REGISTRY SURVEYS PATIENTS AND CAREGIVERS ABOUT HOW OSTEOPOROSIS AND LOW BONE DENSITY IMPACT THEIR LIVES. THE INFORMATION IS COLLECTED ANONYMOUSLY, COMBINED, AND ANALYZED BY BHOF TO MAP OUT THE PATIENT'S JOURNEY AND SHOW WHAT PATIENTS NEED AND WANT MOST. SHARING EXPERIENCES WITH OSTEOPOROSIS WILL GUIDE AND ENHANCE THE EDUCATIONAL AND AWARENESS PROGRAMS WE OFFER, LEAD

Name of the organization <b>BONE HEALTH AND OSTEOPOROSIS FOUNDATION</b>	Employer identification number <b>36-3350532</b>
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**TO BETTER CARE AND RESEARCH ABOUT THE DISEASE, AND HELP IMPROVE THE BONE HEALTH OF FUTURE GENERATIONS.**

**OSTEOPOROSIS AWARENESS AND PREVENTION MONTH AND WORLD OSTEOPOROSIS DAY DURING OSTEOPOROSIS AWARENESS AND PREVENTION MONTH IN MAY, BHOF SHARED INFORMATION ON SUPPORT GROUPS, A PATIENT REGISTRY, AND INFORMATIONAL RESOURCES AND GUIDES. INSPIRATION FOR THIS YEAR'S THEME, "HEALTHY BONES ARE ALWAYS IN STYLE," WAS DRAWN FROM LEGENDARY DESIGNER AND FASHION ICON, IRIS APFEL. AS A MEMBER OF THE AMBASSADORS LEADERSHIP COUNCIL, MS. APFEL HAS BEEN INSTRUMENTAL IN HELPING TO RAISE AWARENESS ABOUT HOW IMPORTANT GOOD BONE HEALTH IS FOR AGING WELL AND STAYING ACTIVE.**

**WE OFFERED A VARIETY OF RESOURCES TO HELP INDIVIDUALS LEARN MORE ABOUT OSTEOPOROSIS AND HOW TO MAINTAIN STRONG AND HEALTHY BONES. THIS INCLUDED INFORMATION ON BONE-HEALTHY FOODS, EXERCISE, BONE DENSITY TESTING, MEDICATIONS FOR TREATMENT OF OSTEOPOROSIS, TIPS FOR PREVENTING FALLS, AND MUCH MORE.**

**THROUGHOUT THE MONTH OF MAY, WE HOSTED AND SHARED A VARIETY OF EVENTS TO PROMOTE BONE HEALTH AWARENESS. THESE EVENTS INCLUDED EDUCATIONAL WEBINARS, INTERACTIVE PRESENTATIONS, NEW PODCAST EPISODES, AND FITNESS CLASSES.**

**WORLD OSTEOPOROSIS DAY TAKES PLACE ANNUALLY ON OCTOBER 20TH TO ENCOURAGE EVERYONE, NO MATTER THEIR AGE, TO BECOME ACTIVE IN TAKING CHARGE OF THEIR BONE HEALTH. BHOF SHARED MANY IMPORTANT RESOURCES TO HELP EVERYONE UNDERSTAND THE IMPORTANCE OF GOOD BONE HEALTH, INCLUDING HOW TO PREVENT, MANAGE, AND TREAT OSTEOPOROSIS. WE PREPARED A**

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USER-FRIENDLY TOOLKIT THAT INCLUDED INFORMATION ABOUT OSTEOPOROSIS, HOW TO FIND SUPPORT AND SHARE ON SOCIAL MEDIA, AND PARTICIPATE IN THE OSTEO-A-GOGO AWARENESS DANCE CAMPAIGN.

STRONG VOICES FOR STRONG BONES

A BHOF AMBASSADOR IS A WELL-INFORMED, PASSIONATE, AND OFTEN PERSUASIVE INDIVIDUAL WHO CARES DEEPLY ABOUT THOSE WHO SUFFER FROM OSTEOPOROSIS.

AMBASSADORS ARE ADEPT AT MAKING AN IMPACT AND SPARKING POSITIVE CHANGE IN THEIR FIELD, SECTOR, OR COMMUNITY. THE ROLE OF AN AMBASSADOR IS TO ADVISE BHOF LEADERSHIP, AND TO HELP MAKE INROADS IN THE MEDICAL, BUSINESS, AND PHILANTHROPIC SECTORS WITHIN THEIR COMMUNITIES.

INVOLVEMENT IS TAILORED TO EACH AMBASSADOR'S AREA OF INTEREST, TIME CONSTRAINTS, AND EXPERTISE. WE CURRENTLY HAVE 184 MEMBERS WHO HAVE ASSISTED US IN ADVOCACY, SERVED AS GUEST SPEAKERS ON WEBINARS FOR CONSUMERS, AND PROVIDED EXPERTISE IN PROGRAM DEVELOPMENT. IN ADDITION, WE CONTINUED TO UPDATE OUR MEMBERS THROUGH ACTIVITIES AND COMMUNICATIONS FOCUSED ON ADVOCACY, FUNDRAISING, AND EDUCATION.

FORM 990, PART III, LINE 4B. PROFESSIONAL EDUCATION

IN 2023, BHOF'S LEARNING MANAGEMENT SYSTEM HAD OVER 100 COURSES/SESSIONS WITH MORE THAN 300 USERS/LEARNERS. BHOF IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME) TO PROVIDE CONTINUING MEDICAL EDUCATION FOR PHYSICIANS AND IS ACCREDITED AS A PROVIDER OF CONTINUING NURSING EDUCATION BY THE AMERICAN NURSES CREDENTIALING CENTER'S (ANCC) COMMISSION ON ACCREDITATION.

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HEALTHY BONES/HEALTHY COMMUNITIES (CITIES)

LAUNCHED IN 2019, THE HEALTHY BONES/HEALTHY COMMUNITIES TRAINING PROGRAM ENGAGES A NATIONAL MEDICAL COHORT FOCUSED ON OSTEOPOROSIS AND HEALTHY BONES, TARGETING THE EDUCATIONAL AND SUPPORT NEEDS OF FAMILY PHYSICIANS, INTERNISTS, AND ADVANCED PRACTICE PROVIDERS. THE CONTENT FOCUSES ON EVERYTHING FROM BASIC BONE BIOLOGY TO OSTEOPOROSIS EPIDEMIOLOGY, DIAGNOSIS, AND MANAGEMENT. THROUGH THE PROGRAM, WE ARE TRAINING FAMILY PRACTICE, INTERNAL MEDICINE, AND OBSTETRICS/GYNECOLOGY PROVIDERS IN SEVEN CITIES TO BECOME BONE HEALTH EXPERTS AND TO SERVE AS A RESOURCE FOR OTHER LOCAL CLINICIANS. IN 2023, WE HOSTED A SUCCESSFUL PROGRAM IN SAN DIEGO, CA. PARTICIPANTS WORKED ON AN ONGOING PROJECT WITH THEIR CITY TEAM TO RAISE AWARENESS ABOUT BONE HEALTH AND OSTEOPOROSIS AND TO IMPROVE PATIENT CARE.

WHILE BUILDING ON THE SUCCESS AND LESSONS LEARNED FROM THE INITIAL PROGRAM, BHOFF RECENTLY LAUNCHED THE LATEST HEALTHY BONES/HEALTHY COMMUNITIES PROGRAM THAT OFFERS A VARIETY OF POST-FRACTURE CARE LEARNING ACTIVITIES IN PARTNERSHIP WITH SELECT FRACTURE LIAISON SERVICE (FLS) PROGRAM TEAMS (IN EARLY/MID-STAGE PROGRAM DEVELOPMENT) EAGER TO LEARN AND OVERCOME BARRIERS TO ADVANCE BEST PRACTICES AND GROW THEIR PROGRAMS. THIS PROGRAM TARGETS A BROAD RANGE OF HEALTHCARE PRACTITIONERS ACROSS SPECIALTIES THAT MANAGE OSTEOPOROSIS PATIENT CARE. BY DEMONSTRATING SUCCESS, THE PROGRAM WILL ESTABLISH THE CONTENT, PROCESSES, AND CAPACITY NEEDED FOR THE INITIATIVE TO BE SCALED UP TO INCLUDE ADDITIONAL CITIES/REGIONS IN THE FUTURE. THE FIRST PROGRAM TOOK PLACE IN BURLINGTON, VT, IN 2023.

RADICALLY SIMPLE TOOL

BHOFF COLLABORATED WITH AVOMD TO LAUNCH THE ELECTRONIC VERSION OF THE

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OSTEOPOROSIS AND FRACTURE RISK EVALUATION TOOL, ALSO KNOWN AS THE RADICALLY SIMPLE TOOL, VIA A MOBILE/ELECTRONIC APPLICATION. THE RADICALLY SIMPLE TOOL SUPPORTS HEALTHCARE PROFESSIONALS IN STARTING A DIALOGUE WITH PATIENTS ABOUT THE BENEFITS AND RISKS ASSOCIATED WITH OSTEOPOROSIS MEDICATION AS PART OF THEIR TREATMENT PLAN.

THE POST FRACTURE CARE (FLS) PILOT PROGRAM BHOF COLLABORATED WITH MEDSTAR (MARYLAND) AND ATRIUM (NORTH CAROLINA) HEALTH SYSTEMS TO TEST A "SYSTEMS APPROACH" TO FRACTURE LIAISON SERVICE (FLS), "CREATING A POST-FRACTURE CARE PATHWAY TO HELP CURB THE OSTEOPOROSIS CRISIS AND PREVENT PATIENTS FROM SUFFERING DEBILITATING BROKEN BONES.

AMGEN, INC. AND UCB, INC. PROVIDED SUPPORT FOR THIS PROJECT.

CLINICAL UPDATES NEWSLETTERS AND WEBINAR

TWO CLINICAL UPDATES NEWSLETTERS WERE RECENTLY PUBLISHED ON THE TOPIC OF VERTEBRAL COMPRESSION FRACTURES (VCF). THE NEWSLETTERS ON "IDENTIFYING OSTEOPOROSIS-RELATED VERTEBRAL FRACTURES IN PRIMARY CARE" AND "MANAGEMENT OF VERTEBRAL COMPRESSION FRACTURES IN PRIMARY CARE" ARE AVAILABLE VIA BHOF'S LEARNING MANAGEMENT SYSTEM. BHOF HOSTED A WEBINAR ON OPIOID USE FOLLOWING VERTEBRAL COMPRESSION FRACTURE (VCF) TREATMENT PROCEDURES IN THE SUMMER OF 2023.

SANTA FE BONE SYMPOSIUM

BHOF SPONSORED A SESSION AT THE 23RD ANNUAL SANTA FE BONE SYMPOSIUM IN AUGUST 2023, ON "OVERVIEW OF OSTEOPOROSIS GUIDELINES AND BHOF RESOURCES TO ADD VALUE TO CLINICAL PRACTICE."

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## BONEFIT USA TRAINING PROGRAM

BONEFIT IS AN EVIDENCE-INFORMED EXERCISE TRAINING WORKSHOP DESIGNED FOR HEALTHCARE PROFESSIONALS AND EXERCISE SPECIALISTS TO PROVIDE TRAINING ON THE MOST APPROPRIATE, SAFE, AND EFFECTIVE METHODS TO PRESCRIBE AND PROGRESS EXERCISE FOR PEOPLE WITH OSTEOPOROSIS. BONEFIT INCLUDES TWO DIFFERENT LEVELS OF WORKSHOPS. BONEFIT BASICS WORKSHOPS ARE AIMED AT EXERCISE AND FITNESS PROFESSIONALS. BONEFIT CLINICAL WORKSHOPS ARE AIMED AT REHABILITATION PROFESSIONALS. ONLINE LEARNING MODULES ARE ALSO COMPLETED BY ALL WORKSHOP PARTICIPANTS. IN 2023, THREE TRAINING COURSES WERE PROVIDED TO 69 PARTICIPANTS BETWEEN IN-PERSON AND VIRTUAL DELIVERY. BHOFF PARTNERS WITH OSTEOPOROSIS CANADA AND THE FOUNDERS OF BONEFIT TO OFFER THIS TRAINING PROGRAM IN THE U.S.

## FORM 990, PART III, LINE 4C. ADVOCACY

WE ADVOCATE IN SUPPORT OF AWARENESS, RESEARCH, PATIENTS, AND PROFESSIONALS.

## NATIONAL BONE HEALTH POLICY INSTITUTE

BHOFF'S BONE HEALTH POLICY INSTITUTE WAS LAUNCHED IN 2019 TO RAISE AWARENESS AND DRIVE POLICY THAT SUPPORTS PATIENTS WITH OSTEOPOROSIS AND THEIR CARE PARTNERS. IN 2023, OUR COALITION TO STRENGTHEN BONE HEALTH MEMBERSHIP GREW TO INCLUDE 27 LEADING NATIONAL ORGANIZATIONS, AND WE CONVENED THREE VIRTUAL MEETINGS OF THE COALITION. WE CONTINUE TO SEEK NEW MEMBERS WHO CAN HELP ADVANCE OUR BONE HEALTH POLICY AGENDA WITH THEIR MEMBERSHIP AND WITH CONGRESS. TOGETHER, WE ARE ADVOCATING TO CREATE POLICIES FOR HEALTHY, STRONG BONES AND HEALTHIER AGING.

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BHOF HELD A "CONGRESSIONAL BRIEFING: WOMEN'S BONE HEALTH THROUGHOUT THE LIFESPAN". BHOF PRESENTED INFORMATION ABOUT BONE HEALTH BASICS, THE BONE HEALTH CRISIS IN THE U.S., INCLUDING DATA FROM THE MILLIMAN REPORT, PROTECTING YOUR BONE HEALTH, AND ADDRESSING THE OSTEOPOROSIS CRISIS WITH POLICY SOLUTIONS. THE BRIEFING WAS RECORDED AND CIRCULATED TO HILL STAFF AND HAS HAD OVER 100 VIEWS TO DATE.

FOR THE THIRD CONSECUTIVE YEAR, BHOF ANNOUNCED THE CONGRESSIONAL BONE HEALTH CHAMPION AWARDS. 2023 HONOREES INCLUDED SENATOR JOHN BARRASSO [R-WY], SENATOR TAMMY BALDWIN [D-WI], REPRESENTATIVE SUSIE LEE [D-NV], AND REPRESENTATIVE KAT CAMMACK [R-FL]. SENATOR BARRASSO WAS THE LEAD AUTHOR ON A LETTER SIGNED BY THREE ADDITIONAL SENATORS REQUESTING THAT THE OFFICE OF MANAGEMENT AND BUDGET URGE CMS TO INCLUDE THE FLS CODE IN THE PHYSICIAN FEE SERVICE PROPOSED RULE. SEN. BALDWIN IS CHAIR OF THE COMMITTEE OVERSEEING THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. REPRESENTATIVES LEE AND CAMMACK ARE CO-CHAIRS OF THE BIPARTISAN CONGRESSIONAL WOMEN'S CAUCUS AND CO-CHAIRING OUR RECENT POLICY BRIEFING.

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

THE CHIEF ADMINISTRATIVE OFFICER AND FINANCE CONSULTANT, AS WELL AS THE CHIEF EXECUTIVE OFFICER, REVIEW THE FEDERAL FORM 990 AS PREPARED BY THE INDEPENDENT AUDITORS TO DETERMINE IF THE INFORMATION PRESENTED IN THE FEDERAL FORM 990 IS IN AGREEMENT WITH INFORMATION ORIGINALLY PROVIDED TO THE INDEPENDENT AUDITORS. THE FOUNDATION AND AUDITORS DISCUSS ISSUES, IF ANY, BEFORE THE FEDERAL FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE. BOARD MEMBERS RECEIVE A COPY OF THE COMPLETED FORM 990 FOR REVIEW AND COMMENT BEFORE IT IS FILED.

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

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

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

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

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

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

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

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

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

CONSULTING FEES:

PROGRAM SERVICE EXPENSES	773,629.
MANAGEMENT AND GENERAL EXPENSES	26,236.
FUNDRAISING EXPENSES	193,013.
TOTAL EXPENSES	992,878.

OTHER CONTRACTUAL SERVICES:

PROGRAM SERVICE EXPENSES	125,175.
MANAGEMENT AND GENERAL EXPENSES	4,245.
FUNDRAISING EXPENSES	31,230.
TOTAL EXPENSES	160,650.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,153,528.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ROUNDING	-1.
AMERICAN BONE HEALTH EDUCATION ASSETS	30,869.
TOTAL TO FORM 990, PART XI, LINE 9	30,868.

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FORM 990, PART XII, LINE 2C:

THE FINANCE AND AUDIT COMMITTEE HAS RESPONSIBILITY FOR THESE ITEMS. THIS PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

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