

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning and ending																												
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization BONE HEALTH AND OSTEOPOROSIS FOUNDATION</td> <td rowspan="4">D Employer identification number 36-3350532</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>251 18TH STREET S</td> <td>630</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22202</td> <td>E Telephone number 703-647-3000</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: CLAIRE GILL SAME AS C ABOVE</td> <td>G Gross receipts \$ 4,591,130.</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">J Website: WWW.BONEHEALTHANDOSTEOPOROSIS.ORG</td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td>H(c) Group exemption number</td> </tr> <tr> <td colspan="2">L Year of formation: 1984</td> <td>M State of legal domicile: MO</td> </tr> </table>	C Name of organization BONE HEALTH AND OSTEOPOROSIS FOUNDATION		D Employer identification number 36-3350532	Doing business as		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	251 18TH STREET S	630	City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22202		E Telephone number 703-647-3000	F Name and address of principal officer: CLAIRE GILL SAME AS C ABOVE		G Gross receipts \$ 4,591,130.	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J Website: WWW.BONEHEALTHANDOSTEOPOROSIS.ORG		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(c) Group exemption number	L Year of formation: 1984		M State of legal domicile: MO
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE BONE HEALTH & OSTEOPOROSIS FOUNDATION (BHOF) IS THE LEADING HEALTH ORGANIZATION DEDICATED TO																								
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																								
	3 Number of voting members of the governing body (Part VI, line 1a) 3 13																								
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13																								
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 7																								
	6 Total number of volunteers (estimate if necessary) 6 150																								
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.																								
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td align="right">2,010,770.</td> <td align="right">3,581,911.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td align="right">68,081.</td> <td align="right">193,712.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td align="right">186,991.</td> <td align="right">414,232.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td align="right">542,059.</td> <td align="right">415,523.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td align="right">2,807,901.</td> <td align="right">4,605,378.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	2,010,770.	3,581,911.	9 Program service revenue (Part VIII, line 2g)	68,081.	193,712.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	186,991.	414,232.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	542,059.	415,523.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,807,901.	4,605,378.						
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Part II Signature Block

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

Sign Here	Signature of officer		Date		
	CLAIRE GILL, CHIEF EXECUTIVE OFFICER				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ERIN CRANMER				P01712644
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	CALIBRE CPA GROUP PLLC	47-0900880		202-331-9880	
	Firm's address				
	7501 WISCONSIN AVENUE, SUITE 1200 WEST BETHESDA, MD 20814				

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**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 ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **741,399.** including grants of \$) (Revenue \$)
PATIENT EDUCATION: SEE SCHEDULE O FOR FULL STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS.**4b** (Code:) (Expenses \$ **1,139,085.** including grants of \$) (Revenue \$ **144,631.**)
PROFESSIONAL EDUCATION: SEE SCHEDULE O FOR FULL STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS.**4c** (Code:) (Expenses \$ **737,836.** including grants of \$) (Revenue \$)
ADVOCACY: SEE SCHEDULE O FOR FULL STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS.**4d** Other program services (Describe on Schedule O.)(Expenses \$ **357,013.** including grants of \$ **15,000.**) (Revenue \$ **69,835.**)**4e** Total program service expenses **2,975,333.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	47
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a 7		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	13			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe 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	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain 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 ContractorsCheck 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				325,000.	0.	15,050.
(2) LINDSEY WEST CHIEF PROGRAM OFFICER THRU 11/2024	37.50					X		206,455.	0.	25,396.
(3) DEBRA ERIKSON CAO	37.50				X			189,112.	0.	52,319.
(4) NAN YOUNG DIRECTOR OF DEVELOPMENT	37.50					X		123,900.	0.	47,124.
(5) AMI PATEL VICE PRESIDENT SCIENCE AND EDUCATION	37.50					X		131,576.	0.	29,030.
(6) KATHLEEN SHOEMAKER CHAIRMAN	5.00	X		X				0.	0.	0.
(7) THOMAS F. KOINIS PRESIDENT	5.00	X		X				0.	0.	0.
(8) CHARLES B. LAWRENCE, JR. TREASURER	5.00	X		X				0.	0.	0.
(9) SALLY FULLMAN TRUSTEE	5.00	X						0.	0.	0.
(10) KAREN KEMMIS TRUSTEE	5.00	X						0.	0.	0.
(11) FREDERICK R. SINGER TRUSTEE	5.00	X						0.	0.	0.
(12) LAILA TABATABAI VICE PRESIDENT	5.00	X		X				0.	0.	0.
(13) ANN VU SECRETARY	5.00	X		X				0.	0.	0.
(14) JOSHUA WING TRUSTEE	5.00	X						0.	0.	0.
(15) NICOLE WRIGHT TRUSTEE	5.00	X						0.	0.	0.
(16) JENNY RAPPOLE TRUSTEE	5.00	X						0.	0.	0.
(17) ROBERT F. GAGEL TRUSTEE	5.00	X						0.	0.	0.

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b	66,275.					
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	3,515,636.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f							3,581,911.
Program Service Revenue	2 a <u>CONFERENCES & SEMINARS</u>	Business Code 900099		144,631.	144,631.			
	b <u>PUBLICATION & PROGRAMS</u>	900099		49,081.	49,081.			
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f				193,712.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			235,059.			235,059.
4 Income from investment of tax-exempt bond proceeds								
5 Royalties				257,644.			257,644.	
6 a Gross rents		6a	(i) Real (ii) Personal					
b Less: rental expenses ...		6b						
c Rental income or (loss)		6c						
d Net rental income or (loss)				137,125.			137,125.	
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other					
b Less: cost or other basis and sales expenses		7b						
c Gain or (loss)		7c						
d Net gain or (loss)				179,173.			179,173.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a						
b Less: direct expenses		8b						
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19		9a						
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a <u>SUBSCRIPTION INCOME</u>	Business Code 900099		18,000.	18,000.			
	b <u>LIST RENTAL INCOME</u>	900099		370.	370.			
	c							
	d All other revenue	900099		3,000.	3,000.			
	e Total. Add lines 11a-11d				21,370.			
	12 Total revenue. See instructions				4,605,378.	214,466.	0.	809,001.

Part IX Statement of Functional Expenses

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

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,000.	15,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	555,322.	364,960.	44,717.	145,645.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	669,414.	439,942.	53,904.	175,568.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,438.	16,718.	2,048.	6,672.
9 Other employee benefits	68,613.	45,093.	5,525.	17,995.
10 Payroll taxes	75,227.	49,440.	6,057.	19,730.
11 Fees for services (nonemployees):				
a Management				
b Legal	5,877.	4,575.	220.	1,082.
c Accounting	44,119.	34,348.	1,648.	8,123.
d Lobbying	24,001.	18,685.	897.	4,419.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	25,356.	19,741.	947.	4,668.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,344,877.	1,047,029.	50,245.	247,603.
12 Advertising and promotion	36,773.	22,377.	987.	13,409.
13 Office expenses	152,841.	73,602.	31,921.	47,318.
14 Information technology	296,151.	230,563.	11,064.	54,524.
15 Royalties				
16 Occupancy	178,325.	90,934.	51,181.	36,210.
17 Travel	116,034.	106,395.	5,598.	4,041.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	312,139.	286,210.	15,059.	10,870.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,056.	2,075.	1,154.	827.
23 Insurance	53,775.	27,422.	15,434.	10,919.
24 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.)				
a DUES AND SUBSCRIPTIONS	58,971.	35,885.	1,583.	21,503.
b BANK SERVICE CHARGES	21,410.	11,049.	5,435.	4,926.
c CAGING SERVICES	14,647.	11,403.	547.	2,697.
d HONORARIUM	9,999.	9,169.	482.	348.
e All other expenses	19,271.	12,718.	2,998.	3,555.
25 Total functional expenses. Add lines 1 through 24e	4,127,636.	2,975,333.	309,651.	842,652.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	67,667.	10,121.	19,055.	38,491.

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,192.	1	2,327.
	2 Savings and temporary cash investments	1,391,597.	2	1,841,403.
	3 Pledges and grants receivable, net	46,785.	3	399,675.
	4 Accounts receivable, net		4	338.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	65,617.	8	60,816.
	9 Prepaid expenses and deferred charges	172,168.	9	89,015.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 47,441.		
	b Less: accumulated depreciation	10b 38,910.		
	11 Investments - publicly traded securities	12,588.	10c	8,531.
	12 Investments - other securities. See Part IV, line 11	4,070,688.	11	4,266,774.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	481,671.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,245,306.	15	314,170.	
17 Accounts payable and accrued expenses	6,245,306.	16	6,983,049.	
Liabilities	18 Grants payable	397,030.	17	346,842.
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities	166,759.	19	708,210.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 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		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	578,226.	24	
	26 Total liabilities. Add lines 17 through 25	1,142,015.	25	384,748.
	27 Net assets or fund balances	1,142,015.	26	1,439,800.
Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
27 Net assets without donor restrictions	4,319,661.	27	4,115,288.	
28 Net assets with donor restrictions	783,630.	28	1,427,961.	
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds		29		
30 Paid-in or capital surplus, or land, building, or equipment fund		30		
31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	5,103,291.	32	5,543,249.	
33 Total liabilities and net assets/fund balances	6,245,306.	33	6,983,049.	

Form 990 (2024)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,605,378.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,127,636.
3	Revenue less expenses. Subtract line 2 from line 1	3	477,742.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,103,291.
5	Net unrealized gains (losses) on investments	5	-37,784.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,543,249.

Part XII Financial Statements and ReportingCheck 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? _____ 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	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ 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	2b	X
c 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
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? _____	3a	X
b 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 _____	3b	

Form 990 (2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

BONE HEALTH AND OSTEOPOROSIS FOUNDATION

Employer identification number	
--------------------------------	--

36-3350532

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2742849.	3637158.	2976058.	2010770.	3581911.	14948746.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2742849.	3637158.	2976058.	2010770.	3581911.	14948746.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6084484.
6 Public support. Subtract line 5 from line 4.						8864262.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	2742849.	3637158.	2976058.	2010770.	3581911.	14948746.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	519,257.	656,829.	549,801.	704,271.	629,828.	3059986.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,729.	3,073.		2,821.	21,370.	31,993.
11 Total support. Add lines 7 through 10						18040725.
12 Gross receipts from related activities, etc. (see instructions)					12	389,680.
13 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

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	49.13	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	50.83	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			
			<input type="checkbox"/>

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined 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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 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? 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	Minimum Asset Amount (add line 7 to line 6)	8	

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

Schedule A (Form 990) 2024

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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**

2020 AMOUNT: \$ 3,389.

2021 AMOUNT: \$ 3,073.

2023 AMOUNT: \$ 1,721.

2024 AMOUNT: \$ 370.

MISCELLANEOUS

2020 AMOUNT: \$ 1,340.

2023 AMOUNT: \$ 1,100.

2024 AMOUNT: \$ 3,000.

SUBSCRIPTION INCOME

2024 AMOUNT: \$ 18,000.

**Schedule B
(Form 990)**

(Rev. December 2024)
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 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

BONE HEALTH AND OSTEOPOROSIS FOUNDATION

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).

Name of organization

Employer identification number

BONE HEALTH AND OSTEOPOROSIS FOUNDATION**36-3350532****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>73,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>106,875.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>121,809.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>125,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>287,620.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>376,687.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

BONE HEALTH AND OSTEOPOROSIS FOUNDATION**36-3350532****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 501,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 533,362.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 749,127.	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.)

Employer identification number

36-3350532

Part II

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

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

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2024

Open to Public
Inspection

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

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

BONE HEALTH AND OSTEOPOROSIS FOUNDATION

Employer identification number (EIN)

36-3350532

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 EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990) 2024

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		24,000.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		0.	
c Total lobbying expenditures (add lines 1a and 1b)		24,000.	
d Other exempt purpose expenditures		4,928,671.	
e Total exempt purpose expenditures (add lines 1c and 1d)		4,952,671.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		397,634.	
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:		
not over \$500,000	20% of the amount on line 1e.		
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		99,409.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	350,024.	355,029.	354,937.	397,634.	1,457,624.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,186,436.
c Total lobbying expenditures	24,000.	24,000.	24,000.	24,000.	96,000.
d Grassroots nontaxable amount	87,506.	88,757.	88,734.	99,409.	364,406.
e Grassroots ceiling amount (150% of line 2d, column (e))					546,609.
f Grassroots lobbying expenditures	24,000.	24,000.	24,000.	24,000.	96,000.

Schedule C (Form 990) 2024

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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.

b 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 \$

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

Schedule D (Form 990) (Rev. 12-2024)

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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.	268,081.	180,012.	180,012.
b Contributions				88,069.	
c Net investment earnings, gains, and losses	5,277.	5,068.	3,667.	1,402.	3,160.
d Grants or scholarships					
e Other expenditures for facilities and programs	5,277.	5,068.	3,667.	1,402.	3,160.
f Administrative expenses					
g End of year balance	268,081.	268,081.	268,081.	268,081.	180,012.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %

b Permanent endowment 100 %

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:

(i) Unrelated organizations? _____

(ii) Related organizations? _____

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

	Yes	No
3a(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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		26,995.	18,464.	8,531.
e Other		20,446.	20,446.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				8,531.

Schedule D (Form 990) (Rev. 12-2024)

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, 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)		
Total. (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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	374,150.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		384,748.

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 ... ☒

Schedule D (Form 990) (Rev. 12-2024)

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

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

1	Total revenue, gains, and other support per audited financial statements	1	4,553,793.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-37,782.
b	Donated services and use of facilities	2b	6,503.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-31,279.
3	Subtract line 2e from line 1	3	4,585,072.
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	25,357.
b	Other (Describe in Part XIII.)	4b	-5,051.
c	Add lines 4a and 4b	4c	20,306.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,605,378.

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

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

1	Total expenses and losses per audited financial statements	1	4,113,835.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	6,503.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	5,051.
e	Add lines 2a through 2d	2e	11,554.
3	Subtract line 2e from line 1	3	4,102,281.
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	25,357.
b	Other (Describe in Part XIII.)	4b	-2.
c	Add lines 4a and 4b	4c	25,355.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,127,636.

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, 2024, THE STATUTE OF LIMITATION FOR TAX YEARS 2020 THROUGH 2023 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 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 8 -5,051.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD INCLUDED ON PART VIII 5,051.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING -2.

Part XIII Supplemental Information (continued)

PART V, LINE 4:

AS OF DECEMBER 31, 2024, THE FOUNDATION'S ENDOWMENT TOTALED \$268,081. THE INCOME EARNED ON THESE NET ASSETS IS RESTRICTED BY THE DONOR. THE SHOU MEI HU CECELIA 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 RESTRICTED INCOME FOR MEDICAL RESEARCH REGARDING BONE HEALTH AND BONE RESEARCH GRANTS.

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

BONE HEALTH AND OSTEOPOROSIS FOUNDATION

Employer identification number
36-3350532

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CAMPANILE FOUNDATION 5500 CAMPANILE DRIVE MC1968 SAN DIEGO, CA 92182	33-0868418	501(C)(3)	15,000.	0.			GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.
- 3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (Rev. 12-2024)

Part III can be duplicated if additional space is needed.

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE J
(Form 990)

(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

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

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) (Rev. 12-2024)

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.

[illegible]

Part III Supplemental Information

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE O
(Form 990)

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	Employer identification number
BONE HEALTH AND OSTEOPOROSIS FOUNDATION	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 1, DESCRIPTION OF ORGANIZATION MISSION:
THE BONE HEALTH & OSTEOPOROSIS FOUNDATION (BHOF) IS THE LEADING HEALTH
ORGANIZATION DEDICATED TO PREVENTING OSTEOPOROSIS AND BROKEN BONES,
PROMOTING STRONG BONES FOR LIFE, AND REDUCING HUMAN SUFFERING THROUGH
PROGRAMS OF PUBLIC AND CLINICIAN AWARENESS, EDUCATION, ADVOCACY, AND
RESEARCH. ESTABLISHED IN 1984, 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
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

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

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 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 2024, THE ONLINE COMMUNITY INCREASED TO NEARLY 92,000 MEMBERS. WE HELD AN "ASK THE EXPERTS" SESSION ABOUT NUTRITION FOR OSTEOPOROSIS & BONE HEALTH WITH A NUTRITIONIST AND HOLISTIC HEALTH COACH DURING A WEEK OF MAY.

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 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

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

RESOURCES AND GUIDES. THIS YEAR'S THEME WAS THE LAUNCH OF OUR "40 FACES OF OSTEOPOROSIS" CAMPAIGN TO HIGHLIGHT THE STORIES OF 40 INSPIRING OSTEOPOROSIS PATIENTS VIA PERSONAL VIDEOS TO COMMEMORATE ITS 40TH ANNIVERSARY, RAISE AWARENESS, AND HONOR THOSE WHOM THE FOUNDATION SUPPORTS.

BHOF HELD AN ASK THE EXPERTS SESSION ON NUTRITION AND BONE HEALTH FOR A WEEK IN MAY ON THE INSPIRE COMMUNITY WHICH HAD OVER 4,000 VIEWS. WE ALSO 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 USER-FRIENDLY TOOLKIT THAT INCLUDED INFORMATION ABOUT OSTEOPOROSIS, HOW TO FIND SUPPORT AND SHARE ON SOCIAL MEDIA, AND EVENTS OCCURRING THROUGHOUT THE MONTH OF OCTOBER.

40TH ANNIVERSARY COMMUNICATIONS CAMPAIGN: PROTECT YOUR BONES
WE CONTINUED TO FEATURE STORIES FROM OUR 40 FACES OF OSTEOPOROSIS CAMPAIGN THROUGHOUT 2024 TO INCREASE AWARENESS OF THE MANY WAYS THAT THIS CONDITION AFFECTS PEOPLE FROM ALL WALKS OF LIFE:
[HTTPS://WWW.BONEHEALTHANDOSTEOPOROSIS.ORG/40-FACES-OF-OSTEOPOROSIS/](https://www.bonehealthandosteoporosis.org/40-faces-of-osteoporosis/).

BHOF LAUNCHED A PUBLIC SERVICE CAMPAIGN (PSA) FEATURING TELEVISION AND RADIO RECORDINGS IN ENGLISH AND SPANISH BEGINNING IN MID-SEPTEMBER WHICH WILL RUN FOR 12 MONTHS. MATERIALS AND REMINDERS WILL BE SHARED MONTHLY WITH 13,000+ STATION AND NETWORK DIRECTORS AND 960+ SPANISH RADIO AND TV MEDIA.

TAXI TV CURB CAMPAIGN UTILIZES THE PSA AND IS RUNNING IN THE NYC, CHICAGO, AND WASHINGTON, DC MARKETS. COMPLEMENTING BANNERS USE A QR CODE TO DIRECT VIEWERS TO WWW.PATHTOGOODBONEHEALTH.ORG.

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 185 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

Name of the organization	Employer identification number
BONE HEALTH AND OSTEOPOROSIS FOUNDATION COMMUNICATIONS FOCUSED ON ADVOCACY, FUNDRAISING, AND EDUCATION.	36-3350532

BUILDING OSTEOPOROSIS NETWORKS AND ENGAGEMENT USING PARTNERSHIPS (BONEUP)

BHOF IS PROUD TO ANNOUNCE THE AWARD OF A NEW GRANT FROM THE CENTERS OF DISEASE CONTROL AND PREVENTION (CDC) TO LAUNCH THE BONEUP (BUILDING OSTEOPOROSIS NETWORKS AND ENGAGEMENT USING PARTNERSHIPS) NATIONAL CAMPAIGN STARTING SEPTEMBER 2024. BHOF IS ONE OF SIX ORGANIZATIONS CHOSEN BY CDC THROUGH A NATIONWIDE COMPETITIVE APPLICATION PROCESS TO ADVANCE EDUCATION AND AWARENESS OF CHRONIC DISEASES. WITH THIS MAJOR THREE-YEAR GRANT, WE WILL HIGHLIGHT OSTEOPOROSIS AS A PRESSING PUBLIC HEALTH CRISIS THAT URGENTLY NEEDS TO BE ADDRESSED TO CURB THE RAPIDLY RISING NUMBER OF OSTEOPOROSIS-RELATED FRACTURES NATIONWIDE.

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

IN 2024, 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.

INTERDISCIPLINARY SYMPOSIUM ON OSTEOPOROSIS (ISO)

IN JUNE 2024, THE BONE HEALTH & OSTEOPOROSIS FOUNDATION (BHOF) HOSTED THE INTERDISCIPLINARY SYMPOSIUM ON OSTEOPOROSIS (ISO2024) AT THE CAPITAL HILTON IN WASHINGTON, DC. THE EVENT WELCOMED ATTENDEES AND FEATURED EXHIBITORS. THE SYMPOSIUM INCLUDED EXPERT FACULTY MEMBERS PRESENTING ON KEY TOPICS. HIGHLIGHTS INCLUDED A RECEPTION FOR ADVANCED PRACTICE PROVIDERS, AS WELL AS PRODUCT THEATERS. PRE-CONFERENCE WORKSHOPS FOR FRACTURE LIAISON SERVICE (FLS) ALSO TOOK PLACE.

HEALTHY BONES/HEALTHY COMMUNITIES (CITIES)

WHILE BUILDING ON THE SUCCESS AND LESSONS LEARNED FROM THE INITIAL HEALTHY BONES/HEALTHY COMMUNITIES PROGRAM, THAT WAS LAUNCHED IN 2019 BHOF 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 SECOND PROGRAM TOOK PLACE IN BUFFALO, NY, IN APRIL 2024.

AVOMD MOBILE APPS

THE BONE HEALTH & OSTEOPOROSIS FOUNDATION (BHOF) COLLABORATED WITH AVOMD TO LAUNCH A MOBILE AND ELECTRONIC APPLICATION VERSION OF THE CLINICIAN'S GUIDE TO PREVENTION AND TREATMENT OF OSTEOPOROSIS, ENHANCING ACCESSIBILITY AND EASE OF USE FOR HEALTHCARE PROFESSIONALS. BHOF COLLABORATED WITH AVOMD TO LAUNCH THE CLINICIAN'S GUIDE TO PREVENTION AND TREATMENT OF OSTEOPOROSIS IN A MOBILE/ELECTRONIC APPLICATION FORMAT.

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

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 PARTNERED WITH THE NATIONAL MENOPAUSE FOUNDATION TO SPONSOR A SESSION AT THE 24TH ANNUAL SANTA FE BONE SYMPOSIUM IN AUGUST 2024, ON "MODERN APPROACHES TO MENOPAUSE AND BONE HEALTH."

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 2024, THREE TRAINING COURSES WERE PROVIDED TO 92 PARTICIPANTS BETWEEN IN-PERSON AND VIRTUAL DELIVERY. BHOF 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

BHOF'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 28 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.

BHOF HELD A CONGRESSIONAL BRIEFING ON "OBESITY AND BONE HEALTH"

CONGRESSIONAL BRIEFING SEPTEMBER 2024. EXPERTS DISCUSSED HOW OBESITY AFFECTS BONE HEALTH, THE BONE HEALTH AND OBESITY CRISIS IN THE U.S., HOW TO PROTECT YOUR OWN BONE HEALTH AND POLICY SOLUTIONS. THE BRIEFING WAS RECORDED AND CIRCULATED TO HILL STAFF AFTER THE EVENT.

BHOF PARTNERED WITH WOMEN IN GOVERNMENT (WIG) TO HELP STATE LEGISLATORS BETTER UNDERSTAND THE SIGNIFICANCE OF FEDERAL BONE-HEALTH POLICY FOR MEDICARE RECIPIENTS AND HOW IT CAN REDUCE THE SUBSTANTIAL ECONOMIC BURDEN OF OSTEOPOROSIS-RELATED FRACTURES ON STATE MEDICAID-BUDGETS.

BHOF HELD AN INVITATION-ONLY WEBINAR FOR HEALTH APPROPRIATIONS COMMITTEE MEMBERS AND A ROUND ROBIN SESSION DURING WIG'S 2024 LEADERSHIP INNOVATION SUMMIT IN CHARLOTTE, NORTH CAROLINA (NOVEMBER 13-16).

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

FOR THE FOURTH CONSECUTIVE YEAR, BHOF ANNOUNCED THE CONGRESSIONAL BONE HEALTH CHAMPION AWARDS. 2024 HONOREES INCLUDED SENATOR MAGGIE HASSAN [D-NH], SENATOR LISA MURKOWSKI [R-AK], REPRESENTATIVE LISA BLUNT ROCHESTER [D-DE], AND REPRESENTATIVE JULIA LETLOW [R-LA].

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.

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 ARE 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:

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, WHISTLEBLOWER POLICY, 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:

Name of the organization	BONE HEALTH AND OSTEOPOROSIS FOUNDATION	Employer identification number	36-3350532
PROGRAM SERVICE EXPENSES			775,280.
MANAGEMENT AND GENERAL EXPENSES			37,204.
FUNDRAISING EXPENSES			183,339.
TOTAL EXPENSES			995,823.

OTHER CONTRACTUAL SERVICES:

PROGRAM SERVICE EXPENSES	271,749.
MANAGEMENT AND GENERAL EXPENSES	13,041.
FUNDRAISING EXPENSES	64,264.
TOTAL EXPENSES	349,054.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,344,877.

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.