

Form **990**

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

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2017 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>NATIONAL OSTEOPOROSIS FOUNDATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>251 18TH STREET S 630</b> City or town, state or province, country, and ZIP or foreign postal code <b>ARLINGTON, VA 22202</b> <b>F Name and address of principal officer: ELIZABETH THOMPSON</b> <b>SAME AS C ABOVE</b>	<b>D Employer identification number</b> <b>36-3350532</b> <b>E Telephone number</b> <b>7036473000</b> <b>G Gross receipts \$</b> <b>5,260,760.</b> <b>H(a) Is this a group return for subordinates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b) Are all subordinates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <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		<b>L Year of formation:</b> <b>1984</b> <b>M State of legal domicile:</b> <b>MO</b>
<b>J Website:</b> ▶ <b>WWW.NOF.ORG</b>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO PREVENT OSTEOPOROSIS AND IMPROVE THE LIVES OF THOSE AFFECTED BY THE DISEASE.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>28</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>27</b>
<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>10</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>27</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>2,447,822.</b>	<b>Current Year</b> <b>3,772,499.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>274,344.</b>	<b>352,183.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>123,480.</b>	<b>161,608.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>383,797.</b>	<b>402,451.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,229,443.</b>	<b>4,688,741.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,502,253.</b>	<b>1,494,697.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>8,656.</b>	<b>5,908.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>665,553.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,140,930.</b>	<b>2,728,980.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,651,839.</b>	<b>4,229,585.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-422,396.</b>	<b>459,156.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>5,216,342.</b>	<b>End of Year</b> <b>5,493,997.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>879,955.</b>	<b>427,495.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>4,336,387.</b>	<b>5,066,502.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	▶ Signature of officer <b>ELIZABETH THOMPSON, CHIEF EXECUTIVE OFFICER</b> Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOAN M. RENNER, CPA</b>	Preparer's signature <b>JOAN M. RENNER, CPA</b>	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00456765</b>
	Firm's name ▶ <b>RENNER AND COMPANY, CPA, P.C</b>	Firm's EIN ▶ <b>54-1498950</b>			
	Firm's address ▶ <b>700 NORTH FAIRFAX ST, SUITE 400</b> <b>ALEXANDRIA, VA 22314</b>	Phone no. <b>703-535-1200</b>			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE NATIONAL OSTEOPOROSIS FOUNDATION (NOF) IS THE LEADING HEALTH ORGANIZATION DEDICATED TO PREVENTING OSTEOPOROSIS AND BROKEN BONES, PROMOTING STRONG BONES FOR LIFE AND REDUCING HUMAN SUFFERING THROUGH PROGRAMS OF PUBLIC AND CLINICIAN AWARENESS, EDUCATION, ADVOCACY AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No 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 [X] 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 \$ 1,228,053. including grants of \$ ) (Revenue \$ ) IN 2011, THE FOUNDATION LAUNCHED THE NATIONAL BONE HEALTH ALLIANCE (NBHA), A PUBLIC-PRIVATE PARTNERSHIP THAT BRINGS TOGETHER THE EXPERTISE AND RESOURCES OF 55 PARTICIPATING ORGANIZATIONS TO COLLECTIVELY PROMOTE BONE HEALTH AND PREVENT DISEASE; IMPROVE DIAGNOSIS AND TREATMENT OF BONE DISEASE; AND ENHANCE BONE RESEARCH SURVEILLANCE AND EVALUATION. IN 2017, NBHA WELCOMED 2 NEW MEMBERS.

NBHA IS ADVOCATING FOR THE WIDESPREAD IMPLEMENTATION OF THE FRACTURE LIAISON SERVICE (FLS) MODEL OF SECONDARY FRACTURE PREVENTION IN A NUMBER OF HEALTH CARE SETTINGS AND HAS A NUMBER OF COMPLEMENTARY EFFORTS TO SUPPORT THIS GOAL. FLS PROGRAMS COORDINATE POST-FRACTURE CARE THROUGH A FLS COORDINATOR (A NURSE, NURSE PRACTITIONER, PHYSICIAN

4b (Code: ) (Expenses \$ 1,369,630. including grants of \$ ) (Revenue \$ 219,180.) THE FOUNDATION'S EDUCATION DEPARTMENT PROVIDES EVIDENCE-BASED INFORMATION, EDUCATION, SERVICES AND INITIATIVES TO HEALTHCARE PROFESSIONALS THROUGH VARIOUS ACTIVITIES AND CHANNELS. THESE EFFORTS ARE DESIGNED TO HELP HEALTHCARE PROFESSIONALS MAKE INFORMED DECISIONS ABOUT THE PREVENTION, DIAGNOSIS AND TREATMENT OF OSTEOPOROSIS.

IN 2017, THE FOUNDATION PLANNED AND IMPLEMENTED THE 2017 CLINICAL OSTEOPOROSIS (CO17). CO17 TOOK PLACE IN ORLANDO, FL ON APRIL 20-22, 2017. THIS CONFERENCE WAS HOSTED BY THE NATIONAL OSTEOPOROSIS FOUNDATION (NOF) AND INTERNATIONAL SOCIETY FOR CLINICAL DENSITOMETRY (ISCD), PROVIDED THE MOST CURRENT, CLINICALLY RELEVANT AND EVIDENCE-BASED INFORMATION ON SKELETAL HEALTH ASSESSMENT AND THE

4c (Code: ) (Expenses \$ 367,542. including grants of \$ ) (Revenue \$ ) ADVOCACY - STRONG VOICES FOR STRONG BONES THE NATIONAL OSTEOPOROSIS FOUNDATION IS THE VOICE FOR ISSUES DEALING WITH OSTEOPOROSIS AND BONE HEALTH. FOR OVER 30 YEARS, NOF HAS BEEN COMMITTED TO PREVENTING BROKEN BONES AND OSTEOPOROSIS THROUGH EDUCATION, ADVOCACY AND RESEARCH. WE ADVOCATE FOR AWARENESS, RESEARCH, PATIENTS, AND PROFESSIONALS.

IN 2017, ADVOCACY ACTIVITIES INCLUDED: THE AMBASSADORS LEADERSHIP COUNCIL NOF AMBASSADORS ARE WELL-INFORMED, PASSIONATE, AND CARE DEEPLY ABOUT THOSE WHO SUFFER FROM OSTEOPOROSIS. AMBASSADORS ARE ADEPT AT MAKING AN IMPACT AND SPARKING POSITIVE CHANGE IN THEIR FIELD, SECTOR OR

4d Other program services (Describe in Schedule O.) (Expenses \$ 395,960. including grants of \$ ) (Revenue \$ 148,002.)

4e Total program service expenses 3,361,185.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	X	
<b>3</b> 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> .....		X
<b>4 Section 501(c)(3) organizations.</b> 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> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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> .....		X
<b>7</b> 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> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> 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> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> 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.		
<b>a</b> 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> .....	X	
<b>b</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> .....	X	
<b>c</b> 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> .....		X
<b>d</b> 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> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</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> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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> .....		X
<b>15</b> 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> .....		X
<b>16</b> 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> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	X	
<b>18</b> 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> .....		X
<b>19</b> 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> .....		X

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....		
<b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	28	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	27	
<b>2</b>	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
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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>b</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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **DEBRA ERIKSON - 703-647-3000**  
**251 18TH ST S #630, ARLINGTON, VA 22202**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JUDY A. BLACK CHAIRMAN	5.00	X		X				0.	0.	0.
(2) KENNETH G. SAAG, MD PRESIDENT	5.00	X		X				0.	0.	0.
(3) SUSAN GREENSPAN, MD VICE PRESIDENT	5.00	X		X				0.	0.	0.
(4) BARBARA HANNAH GRUFFERMAN SECRETARY	5.00	X		X				0.	0.	0.
(5) ANN C. MILLER, MD TREASURER	5.00	X		X				0.	0.	0.
(6) C. BERDON LAWRENCE TRUSTEE AT LARGE	5.00	X						0.	0.	0.
(7) ROBERT F. GAGEL, MD IMMEDIATE PAST PRESIDENT	5.00	X						0.	0.	0.
(8) DOUGLAS C. BAUER, MD TRUSTEE	5.00	X						0.	0.	0.
(9) SUSAN BUKATA, MD TRUSTEE	5.00	X						0.	0.	0.
(10) BLAIR G. CHILDS TRUSTEE	5.00	X						0.	0.	0.
(11) MICHAEL COOK, JD TRUSTEE	5.00	X						0.	0.	0.
(12) JAMES M. GILL, MD, MPH TRUSTEE	5.00	X						0.	0.	0.
(13) KARL INSOGNA, MD TRUSTEE	5.00	X						0.	0.	0.
(14) DAVID L. KIM TRUSTEE	5.00	X						0.	0.	0.
(15) THOMAS F. KOINIS, MD TRUSTEE	5.00	X						0.	0.	0.
(16) ANNE F. LAKE, DNP, FNP-BC, ONPC TRUSTEE	5.00	X						0.	0.	0.
(17) JOAN M. LAPPE, PH.D., RN, FAAN TRUSTEE	5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MERYL S. LEBOFF, MD TRUSTEE	5.00	X						0.	0.	0.
(19) KENNETH W. LYLES, MD TRUSTEE	5.00	X						0.	0.	0.
(20) MARY OATES, MD TRUSTEE	5.00	X						0.	0.	0.
(21) GAIL SHEEHY TRUSTEE	5.00	X						0.	0.	0.
(22) ANDREA SINGER, MD CLINICAL DIRECTOR	5.00	X						0.	0.	0.
(23) FREDERICK R. SINGER, M.D TRUSTEE	5.00	X						0.	0.	0.
(24) ETHEL S. SIRIS, M.D. TRUSTEE	5.00	X						0.	0.	0.
(25) HEIDI SKOLNIK, MS, CDN, FACSM TRUSTEE	5.00	X						0.	0.	0.
(26) STEVEN W. STRODE, MD, M.ED, MPH TRUSTEE	5.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								913,101.	0.	59,785.
<b>d Total (add lines 1b and 1c)</b>								913,101.	0.	59,785.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HAINES AND COMPANY 8050 FREEDOM AVE. NW, , CANTON, OH 44720	DIRECT MAILING	272,129.
RTI HEALTH SOLUTIONS, 200 OFFICE PARK DRIVE, RESEARCH TRIANGLE PARK, NC 27709	PROGRAM SERVICES	163,496.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **2**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations.

Total to Part VII, Section A, line 1c ..... 913,101. 59,785.

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>	82,925.				
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	3,689,574.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....		3,772,499.				
	<b>Program Service Revenue</b>	<b>2 a</b> <u>CONFERENCES, SEMINARS, PUBLICATION AND PROGRA</u> .....	<b>Business Code</b> 900099	219,180.	219,180.		
<b>b</b> .....		900099	133,003.	133,003.			
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			352,183.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		44,666.			44,666.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		387,452.			387,452.	
	<b>6 a</b> Gross rents .....	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
	<b>d</b> Net gain or (loss) .....		116,942.			116,942.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....					
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....						
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>	15,805.					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>	806.				
	<b>c</b> Net income or (loss) from sales of inventory .....		14,999.	14,999.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> .....							
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....			4,688,741.	367,182.	0.	549,060.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	708,007.	566,406.	28,320.	113,281.
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	638,477.	521,262.	26,174.	91,041.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,236.	24,189.	1,209.	4,838.
9 Other employee benefits	39,269.	18,718.	16,807.	3,744.
10 Payroll taxes	78,708.	62,967.	3,148.	12,593.
11 Fees for services (non-employees):				
a Management				
b Legal	34,648.	27,254.	1,479.	5,915.
c Accounting	33,758.	27,007.	1,350.	5,401.
d Lobbying	127,000.	127,000.		
e Professional fundraising services. See Part IV, line 17	5,908.			5,908.
f Investment management fees	18,654.		18,654.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	866,515.	655,725.	42,158.	168,632.
12 Advertising and promotion	7,406.	5,925.	296.	1,185.
13 Office expenses				
14 Information technology	214,297.	169,393.	8,981.	35,923.
15 Royalties				
16 Occupancy	185,908.	148,727.	7,436.	29,745.
17 Travel	137,563.	110,050.	5,503.	22,010.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	48,463.	34,434.	2,806.	11,223.
20 Interest	1.	1.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,699.	10,960.	548.	2,191.
23 Insurance	34,258.	27,407.	1,370.	5,481.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>CATERING AND FACILITY</b>	183,199.	131,059.	10,428.	41,712.
b <b>CAGING SERVICE</b>	179,820.	159,356.	4,093.	16,371.
c <b>PRINTING</b>	116,630.	93,304.	4,665.	18,661.
d <b>AUDIO AND VISUAL EXPENS</b>	114,911.	91,929.	4,596.	18,386.
e All other expenses	412,250.	348,112.	12,826.	51,312.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	4,229,585.	3,361,185.	202,847.	665,553.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	144,878.	42,998.	12,697.	89,183.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,506,979.	<b>1</b>	1,579,813.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	463,474.	<b>3</b>	227,666.
	<b>4</b> Accounts receivable, net .....	25.	<b>4</b>	33,655.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	6,736.	<b>8</b>	8,097.
	<b>9</b> Prepaid expenses and deferred charges .....	105,072.	<b>9</b>	113,561.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 691,303.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 675,719.	29,281.	<b>10c</b> 15,584.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	3,104,775.	<b>12</b>	3,515,621.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	5,216,342.	<b>16</b>	5,493,997.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	293,929.	<b>17</b>	185,186.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	440,580.	<b>19</b>	92,999.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	145,446.	<b>25</b>	149,310.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	879,955.	<b>26</b>	427,495.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	3,090,102.	<b>27</b>	3,844,653.
	<b>28</b> Temporarily restricted net assets .....	1,066,273.	<b>28</b>	1,041,837.
	<b>29</b> Permanently restricted net assets .....	180,012.	<b>29</b>	180,012.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	4,336,387.	<b>33</b>	5,066,502.	
<b>34</b> Total liabilities and net assets/fund balances .....	5,216,342.	<b>34</b>	5,493,997.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,688,741.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,229,585.
3	Revenue less expenses. Subtract line 2 from line 1	3	459,156.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,336,387.
5	Net unrealized gains (losses) on investments	5	270,959.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,066,502.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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 in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

<b>Name of the organization</b> NATIONAL OSTEOPOROSIS FOUNDATION	<b>Employer identification number</b> 36-3350532
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**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 or 990-EZ).)
- 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 in 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).

(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		
<b>Total</b>						

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2103896.	2818690.	3131435.	2447822.	3772499.	14274342.
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 <b>Total.</b> Add lines 1 through 3 .....	2103896.	2818690.	3131435.	2447822.	3772499.	14274342.
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) .....						3595795.
6 <b>Public support.</b> Subtract line 5 from line 4.						10678547.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4 .....	2103896.	2818690.	3131435.	2447822.	3772499.	14274342.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	380,058.	373,438.	457,065.	472,093.	432,120.	2114774.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	3,178.		3,563.	1,382.		8,123.
11 <b>Total support.</b> Add lines 7 through 10						16397239.
12 Gross receipts from related activities, etc. (see instructions) .....					12	1,381,269.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	14	65.12 %
15 Public support percentage from 2016 Schedule A, Part II, line 14 .....	15	59.23 %
16a <b>33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
b <b>33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17a <b>10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b <b>10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

**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.)

Multiple horizontal lines for supplemental information.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2017**

Name of the organization

NATIONAL OSTEOPOROSIS FOUNDATION

Employer identification number

36-3350532

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 109,462.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 102,172.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 95,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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



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

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....															
<b>d</b> Other exempt purpose expenditures .....		4,229,584.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		4,229,584.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		361,479.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		90,370.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount	351,527.	344,115.	332,592.	361,479.	1,389,713.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					2,084,570.
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount	87,882.	86,029.	83,148.	90,370.	347,429.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					521,144.
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

**Part IV Supplemental Information**

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

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

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

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

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

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

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

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes  No

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

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

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

Yes  No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2017

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	180,012.	180,012.	180,012.	180,012.	180,012.
b Contributions					
c Net investment earnings, gains, and losses	3,991.	4,077.	401.	514.	3,313.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,991.	4,077.	401.	514.	3,313.
f Administrative expenses					
g End of year balance	180,012.	180,012.	180,012.	180,012.	180,012.

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		104,509.	88,925.	15,584.
e Other		586,794.	586,794.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				15,584.

**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) MERRILL LYNCH - MUTUAL		
(B) FUNDS	238,125.	END-OF-YEAR MARKET VALUE
(C) CHARLES SCHWAB - BOND		
(D) FUNDS	1,005,565.	END-OF-YEAR MARKET VALUE
(E) CHARLES SCHWAB - EQUITY		
(F) FUNDS	2,271,931.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>3,515,621.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	149,310.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>149,310.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	4,944,173.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 270,959.		
<b>b</b>	Donated services and use of facilities	<b>2b</b> 2,321.		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	273,280.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	4,670,893.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 18,654.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> -806.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	17,848.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	4,688,741.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	4,214,058.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b> 2,321.		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 806.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	3,127.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	4,210,931.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 18,654.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	18,654.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	4,229,585.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

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

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

COST OF GOODS SOLD



**Part XIII** Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

PART V, LINE 4:

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

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

**2017**

Open to Public Inspection

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

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
HAINES AND COMPANY INC - 8050 FREEDOM AVE, NORTH CANTON, OH	DIRECT MAIL PROGRAM		X	309,006.	5,908.	139,345.
<b>Total</b>				309,006.	5,908.	139,345.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, ID, IN, IA, KS, KY, LA, ME, MD, MA, MI, MS, MO, MT, NH, NJ, NM, NY, MN, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VT, VA, WA, WV, WI

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: HAINES AND COMPANY INC

(I) ADDRESS OF FUNDRAISER: 8050 FREEDOM AVE, NORTH CANTON, OH 44720

**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

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

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

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**NATIONAL OSTEOPOROSIS FOUNDATION**

Employer identification number

**36-3350532**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) AMY PORTER CHIEF EXECUTIVE OFFICER - TERM ENDED	(i)	320,577.	0.	4,200.	10,272.	1,720.	336,769.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CLAIRE GILL SENIOR DIRECTOR, MARKETING	(i)	191,084.	0.	0.	7,723.	8,152.	206,959.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DEBRA ERIKSON DIRECTOR, DEVELOPMENT OPERATIONS	(i)	138,221.	0.	0.	5,760.	11,038.	155,019.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DEBBIE ZELDOW EXECUTIVE DIRECTOR, NBHA	(i)	156,429.	0.	0.	6,302.	1,549.	164,280.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

NATIONAL OSTEOPOROSIS FOUNDATION

Employer identification number

36-3350532

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

RESEARCH.

ESTABLISHED IN 1984, NOF IS THE NATION'S ONLY HEALTH ORGANIZATION

SOLELY DEDICATED TO OSTEOPOROSIS AND BONE HEALTH.

OSTEOPOROSIS IS A MAJOR PUBLIC HEALTH THREAT FOR AN ESTIMATED 54

MILLION AMERICANS. STUDIES SHOW THAT ONE IN TWO WOMEN AND UP TO ONE IN

FOUR MEN OVER AGE 50 WILL BREAK A BONE DUE TO OSTEOPOROSIS IN THEIR

LIFETIME. NOF WORKS TO IMPROVE PATIENT CARE AND SUPPORT FOR THOSE WHO

HAVE BROKEN BONES DUE TO OSTEOPOROSIS AND TO EDUCATE THE PUBLIC TO

PREVENT OSTEOPOROSIS AND BROKEN BONES AND PROMOTE STRONG BONES FOR

LIFE.

IN ORDER TO ACCOMPLISH ITS MISSION, NOF ACCEPTS SUPPORT FROM A WIDE

BREADTH OF DIVERSIFIED SOURCES, INCLUDING INDIVIDUALS, FOUNDATIONS,

GOVERNMENT SOURCES AND CORPORATIONS.

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

ASSISTANT OR OTHER HEALTHCARE PROFESSIONAL) WHO ENSURES THAT

INDIVIDUALS WHO SUFFER A FRACTURE RECEIVE APPROPRIATE DIAGNOSIS,

TREATMENT AND SUPPORT.

TO HELP SPREAD THE IMPLEMENTATION OF FLS PROGRAMS, NBHA LAUNCHED

FRACTURE PREVENTION CENTRAL ([WWW.FRACTUREPREVENTIONCENTRAL.ORG](http://WWW.FRACTUREPREVENTIONCENTRAL.ORG)) IN

MARCH 2013, WHICH PROVIDES TOOLS TO HEALTHCARE PROFESSIONALS, HEALTH

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

NATIONAL OSTEOPOROSIS FOUNDATION

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36-3350532

INSURERS, ACCOUNTABLE CARE ORGANIZATIONS, HOSPITALS AND OTHER SITES INTERESTED IN IMPLEMENTING THIS MODEL OF CARE. BY THE END OF 2017, OVER 4,900 INDIVIDUALS HAD REGISTERED TO ACCESS THESE MATERIALS. INCLUDED IN THE RESOURCES ARE CASE STUDIES, BEST PRACTICES AND BUSINESS PLANS OVER 15 WEBINARS AVAILABLE FOR ON DEMAND VIEWING. FURTHER, IN 2017, NBHA'S FLS 1-ON-1 CONSULT SERVICE RECEIVED AND COMPLETED OVER 700 CONSULT REQUESTS. THE FLS CONSULT SERVICE PROVIDES 1-ON-1 SUPPORT TO INDIVIDUAL SITES ON ASPECTS OF THEIR FLS PROGRAM FROM LEADING FLS EXPERTS.

NBHA LAUNCHED FLS BONE HEALTH TELEECHO IN SEPTEMBER 2017, THESE TELEECHO CLINICS ARE HELD MONTHLY TO ENHANCE THE CLINICAL SKILLS OF FLS COORDINATORS THROUGH BRIEF DIDACTIC PRESENTATIONS AND DISCUSSION OF CASE PRESENTATIONS. OPERATIONAL ISSUES OF DEVELOPING AND MAINTAINING FLS PROGRAMS ARE ALSO DISCUSSED. THIS IS FOR ANY FLS COORDINATOR WHO WANTS TO OPTIMIZE BEST PRACTICE CARE FOR FRACTURE PREVENTION AND FOR ANYONE CONSIDERING STARTING AND FLS PROGRAM.

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

Name of the organization

NATIONAL OSTEOPOROSIS FOUNDATION

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FRACTURE RISK.

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

PREVENTION, DIAGNOSIS, TREATMENT OF OSTEOPOROSIS. THE EDUCATIONAL PROGRAM OF CO17 PROVIDED TARGETED OPPORTUNITIES FOR PRESENTING THE LATEST INFORMATION IN THE RESEARCH, PREVENTION, DIAGNOSIS, TREATMENT, AND ADVANCES IN BONE DENSITOMETRY AND OSTEOPOROSIS.

CO17 IS UNIQUE IN THAT IT IS THE ONLY PROFESSIONAL MEETING THAT ENCOMPASSES ALL MEDICAL DISCIPLINES AND SPECIALTIES INVOLVED IN THE SKELETAL HEALTH ASSESSMENT, DIAGNOSIS AND TREATMENT OF PATIENTS WITH, OR AT RISK FOR, OSTEOPOROSIS AND RELATED FRACTURES. MORE THAN 400 PROFESSIONALS PARTICIPATED IN THE CONFERENCE. IN CONJUNCTION WITH THE CONFERENCE, A PRE-CONFERENCE WORKSHOP WAS HELD TO TRAIN ATTENDEES IN THE FRACTURE LIAISON SERVICE (FLS) MODEL OF CARE. CO17 CONTINUED NOF'S EFFORTS TO TRAIN PROFESSIONALS IN FLS, OFFERING PROFESSIONAL EDUCATION OPPORTUNITIES LIVE AND ON-DEMAND. THE FOUNDATION ALSO PRODUCED SIX ISSUES OF ITS PROFESSIONAL NEWSLETTER BONE SOURCE, RELEASED VIA THE JOURNAL AND NEWSLETTER OSTEOPOROSIS: CLINICAL UPDATES, PROVIDING CONTINUING EDUCATION CREDIT FOR HEALTH CARE PROFESSIONALS ON TOPICS RELEVANT TO CLINICAL PRACTICE.

THE NOF PROFESSIONAL LEARNING CENTER PROVIDES ONLINE CONTINUING MEDICAL EDUCATION FOR HEALTHCARE PROFESSIONALS. DESIGNED TO DELIVER ON-DEMAND AND AUTOMATED DELIVERY CONTINUING MEDICAL EDUCATION, THE LEARNING MANAGEMENT SYSTEM SERVES AS THE PORTAL TO ACCESS ALL OF NOF'S PROFESSIONAL EDUCATION ACTIVITIES. ADDITIONALLY, THE PROFESSIONAL LEARNING CENTER INCLUDES A COMPILATION OF HELPFUL CLINICAL RESOURCES

Name of the organization

NATIONAL OSTEOPOROSIS FOUNDATION

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AND LINKS FOR OSTEOPOROSIS PATIENT MANAGEMENT ALL IN ONE PLACE. THE PROFESSIONAL LEARNING CENTER CAN BE ACCESSED AT WWW.CME.NOF.ORG.

THE FOUNDATION'S EDUCATION DEPARTMENT PROVIDES PATIENTS AND CAREGIVERS WITH THE LATEST INFORMATION ON OSTEOPOROSIS PREVENTION, TREATMENT AND DETECTION BY PROVIDING UPDATED INFORMATION ON THE NOF.ORG WEBSITE. ADDITIONALLY, NOF SPONSORS PATIENT SUPPORT GROUPS ACROSS THE COUNTRY AND PROVIDES EDUCATIONAL INFORMATION AND RESOURCES FOR DISTRIBUTION AT CONSUMER EVENTS. NOF'S ONLINE PATIENT SUPPORT COMMUNITY HAS GROWN DRAMATICALLY OVER THE PAST YEAR AND REACHED A MILESTONE OF MORE THAN 40,000 PARTICIPATING MEMBERS OFFERING PEER-TO-PEER SUPPORT AND ADVICE TO ONE ANOTHER.

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

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

Name of the organization

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## THE PUBLIC

IN MAY 2017, NOF LAUNCHED THE JUMPING JACK CHALLENGE FOR NATIONAL OSTEOPOROSIS MONTH. THIS SOCIAL MEDIA CAMPAIGN HELPED TO RAISE AWARENESS ABOUT THE IMPORTANCE OF IMPACT/WEIGHT-BEARING EXERCISE ON BUILDING AND MAINTAINING BONE STRENGTH. THOUSANDS OF PEOPLE ACROSS THE COUNTRY TOOK THE JUMPING JACK CHALLENGE - DOING 10 JUMPING JACKS IN 10 SECONDS OR LESS - AND POSTED THEIR VIDEOS ON SOCIAL MEDIA CHALLENGING OTHERS TO DO THE SAME. MANY VIDEOS WERE POSTED ON NOF'S WEBSITE AS WELL. THE WEBSITE ALSO INCLUDES NEW EDUCATIONAL VIDEOS FROM NOF EXPERTS AND OTHER RESOURCES FOR PATIENTS, CAREGIVERS AND OTHERS INTERESTED IN BONE HEALTH.

IN NOVEMBER 2017, NOF LAUNCHED ITS HISPANIC WEBSITE - WWW.HUESOSANOS.ORG, TO REACH THIS IMPORTANT DEMOGRAPHIC WITH NEWS AND INFORMATION ABOUT OSTEOPOROSIS IN SPANISH. THE WEBSITE ALSO INCLUDES VIDEOS FROM SPANISH-SPEAKING OSTEOPOROSIS EXPERTS.

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

COMMUNITY. THE ROLE OF AN AMBASSADOR IS TO ADVISE NOF LEADERSHIP, AND TO HELP MAKE INROADS IN THE MEDICAL, BUSINESS AND PHILANTHROPIC SECTORS WITHIN THEIR COMMUNITIES. INVOLVEMENT IS TAILORED TO EACH AMBASSADOR'S AREAS OF INTEREST, TIME CONSTRAINTS AND EXPERTISE. THE AMBASSADOR CHOOSES WHEN, HOW AND ON WHAT ISSUES SHE OR HE WOULD LIKE TO BE INVOLVED. NOF HAS OVER 130 AMBASSADORS IN THE U.S.

## MEDICARE PART D

MEDICARE PART D IS A VITALLY IMPORTANT PROGRAM THAT HELPS OVER 42 MILLION SENIORS AND INDIVIDUALS WITH DISABILITIES GAIN ACCESS TO A

Name of the organization

NATIONAL OSTEOPOROSIS FOUNDATION

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

#### FRACTURE PREVENTION COALITION

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

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

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

NOF AND COLLEAGUES AT THE INTERNATIONAL SOCIETY FOR CLINICAL DENSITOMETRY (ISCD) SUPPORTED LEGISLATION IN CONGRESS. THIS LEGISLATION WOULD HELP ENSURE THAT PATIENTS HAVE ACCESS TO DXA TESTING BY RESTORING

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MEDICARE FUNDING FOR DXA.

OSTEOPOROSIS AND BONE HEALTH TOWN HALL WEBINAR

TEN MILLION AMERICANS OVER THE AGE OF 50 SUFFER FROM OSTEOPOROSIS AND MILLIONS MORE ARE AT INCREASED RISK OF HAVING A DEBILITATING OR EVEN DEADLY FRACTURE. TWO MILLION BROKEN BONES ARE CAUSED EACH YEAR BY OSTEOPOROSIS. NOF OFFERED A WIDELY-ATTENDED WEBINAR TO MEMBERS OF CONGRESS, CONGRESSIONAL STAFF, INDUSTRY AND MORE ON WHAT YOU NEED TO KNOW ABOUT OSTEOPOROSIS AND BONE HEALTH - ITS IMPACT ON YOUR CONSTITUENTS, THE HEALTHCARE SYSTEM AND THE ECONOMY. MORE THAN 250 PEOPLE HAVE VIEWED THE WEBINAR.

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

THE CHIEF OPERATING OFFICER AND FINANCE CONSULTANT, AS WELL AS THE CHIEF EXECUTIVE OFFICER, REVIEW THE FEDERAL FORM 990 AS PREPARED BY RENNER & COMPANY, CPA, PC TO DETERMINE IF THE INFORMATION PRESENTED IN THE FEDERAL FORM 990 IS IN AGREEMENT WITH INFORMATION ORIGINALLY PROVIDED TO RENNER & COMPANY CPA, PC. THE FOUNDATION AND RENNER & COMPANY, CPA. PC DISCUSS ISSUES, IF ANY, BEFORE THE FEDERAL FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE. BOARD MEMBERS ARE NOTIFIED THAT THE COMPLETED FEDERAL FORM 990 IS AVAILABLE FOR THEIR REVIEW.

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

THE BOARD ANNUALLY REVIEWS THE CONFLICT OF INTEREST POLICY AND DISCLOSES ANY POTENTIAL CONFLICT OF INTEREST. SENIOR STAFF, OFFICERS, AND HIGHLY COMPENSATED EMPLOYEES ARE ASKED TO SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT THE SIGNED DOCUMENTS ARE REVIEWED BY THE CHIEF EXECUTIVE OFFICER AND KEPT BY THE CHIEF OPERATING OFFICER. THE CONFLICT OF INTEREST POLICY IS

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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 DIRECTOR OF OPERATIONS SHARE THIS INFORMATION WITH THE EXECUTIVE COMMITTEE OF THE BOARD FOR ITS ACTION.

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

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

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

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

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

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



Name of the organization NATIONAL OSTEOPOROSIS FOUNDATION	Employer identification number 36-3350532
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AVAILABLE TO THE PUBLIC ON THE FOUNDATION'S WEBSITE.

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

CONSULTING EXPENSES:

PROGRAM SERVICE EXPENSES	301,124.
MANAGEMENT AND GENERAL EXPENSES	19,498.
FUNDRAISING EXPENSES	77,992.
TOTAL EXPENSES	398,614.

OTHER CONTRACTUAL SERVICES:

PROGRAM SERVICE EXPENSES	354,601.
MANAGEMENT AND GENERAL EXPENSES	22,660.
FUNDRAISING EXPENSES	90,640.
TOTAL EXPENSES	467,901.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	866,515.

FORM 990, PART XII, LINE 2C:

NO CHANGE FROM PRIOR YEAR.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE AND FIXTURES														
1	ARTWORK	03/01/90	SL	5.00		16	2,256.				2,256.	2,256.		0.	2,256.
2	ARTWORK	05/01/90	SL	5.00		16	1,292.				1,292.	1,292.		0.	1,292.
3	ARTWORK	05/01/90	SL	5.00		16	870.				870.	870.		0.	870.
4	ARTWORK	06/01/90	SL	5.00		16	551.				551.	551.		0.	551.
5	ARTWORK	03/01/91	SL	5.00		16	1,336.				1,336.	1,336.		0.	1,336.
11	EXECUTIVE HIGH BACK CHAIR	04/16/02	SL	5.00		16	1,055.				1,055.	1,055.		0.	1,055.
13	FILE CABINETS FROM THE 5TH FLOOR	05/14/07	SL	5.00		16	215.				215.	215.		0.	215.
14	FILE CABINETS FROM THE 5TH FLOOR	05/14/07	SL	5.00		16	215.				215.	215.		0.	215.
15	FILE CABINETS FROM THE 5TH FLOOR	05/14/07	SL	5.00		16	215.				215.	215.		0.	215.
16	FILE CABINETS FROM THE 5TH FLOOR	05/14/07	SL	5.00		16	215.				215.	215.		0.	215.
17	FILE CABINETS FROM THE 5TH FLOOR	05/14/07	SL	5.00		16	215.				215.	215.		0.	215.
19	MEDIA WALL	05/22/08	SL	5.00		16	3,890.				3,890.	3,890.		0.	3,890.
20	EXHIBIT DISPLAYS	07/25/08	SL	5.00		16	10,881.				10,881.	10,881.		0.	10,881.
21	FILE CABINET 1 OF 15 @100 EACH	10/29/09	SL	5.00		16	100.				100.	100.		0.	100.
22	FILE CABINET 2 OF 15 @100 EACH	10/29/09	SL	5.00		16	100.				100.	100.		0.	100.
23	FILE CABINET 3 OF 15 @100 EACH	10/29/09	SL	5.00		16	100.				100.	100.		0.	100.
24	FILE CABINET 4 OF 15 @100 EACH	10/29/09	SL	5.00		16	100.				100.	100.		0.	100.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
25	FILE CABINET 5 OF 15 @100 EACH	10/29/09	SL	5.00		16	100.				100.	100.		0.	100.
26	FILE CABINET 6 OF 15 @100 EACH	10/29/09	SL	5.00		16	100.				100.	100.		0.	100.
27	FILE CABINET 7 OF 15 @100 EACH	10/29/09	SL	5.00		16	100.				100.	100.		0.	100.
28	FILE CABINET 8 OF 15 @100 EACH	10/29/09	SL	5.00		16	100.				100.	100.		0.	100.
29	FILE CABINET 9 OF 15 @100 EACH	10/29/09	SL	5.00		16	100.				100.	100.		0.	100.
30	FILE CABINET 10 OF 15 @100 EACH	10/29/09	SL	5.00		16	100.				100.	100.		0.	100.
31	FILE CABINET 11 OF 15 @100 EACH	10/29/09	SL	5.00		16	100.				100.	100.		0.	100.
32	FILE CABINET 12 OF 15 @100 EACH	10/29/09	SL	5.00		16	100.				100.	100.		0.	100.
33	FILE CABINET 13 OF 15 @100 EACH	10/29/09	SL	5.00		16	100.				100.	100.		0.	100.
34	FILE CABINET 14 OF 15 @100 EACH	10/29/09	SL	5.00		16	100.				100.	100.		0.	100.
36	SANDUSKY LEE STEEL 5 SHELF BOOKCASE	11/23/09	SL	5.00		16	394.				394.	394.		0.	394.
37	1HON 38000 STEEL KNEESPACE CREDENZA	11/23/09	SL	5.00		16	872.				872.	872.		0.	872.
38	1HON 38000 STEEL KNEESPACE CREDENZA	11/23/09	SL	5.00		16	872.				872.	872.		0.	872.
39	1 OFFICE SOURCE METAL 3 DRAWER PEDESTAL	11/23/09	SL	5.00		16	224.				224.	224.		0.	224.
40	1 OFS "C" COLLECTION CHERRY 5 SHELF HIBOY BOOKSHELF	11/23/09	SL	5.00		16	424.				424.	424.		0.	424.
41	GLOBAL ADAPDABILITIES BOOKCASE	11/23/09	SL	5.00		16	505.				505.	505.		0.	505.
42	GLOBAL ADAPDABILITIES BOOKCASE	11/23/09	SL	5.00		16	505.				505.	505.		0.	505.
43	GLOBAL ADAPDABILITIES BOOKCASE	11/23/09	SL	5.00		16	505.				505.	505.		0.	505.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
44	GLOBAL ADAPDABILITIES BOOKCASE	11/23/09	SL	5.00		16	505.				505.	505.		0.	505.
45	BOOKCASE, 6FT WOOD 1 OF 2	03/08/10	SL	5.00		16	75.				75.	75.		0.	75.
46	BOOKCASE 6FT 2 OF 2	03/08/10	SL	5.00		16	75.				75.	75.		0.	75.
47	BOOKCASE, SMALL WOOD	03/08/10	SL	5.00		16	25.				25.	25.		0.	25.
48	BOOKSHELF, SMALL METAL	03/08/10	SL	5.00		16	10.				10.	10.		0.	10.
49	1 BOX OF DRINKING GLASSES	03/08/10	SL	5.00		16	5.				5.	5.		0.	5.
50	CHAIR, CIRCLE PATTERN W/WHEELS 1 OF 4	03/08/10	SL	5.00		16	25.				25.	25.		0.	25.
51	CHAIR, CIRCLE PATTERN W/WHEELS 2 OF 4	03/08/10	SL	5.00		16	25.				25.	25.		0.	25.
52	CHAIR, CIRCLE PATTERN W/WHEELS 3 OF 4	03/08/10	SL	5.00		16	25.				25.	25.		0.	25.
53	CHAIR, CIRCLE PATTERN W/WHEELS 4 OF 4	03/08/10	SL	5.00		16	25.				25.	25.		0.	25.
54	CHAIR, CIRCLE PATTERN W/NO WHEELS 1 OF 10	03/08/10	SL	5.00		16	25.				25.	25.		0.	25.
55	CHAIR, CIRCLE PATTERN W/NO WHEELS 2 OF 10	03/08/10	SL	5.00		16	25.				25.	25.		0.	25.
56	CHAIR, CIRCLE PATTERN W/NO WHEELS 3 OF 10	03/08/10	SL	5.00		16	25.				25.	25.		0.	25.
57	CHAIR, CIRCLE PATTERN W/NO WHEELS 4 OF 10	03/08/10	SL	5.00		16	25.				25.	25.		0.	25.
58	CHAIR, CIRCLE PATTERN W/NO WHEELS 5 OF 10	03/08/10	SL	5.00		16	25.				25.	25.		0.	25.
59	CHAIR, CIRCLE PATTERN W/NO WHEELS 6 OF 10	03/08/10	SL	5.00		16	25.				25.	25.		0.	25.
60	CHAIR, CIRCLE PATTERN W/NO WHEELS 7 OF 10	03/08/10	SL	5.00		16	25.				25.	25.		0.	25.
61	CHAIR, CIRCLE PATTERN W/NO WHEELS 9 OF 10	03/08/10	SL	5.00		16	25.				25.	25.		0.	25.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
62	CHAIR, CIRCLE PATTERN W/NO WHEELS 8 OF 10	03/08/10	SL	5.00		16	25.				25.	25.		0.	25.
63	CHAIR, CIRCLE PATTERN W/NO WHEELS 10 OF 10	03/08/10	SL	5.00		16	25.				25.	25.		0.	25.
68	FILE CABINET, 2 DRAWER LATERAL	03/08/10	SL	5.00		16	50.				50.	50.		0.	50.
69	FILE CABINET, 2 DRAWER LATERAL	03/08/10	SL	5.00		16	50.				50.	50.		0.	50.
70	FILE CABINET, 4 DRAWER LATERAL 1 OF 5	03/08/10	SL	5.00		16	75.				75.	75.		0.	75.
72	FILE CABINET, 4 DRAWER LATERAL 2 OF 5	03/08/10	SL	5.00		16	75.				75.	75.		0.	75.
73	FILE CABINET, 4 DRAWER LATERAL 3 OF 5	03/08/10	SL	5.00		16	75.				75.	75.		0.	75.
74	FILE CABINET, 4 DRAWER LATERAL 4 OF 5	03/08/10	SL	5.00		16	75.				75.	75.		0.	75.
75	FILE CABINET, 4 DRAWER LATERAL 5 OF 5	03/08/10	SL	5.00		16	75.				75.	75.		0.	75.
87	EXPANDABLE WALL BANNER STAND	05/13/11	SL	5.00		16	1,095.				1,095.	1,095.		0.	1,095.
89	CONFERENCE ROOM TABLE	10/10/15	SL	5.00		16	2,516.				2,516.	587.		503.	1,090.
90	DESK/CUBICLE RECONFIGURATION	10/10/15	SL	5.00		16	3,844.				3,844.	897.		769.	1,666.
91	OFFICE CHAIRS (6)	12/03/15	SL	5.00		16	2,024.				2,024.	405.		405.	810.
92	BAR STOOLS (4)	12/03/15	SL	5.00		16	1,582.				1,582.	316.		316.	632.
	* 990 PAGE 10 TOTAL - FURNITURE AND FIXTURES						41,488.				41,488.	33,727.		1,993.	35,720.
	MACHINERY AND EQUIPMENT														
94	LASER JET 6P PRINTER	11/01/98	SL	5.00		16	760.				760.	760.		0.	760.
96	AMEX MULTIMEDIA PROJECTOR	06/30/01	SL	5.00		16	2,933.				2,933.	2,933.		0.	2,933.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
97	FILE SERVER W/ ADDITIONAL HARD DRIVE	03/31/03	SL	5.00		16	5,070.				5,070.	5,070.		0.	5,070.
99	DELL POWEREDGE 2600	08/01/04	SL	5.00		16	12,990.				12,990.	12,990.		0.	12,990.
100	DELL POWEREDGE 2600	08/01/04	SL	5.00		16	9,790.				9,790.	9,790.		0.	9,790.
101	BLACKBERRY SERVER & SPAM	08/01/04	SL	5.00		16	1,390.				1,390.	1,390.		0.	1,390.
102	HP LASER JET AND DELL POWER	08/01/04	SL	5.00		16	630.				630.	630.		0.	630.
113	DELL OPTIPLEX GX 520 MT 4	10/26/06	SL	5.00		16	1,399.				1,399.	1,399.		0.	1,399.
114	BENQ PB6200 DLP PROJECTOR	02/09/06	SL	5.00		16	1,185.				1,185.	1,185.		0.	1,185.
115	DELL OPTI GX620 DT P4	01/31/07	SL	5.00		16	1,344.				1,344.	1,344.		0.	1,344.
124	ACER V193	08/24/10	SL	5.00		16	180.				180.	180.		0.	180.
125	ACER V193	08/24/10	SL	5.00		16	180.				180.	180.		0.	180.
126	DELL OPTIPLEX 780 DT CORE	08/30/10	SL	5.00		16	895.				895.	895.		0.	895.
127	DELL OPTIPLEX 780 DT CORE	08/30/10	SL	5.00		16	895.				895.	895.		0.	895.
130	1 DELL OPTIPLEX RAM	10/08/10	SL	5.00		16	105.				105.	105.		0.	105.
135	1 ACER V193	01/24/11	SL	5.00		16	198.				198.	198.		0.	198.
136	1 ACER V193	01/24/11	SL	5.00		16	198.				198.	198.		0.	198.
137	DELL OPTIPLEX 780 DT CORE 2	01/24/11	SL	5.00		16	1,112.				1,112.	1,112.		0.	1,112.
138	DELL OPTIPLEX 780 DT CORE 2	01/24/11	SL	5.00		16	1,112.				1,112.	1,111.		0.	1,111.
139	DELL OPTIPLEX 780 DT CORE 2	01/24/11	SL	5.00		16	1,112.				1,112.	1,111.		0.	1,111.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
140	DELL OPTIPLEX 780 DT CORE 2	01/24/11	SL	5.00		16	1,112.				1,112.	1,111.		0.	1,111.
141	TELEPHONE SYSTEM - AVAYA	03/01/11	SL	5.00		16	32,713.				32,713.	32,713.		0.	32,713.
142	DELL LATITUDE E6410	03/21/11	SL	5.00		16	1,290.				1,290.	1,290.		0.	1,290.
143	DELL LATITUDE E5420	12/13/11	SL	5.00		16	1,100.				1,100.	1,100.		0.	1,100.
144	DELL LATITUDE E6230	04/23/13	SL	5.00		16	1,350.				1,350.	1,350.		0.	1,350.
145	DELL LATITUDE E6230	05/01/13	SL	5.00		16	24.				24.	24.		0.	24.
146	HP LASERJET PRINTER	03/20/14	SL	5.00		16	849.				849.	707.		142.	849.
147	8 DELL LAPTOPS	05/31/14	SL	5.00		16	10,200.				10,200.	8,951.		1,249.	10,200.
148	1 PANASONIC TOUGH BOOK	03/03/14	SL	5.00		16	1,650.				1,650.			330.	330.
149	DELL LATITUDE E5450	07/07/15	SL	5.00		16	1,250.				1,250.	354.		250.	604.
150	DELL LATITUDE E5450	07/07/15	SL	5.00		16	1,335.				1,335.	378.		267.	645.
151	HP M201DW LASER JET PRO PRINTER	07/07/15	SL	5.00		16	155.				155.	44.		31.	75.
152	DELL LATITUDE E5450	07/17/15	SL	5.00		16	1,215.				1,215.	344.		243.	587.
153	SHARP AQUOS 70 INCH HD TV	10/16/15	SL	5.00		16	2,068.				2,068.	483.		414.	897.
281	DELL OPTIPLEX 755 DT CORE 2 DUO	02/15/08	SL	3.00		16	1,154.				1,154.	1,154.		0.	1,154.
282	JUVIENT HEALTH 1000N	12/31/16	SL	5.00		16	3,565.				3,565.			713.	713.
	* 990 PAGE 10 TOTAL - MACHINERY AND EQUIPMENT						104,508.				104,508.	93,479.		3,639.	97,118.
	COMPUTER SOFTWARE														

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
155	MICROSOFT SOFTWARE - DONATED	02/11/08	SL	5.00		16	20,810.				20,810.	20,810.		0.	20,810.
156	WEALTH POINT PROFESSIONAL	03/31/08	SL	5.00		16	2,129.				2,129.	2,129.		0.	2,129.
157	ADOBE SUITE 3 SOFTWARE	04/15/08	SL	5.00		16	1,799.				1,799.	1,799.		0.	1,799.
158	WEALTH POINT PROFESSIONAL	07/09/08	SL	3.00		16	6,388.				6,388.	6,388.		0.	6,388.
159	SSI - GREAT PLAINS	09/28/04	SL	3.00		16	10,131.				10,131.	10,131.		0.	10,131.
160	UNCONFIRMITY, LLC WEBSITE DESIGN	01/30/07	SL	3.00		16	8,480.				8,480.	8,480.		0.	8,480.
161	UNCONFIRMITY WEB REDEVELOPMENT I & II 30%	10/30/09	SL	3.00		16	20,670.				20,670.	20,670.		0.	20,670.
162	UNCONFIRMITY LLC WEB REDEVELOPMENT	03/16/10	SL	3.00		16	13,130.				13,130.	13,130.		0.	13,130.
163	UNCONFIRMITY LLC WEB REDESIGN PHASE I & II	06/01/10	SL	3.00		16	5,600.				5,600.	5,600.		0.	5,600.
164	UNCONFIRMITY LLC WEB REDESIGN PHASE I & II	08/03/10	SL	3.00		16	9,600.				9,600.	9,600.		0.	9,600.
165	UNCONFIRMITY LLC WEB REDESIGN PHASE I & II PROGRA	08/03/10	SL	3.00		16	6,000.				6,000.	6,000.		0.	6,000.
166	NOF STAFF WEB REDEVELOPMENT	01/31/10	SL	3.00		16	1,430.				1,430.	1,430.		0.	1,430.
167	NOF STAFF WEB REDEVELOPMENT	01/31/10	SL	3.00		16	367.				367.	367.		0.	367.
168	NOF STAFF WEB REDEVELOPMENT	02/28/10	SL	3.00		16	804.				804.	804.		0.	804.
169	NOF STAFF WEB REDEVELOPMENT	02/28/10	SL	3.00		16	77.				77.	77.		0.	77.
170	NOF STAFF WEB REDEVELOPMENT	03/31/10	SL	3.00		16	722.				722.	722.		0.	722.
171	NOF STAFF WEB REDEVELOPMENT	03/31/10	SL	3.00		16	149.				149.	149.		0.	149.
172	NOF STAFF WEB REDEVELOPMENT	04/30/10	SL	3.00		16	1,910.				1,910.	1,910.		0.	1,910.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone



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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
173	NOF STAFF WEB REDEVELOPMENT	04/30/10	SL	3.00		16	206.				206.	206.		0.	206.
174	NOF STAFF WEB REDEVELOPMENT	05/31/10	SL	3.00		16	1,896.				1,896.	1,896.		0.	1,896.
175	NOF STAFF WEB REDEVELOPMENT	05/31/10	SL	3.00		16	362.				362.	362.		0.	362.
176	NOF STAFF WEB REDEVELOPMENT	06/30/10	SL	3.00		16	3,209.				3,209.	3,210.		0.	3,210.
177	NOF STAFF WEB REDEVELOPMENT	06/30/10	SL	3.00		16	460.				460.	460.		0.	460.
178	NOF STAFF WEB REDEVELOPMENT	07/31/10	SL	3.00		16	2,012.				2,012.	2,012.		0.	2,012.
179	NOF STAFF WEB REDEVELOPMENT	07/31/10	SL	3.00		16	299.				299.	299.		0.	299.
180	NOF STAFF WEB REDEVELOPMENT	08/31/10	SL	3.00		16	2,333.				2,333.	2,333.		0.	2,333.
181	NOF STAFF WEB REDEVELOPMENT	08/31/10	SL	3.00		16	376.				376.	376.		0.	376.
182	NOF STAFF WEB REDEVELOPMENT	09/17/10	SL	3.00		16	2,880.				2,880.	2,880.		0.	2,880.
183	NOF STAFF WEB REDEVELOPMENT	09/17/10	SL	3.00		16	447.				447.	447.		0.	447.
184	THE BOSS GROUP	06/30/10	SL	3.00		16	23,360.				23,360.	23,360.		0.	23,360.
185	THE BOSS GROUP	08/13/10	SL	3.00		16	2,600.				2,600.	2,600.		0.	2,600.
186	THE BOSS GROUP	08/20/10	SL	3.00		16	2,600.				2,600.	2,600.		0.	2,600.
187	THE BOSS GROUP	08/27/10	SL	3.00		16	2,600.				2,600.	2,600.		0.	2,600.
188	THE BOSS GROUP	09/03/10	SL	3.00		16	2,600.				2,600.	2,600.		0.	2,600.
189	THE BOSS GROUP	09/10/10	SL	3.00		16	2,600.				2,600.	2,600.		0.	2,600.
190	THE BOSS GROUP	09/17/10	SL	3.00		16	2,600.				2,600.	2,600.		0.	2,600.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
191	THE BOSS GROUP	09/24/10	SL	3.00		16	2,600.				2,600.	2,600.		0.	2,600.
192	ARTSMITH MEDIA	01/17/11	SL	3.00		16	8,033.				8,033.	8,033.		0.	8,033.
193	ARTSMITH MEDIA	02/15/11	SL	3.00		16	3,583.				3,583.	3,583.		0.	3,583.
194	ARTSMITH MEDIA	02/15/11	SL	3.00		16	2,200.				2,200.	2,200.		0.	2,200.
195	ARTSMITH MEDIA	03/15/11	SL	3.00		16	3,210.				3,210.	3,210.		0.	3,210.
196	ARTSMITH MEDIA	03/15/11	SL	3.00		16	1,603.				1,603.	1,603.		0.	1,603.
197	ARTSMITH MEDIA	04/15/11	SL	3.00		16	3,210.				3,210.	3,210.		0.	3,210.
198	ARTSMITH MEDIA	04/15/11	SL	3.00		16	1,200.				1,200.	1,200.		0.	1,200.
199	ARTSMITH MEDIA	05/15/11	SL	3.00		16	1,606.				1,606.	1,606.		0.	1,606.
200	ARTSMITH MEDIA	05/15/11	SL	3.00		16	3,615.				3,615.	3,615.		0.	3,615.
201	ARTSMITH MEDIA	06/15/11	SL	3.00		16	3,210.				3,210.	3,210.		0.	3,210.
202	ARTSMITH MEDIA	06/15/11	SL	3.00		16	1,000.				1,000.	1,000.		0.	1,000.
203	ARTSMITH MEDIA	06/15/11	SL	3.00		16	750.				750.	750.		0.	750.
204	ARTSMITH MEDIA	06/15/11	SL	3.00		16	669.				669.	669.		0.	669.
205	ARTSMITH MEDIA	07/01/11	SL	3.00		16	3,000.				3,000.	3,000.		0.	3,000.
206	ARTSMITH MEDIA	07/15/11	SL	3.00		16	3,210.				3,210.	3,210.		0.	3,210.
207	ARTSMITH MEDIA	07/15/11	SL	3.00		16	1,000.				1,000.	1,000.		0.	1,000.
208	ARTSMITH MEDIA	07/15/11	SL	3.00		16	1,500.				1,500.	1,500.		0.	1,500.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
209	ARTSMITH MEDIA	08/01/11	SL	3.00		16	1,575.				1,575.	1,575.		0.	1,575.
210	ARTSMITH MEDIA	08/15/11	SL	3.00		16	3,000.				3,000.	3,000.		0.	3,000.
211	ARTSMITH MEDIA	08/15/11	SL	3.00		16	2,000.				2,000.	2,000.		0.	2,000.
212	ARTSMITH MEDIA	09/01/11	SL	3.00		16	2,063.				2,063.	2,063.		0.	2,063.
213	ARTSMITH MEDIA	09/15/11	SL	3.00		16	1,000.				1,000.	1,000.		0.	1,000.
214	ARTSMITH MEDIA	09/15/11	SL	3.00		16	1,000.				1,000.	1,000.		0.	1,000.
215	ARTSMITH MEDIA	09/15/11	SL	3.00		16	1,233.				1,233.	1,233.		0.	1,233.
216	ARTSMITH MEDIA	10/01/11	SL	3.00		16	4,125.				4,125.	4,125.		0.	4,125.
217	ARTSMITH MEDIA	10/17/11	SL	3.00		16	6,033.				6,033.	6,033.		0.	6,033.
218	ARTSMITH MEDIA	11/15/11	SL	3.00		16	5,900.				5,900.	5,900.		0.	5,900.
219	ARTSMITH MEDIA	12/15/11	SL	3.00		16	6,528.				6,528.	6,528.		0.	6,528.
220	BLAIR, DUBLIER, AND ASSOCIATES	12/31/09	SL	3.00		16	550.				550.	550.		0.	550.
221	BLAIR, DUBLIER, AND ASSOCIATES	01/31/10	SL	3.00		16	400.				400.	400.		0.	400.
222	BLAIR, DUBLIER, AND ASSOCIATES	05/31/10	SL	3.00		16	585.				585.	585.		0.	585.
223	BLAIR, DUBLIER, AND ASSOCIATES	06/30/10	SL	3.00		16	1,540.				1,540.	1,540.		0.	1,540.
224	BLAIR, DUBLIER, AND ASSOCIATES	10/31/10	SL	3.00		16	750.				750.	750.		0.	750.
225	DELCOR TECHNOLOGY SOLUTIONS	10/31/10	SL	3.00		16	595.				595.	595.		0.	595.
226	DELCOR TECHNOLOGY SOLUTIONS	11/30/10	SL	3.00		16	648.				648.	648.		0.	648.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
227	DEL COR TECHNOLOGY SOLUTIONS	12/31/10	SL	3.00		16	1,155.				1,155.	1,155.		0.	1,155.
228	NOF STAFF CRM DESIGN STUDY	10/31/10	SL	3.00		16	3,747.				3,747.	3,747.		0.	3,747.
229	NOF STAFF CRM DESIGN STUDY	10/31/10	SL	3.00		16	434.				434.	434.		0.	434.
230	NOF STAFF CRM DESIGN STUDY	11/30/10	SL	3.00		16	2,275.				2,275.	2,275.		0.	2,275.
231	NOF STAFF CRM DESIGN STUDY	11/30/10	SL	3.00		16	340.				340.	340.		0.	340.
232	GARY B. CRM	12/27/10	SL	3.00		16	298.				298.	298.		0.	298.
233	NOF STAFF CRM DESIGN STUDY	12/31/10	SL	3.00		16	3,337.				3,337.	3,337.		0.	3,337.
234	NOF STAFF CRM DESIGN STUDY	12/31/10	SL	3.00		16	764.				764.	764.		0.	764.
235	NOF STAFF CRM DESIGN STUDY	12/31/10	SL	3.00		16	1,189.				1,189.	1,189.		0.	1,189.
236	NOF STAFF CRM DESIGN STUDY	01/31/11	SL	3.00		16	1,310.				1,310.	1,310.		0.	1,310.
237	NOF STAFF CRM DESIGN STUDY	01/31/11	SL	3.00		16	336.				336.	336.		0.	336.
238	NOF STAFF CRM DESIGN STUDY	02/28/11	SL	3.00		16	3,546.				3,546.	3,546.		0.	3,546.
239	NOF STAFF CRM DESIGN STUDY	02/28/11	SL	3.00		16	526.				526.	526.		0.	526.
240	NOF STAFF CRM DESIGN STUDY	03/31/11	SL	3.00		16	4,999.				4,999.	4,999.		0.	4,999.
241	NOF STAFF CRM DESIGN STUDY	03/31/11	SL	3.00		16	728.				728.	728.		0.	728.
242	FARRAND O'DONOGHUE	03/11/11	SL	3.00		16	180.				180.	180.		0.	180.
243	FARRAND O'DONOGHUE	04/08/11	SL	3.00		16	405.				405.	405.		0.	405.
244	NOF STAFF CRM DESIGN STUDY	04/30/11	SL	3.00		16	9,148.				9,148.	9,150.		0.	9,150.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
245	NOF STAFF CRM DESIGN STUDY	04/30/11	SL	3.00		16	1,169.				1,169.	1,169.		0.	1,169.
246	NOF STAFF CRM DESIGN STUDY	05/31/11	SL	3.00		16	556.				556.	556.		0.	556.
247	NOF STAFF CRM DESIGN STUDY	05/31/11	SL	3.00		16	101.				101.	101.		0.	101.
248	NOF STAFF CRM DESIGN STUDY	06/30/11	SL	3.00		16	1,921.				1,921.	1,921.		0.	1,921.
249	NOF STAFF CRM DESIGN STUDY	06/30/11	SL	3.00		16	255.				255.	255.		0.	255.
250	NOF STAFF CRM DESIGN STUDY	07/31/11	SL	3.00		16	3,016.				3,016.	3,016.		0.	3,016.
251	NOF STAFF CRM DESIGN STUDY	07/31/11	SL	3.00		16	414.				414.	414.		0.	414.
252	NOF STAFF CRM DESIGN STUDY	08/31/11	SL	3.00		16	3,127.				3,127.	3,127.		0.	3,127.
253	NOF STAFF CRM DESIGN STUDY	08/31/11	SL	3.00		16	463.				463.	463.		0.	463.
254	BLACKBAUD	10/13/10	SL	3.00		16	20,250.				20,250.	20,250.		0.	20,250.
255	BLACKBAUD	10/13/10	SL	3.00		16	3,680.				3,680.	3,680.		0.	3,680.
256	BLACKBAUD	12/30/10	SL	3.00		16	15.				15.	15.		0.	15.
257	BLACKBAUD	01/01/11	SL	3.00		16	76,000.				76,000.	76,000.		0.	76,000.
258	BLACKBAUD	02/26/11	SL	3.00		16	4,466.				4,466.	4,466.		0.	4,466.
259	BLACKBAUD	02/28/11	SL	3.00		16	6,750.				6,750.	6,750.		0.	6,750.
260	BLACKBAUD	03/08/11	SL	3.00		16	24.				24.	24.		0.	24.
261	BLACKBAUD	03/31/11	SL	3.00		16	13,538.				13,538.	13,538.		0.	13,538.
262	BLACKBAUD	04/29/11	SL	3.00		16	7,310.				7,310.	7,310.		0.	7,310.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
263	BLACKBAUD	05/04/11	SL	3.00		16	127.				127.	127.		0.	127.
264	BLACKBAUD	05/31/11	SL	3.00		16	19,710.				19,710.	19,710.		0.	19,710.
265	BLACKBAUD	06/30/11	SL	3.00		16	14,162.				14,162.	14,162.		0.	14,162.
266	BLACKBAUD	07/28/11	SL	3.00		16	8,511.				8,511.	8,511.		0.	8,511.
267	BLACKBAUD	08/31/11	SL	3.00		16	28,078.				28,078.	28,676.		0.	28,676.
268	CQ ROLL CALL GROUP	10/19/10	SL	3.00		16	2,500.				2,500.	2,500.		0.	2,500.
269	IMPORT O MATIC SOFTWARE	01/04/11	SL	3.00		16	4,995.				4,995.	4,995.		0.	4,995.
270	IMPORT O MATIC SETUP	01/04/11	SL	3.00		16	1,050.				1,050.	1,050.		0.	1,050.
271	ADOBE ACROBAT PRO X	10/27/12	SL	3.00		16	1,726.				1,726.	1,727.		0.	1,727.
272	ADOBE ACROBAT X LICENSE	01/27/13	SL	3.00		16	2,208.				2,208.	2,208.		0.	2,208.
273	ADOBE ACROBAT XI 2 YEAR UPDATE	01/27/13	SL	3.00		16	708.				708.	708.		0.	708.
274	NOF ELEARNING PORTAL IMPLEMENTATION	03/16/15	SL	3.00		16	25,600.				25,600.	14,567.		8,533.	23,100.
275	GODADDY PREMIUM CERTIFICATE	07/17/15	SL	3.00		16	200.				200.	141.		59.	200.
279	UNCONFIRMITY LLC WEB REDESIGN PHASE I & II PROGRA	09/30/10	SL	3.00		16	9,600.				9,600.	9,600.		0.	9,600.
	* 990 PAGE 10 TOTAL - COMPUTER SOFTWARE						545,307.				545,307.	534,817.		8,592.	543,409.
	* GRAND TOTAL 990 PAGE 10 DEPR						691,303.				691,303.	662,023.		14,224.	676,247.

**Depreciation and Amortization**  
 (Including Information on Listed Property) 990

OMB No. 1545-0172

**2017**  
 Attachment  
 Sequence No. 179

▶ Attach to your tax return.  
 ▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

NATIONAL OSTEOPOROSIS FOUNDATION	BUSINESS OR ACTIVITY TO WHICH THIS FORM RELATES FORM 990 PAGE 10	IDENTIFYING NUMBER 36-3350532
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**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) .....	1	510,000.
2 Total cost of section 179 property placed in service (see instructions) .....	2	
3 Threshold cost of section 179 property before reduction in limitation .....	3	2,030,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29 .....	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	9	
10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562 .....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....	12	
13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 .....	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year .....	14	
15 Property subject to section 168(f)(1) election .....	15	
16 Other depreciation (including ACRS) .....	16	14,224.

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2017 .....	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .....	▶ <input type="checkbox"/>	

**Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L
b 12-year			12 yrs.		S/L
c 40-year	/		40 yrs.	MM	S/L

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 .....	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	22	14,224.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for percentage and cost.

27 Property used 50% or less in a qualified business use: Table with 9 columns for percentage and cost.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main rows (30-36) and 12 sub-columns for vehicle categories and personal use questions.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 5 rows (37-41) and 2 columns (Yes/No).

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2017 tax year: Table with 6 columns.

43 Amortization of costs that began before your 2017 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44



# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>NATIONAL OSTEOPOROSIS FOUNDATION</b>	Employer identification number (EIN) or <b>36-3350532</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>251 18TH STREET S, NO. 630</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ARLINGTON, VA 22202</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**DEBRA ERIKSON**

• The books are in the care of ▶ **251 18TH ST S #630 - ARLINGTON, VA 22202**  
Telephone No. ▶ **703-647-3000** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2017** or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.