Mission and Vision

The National Osteoporosis Foundation (NOF) is the leading health organization dedicated to preventing osteoporosis and broken bones, promoting strong bones for life and reducing human suffering through programs of public and clinician awareness, education, advocacy and research.

Established in 1984, NOF is the nation's only organization solely dedicated to osteoporosis and bone health. Our goal is to educate the public and health professionals on ways to prevent, diagnose and treat osteoporosis.

With a more than 30-year history of raising awareness for osteoporosis and the importance of bone health, today NOF is also committed to curbing the increased incidence of osteoporosis among our aging population and preventing fractures among those at highest risk. With fracture prevention at the core of everything we do, we’re working to advance a new model of coordinated care that works across hospitals, medical offices and multiple medical specialties to ensure that adults age 50 and over who break a bone receive appropriate osteoporosis testing, diagnosis, treatment and ongoing support.

With the support of our partners and donors, we will continue advocating for medical research to better diagnose and treat osteoporosis; educating and training healthcare providers on the importance of fracture risk assessment and prevention; and raising public awareness to help people of all ages build healthy bones that will last a lifetime.
Letter from the President and Chairman

Last year we discussed the changing landscape of bone health and NOF’s decision to refocus our efforts on the identification of those individuals at greatest risk for fracture and the development of evaluation and treatment strategies to reduce the number of fractures Americans suffer every year. As discussed, we’re doing this through the adoption of the Fracture Liaison Service (FLS) model of care and have joined with other leaders in the bone health field to promote this process for identifying, diagnosing and treating those at highest risk for fracture. We’re pleased to report that we saw continued progress with this strategy in 2015.

However, this year we became acutely aware that we face another very significant challenge - attacks on our credibility, and those of other nonprofits, from the media and elsewhere because NOF receives financial support for its mission from private sector partners. We hope to address these concerns more directly in the future and will do so very briefly below.

As healthcare professionals and experts in the bone health field, we have to acknowledge that many patients regard the possible side effects from currently available osteoporosis treatments as worse than the disease itself. We know that 1-in-5 older Americans who suffer a hip fracture will die within the next year and 40% or more will lose their independence, requiring long-term extended care. Individuals who suffer multiple spine fractures may have chronic pain and severe curvature of the spine. We have perhaps done a poor job of conveying the relatively low risk of medication side effects compared to the very high risk of disabling fractures for patients with the most significant bone loss or most severe osteoporosis.

Please know that we understand that no side effect is insignificant when it happens to you or someone you love. We must help ensure your safety by making you aware of the potential side effects from the medications, sharing information about possible warning signs for rare side effects, and providing information that may help you in the decision you and your doctor make to accept one of the effective therapies available. We must also do a better job of identifying those at highest risk and ensuring that they are diagnosed and treated, while perhaps monitoring those at lower risk prior to recommending treatment.

Moving forward, NOF will work to help those on the frontlines in the fight against osteoporosis to refocus therapeutic objectives on fracture risk and perhaps rethink our recommendations for patients at lower risk. We will continue to work with our colleagues in the National Bone Health Alliance (NBHA) to develop consistent and concise messages to help convey the importance and impact of fracture prevention and treatment to patients, caregivers and healthcare professionals.

NOF is committed to accountability through transparency and fiduciary responsibility. Since it’s founding in 1984, NOF has relied on generous support from individuals, organizations, foundations and corporations to meet the growing demand for our programs and services. While some of these funds may be restricted to specific projects, NOF maintains its independence and objectivity in accordance
with the National Health Council's guiding principles. NOF does not endorse any particular product, service or point of view, but does inform the public about all FDA-approved therapies, as well as the availability of other appropriate products and services as part of its educational responsibility to the public and healthcare professionals.

In the pages that follow, you’ll hear more about NOF’s important achievements of 2015 and can find details on all of our financial support. We realize reaching our goals is only possible with your continued support and are grateful for all you do to help further our mission. On behalf of NOF, we thank the NOF Board of Trustees, staff, members, partners, donors, and volunteers, whose support has made our work possible.

Sincerely,

Robert F. Gagel, M.D.
President

Judy A. Black
Chair
Letter from the Executive Director and CEO

Over the past several years, NOF’s education and research efforts have focused primarily on individuals who are at greatest risk of breaking a bone due to osteoporosis and those who have fractured already. Much is being done to reach individuals when their bone density falls very low and their chance of fracturing begins to soar. Yet, despite years of effort by the medical community to reach those at highest risk for fracture, fewer patients now have access to screenings and many of those diagnosed refuse to take the effective and available treatments. Many people with osteoporosis still go undiagnosed.

NOF serves as the “patient voice” for advocacy efforts at the national level. In 2015, we faced many challenges, but I’m pleased to report that we met these challenges head on and will continue to do so in the years to come. As our U.S. population ages and the number of people affected by osteoporosis and low bone mass continues to rise, the need for access to safe and effective diagnostic and treatment options has never been more important.

One of the best tools we have in the field is the bone-density scan, axial dual-energy X-ray absorptiometry, called a DXA. Unlike other diseases, where we are waiting to find an accurate screening test or cure, osteoporosis is a model for disease prevention with accurate, cost effective diagnostic tools and inexpensive treatments that work at reducing fractures. Bone density testing is more powerful in predicting fractures than cholesterol is in predicting myocardial infarction or blood pressure in predicting stroke.

Unfortunately, the Centers for Medicare and Medicaid Services (CMS) has cut the reimbursement rate for DXA testing for osteoporosis and low bone density in physician offices by nearly 75% since 2009. Since these reductions, 5,000 office providers have stopped offering DXAs, resulting in decreased testing and diagnosis rates and an increase in the number of Americans who are undiagnosed, untreated and unaware of their risk of breaking a bone—until they do.

After 15 years of declining hip fracture rates, the trend stopped in 2013 and 2014 resulting in 8,000 additional hip fractures and an approximate 1,600 additional deaths related to a hip fracture.

Even when DXAs are available, they are not provided to individuals who are experiencing a broken bone. In 2008 only 22% of women 67 years of age or older who enter a hospital or emergency room suffering from an osteoporotic fracture received a screening or treatment for the underlying cause of their fracture—osteoporosis.

NOF has joined with other leaders in the bone field calling for greater access to bone density tests and for access to all treatment options for patients at highest risk for fractures. Bringing attention to the appallingly low level of testing, diagnosis and treatment and the significant care gap created will continue to be a priority for NOF.
We appreciate your ongoing support and look forward to working with you to address the needs of osteoporosis patients and the physicians who treat them.

Sincerely,

Amy Porter
Executive Director and CEO
Break Free from Osteoporosis

In May for National Osteoporosis Month, NOF continued its successful Break Free from Osteoporosis initiative to make the connection between broken bones and osteoporosis with the goal of preventing repeat fractures and improving the overall bone health of Americans. As part of the campaign, NOF hosted a free webinar on the basics of bone biology and the importance of bone density testing to assess fracture risk.

NOF’s Bone Health Ambassador, Barbara Hannah Gruferman once again played a significant role in spreading messages on the importance of bone health during National Osteoporosis Month. Underscoring her commitment to making people of all ages aware of how they can prevent osteoporosis, Barbara quizzed Millennials on their bone health knowledge and used their lack of awareness to offer bone health tips to engage a younger audience. Through her weekly AARP.com video series, Barbara also reached millions of adults age 50 and older with diet and exercise tips to help them stay healthy, active and strong as they age.

Clearing the Confusion on Calcium and Vitamin D

Based on scientific evidence supporting the role calcium and vitamin D play in maintaining healthy bones for people of all ages, NOF issued a statement on calcium and vitamin D in August 2015. The statement clearly states NOF’s position that calcium and vitamin D are essential to building strong, dense bones when you’re young and to keeping them strong as you age.
To help guide its recommendations, NOF monitors scientific information about dietary patterns and their relationship to bone health and specific bone health outcomes across the lifespan. NOF is particularly interested in the impact the dietary ingestion of calcium and vitamin D has on bone density and fractures.

The 2015 U.S. Dietary Guidelines Advisory Committee reaffirmed calcium and vitamin D as nutrients of public health concern because scientific literature linked their under-consumption to adverse health outcomes. Along with virtually all other organizations in the musculoskeletal field, NOF advocates that people get the recommended dietary calcium and vitamin D from food sources first and take additional calcium in the form of supplements when it is not possible to obtain an adequate amount of calcium from dietary sources alone.

To help clear the confusion generated by recent, controversial media reports on calcium, vitamin D and supplementation, NOF joined the International Osteoporosis Foundation (IOF) in releasing new findings on World Osteoporosis Day (October 20, 2015) that found 89 percent of those who used IOF’s new Calcium Calculator were calcium deficient. Based on Institute of Medicine recommendation, the free online tool helps people calculate their approximate daily calcium intake based on their typical weekly diet.

NOF leveraged World Osteoporosis Day and the calcium calculator results to remind Americans of the importance of achieving the recommended dietary intakes of calcium and vitamin D, along with other important nutrients for optimal bone health.

**Expanding Our Reach**

As a result of NOF’s awareness initiatives and an ongoing effort to change the conversation from osteoporosis to fracture prevention through year-round media outreach, 2015 set a new high for NOF’s media reach. Throughout the year, top national media outlets and women’s magazines, including AARP.com, Consumer Reports, Everyday Health, Huffington Post, Dr. Oz Magazine, National Public Radio, Wall Street Journal, Washington Post and more covered osteoporosis and echoed our call to action for men and women of all ages to prevent fractures by maintaining a healthy lifestyle and taking action to protect their bones. In total, nearly 5,000 articles ran in 2015 mentioning the National Osteoporosis Foundation, resulting in more than 750 million media impressions.

NOF.org, our most valuable channel for communicating directly with osteoporosis patients, caregivers and the public, also attracted record setting traffic with monthly visitors to the site increasing from an
average of 110,000 per month in 2014 to nearly 145,000 per month throughout 2015. New partnerships with like minded organizations, including Medical Fitness Network, NeedyMeds.org, and Next Avenue helped drive additional traffic to NOF.org. Through the new partnerships, NOF connected osteoporosis patients and caregivers to new resources to help them find qualified fitness instructors and healthcare providers and assistance paying for medications.

Our NOF online support community, hosted by Inspire, offers patients and caregivers a place to turn for peer-to-peer support. The online community continued growing in 2015 and reached nearly 25,000 active users by year’s end. New in 2015, Inspire redesigned its online support community platform to offer an improved user experience for members. The site’s improved navigation makes it easier for community members to connect and engage with one another and the community’s new mobile-first design provides a better user experience for our rapidly growing audience of mobile-first users.

We also owe thanks for the community’s continued growth and success to the dedication of our volunteer moderators, Sandi Elkin, Pamela Flores, Susie Hathaway, and Lawrence Jankowski, who actively engage in conversations with community members to make sure their questions and concerns are addressed. We’re thrilled to see our online community continuing to grow everyday.
At NOF, our goal is to prevent fractures and ensure that those who fracture receive the best care and support available to prevent repeat fractures. We provide training, tools and resources to help healthcare professionals understand the importance of fracture prevention, especially through osteoporosis testing and treatment to protect those at highest risk. We’re also working to help those who are interested to implement Fracture Liaison Service programs as the most effective way to treat post-fracture patients and prevent repeat fractures.

Through educational initiatives, NOF provides the latest osteoporosis research and clinical information to help healthcare professionals advance their practices and ultimately improve patient care. The information provided through our annual Interdisciplinary Symposium on Osteoporosis, as well as our print and online resources, journals, e-newsletters and webinars, helps ensure that the team of health professionals involved with diagnosing and treating those at high risk for fracture have the information they need to make informed clinical decisions.

Interdisciplinary Symposium on Osteoporosis 2015 (ISO15): Improving Performance in Post-Fracture Care

Focused on the theme “Improving Performance in Post-Fracture Care,” ISO15 brought together bone health leaders and the wide range of medical professionals involved in treating patients with or at-risk for osteoporosis and fractures to explore ways to reduce the two million broken bones caused by osteoporosis every year. ISO15 was held in Washington, DC from May 19-22 and was praised as one of NOF’s most informative and successful meetings to date.

Attendees once again had the opportunity to participate in the Fracture Liaison Service (FLS) training and certificate program, offering information on how to start and run a successful FLS program. Praised as one of the most efficient ways to reduce repeat fractures, FLS is a coordinated preventive care model that operates under the supervision of a bone health specialist and collaborates with the patient’s primary care physician. The comprehensive FLS curriculum was designed to help doctors, nurse practitioners, physician assistants, registered nurses and other healthcare professionals navigate the complicated coordination of care across hospitals, medical offices and multiple medical specialties to ensure that fracture patients receive appropriate osteoporosis testing, diagnosis, treatment and ongoing support after they leave the hospital.

ISO15 also featured Helen Burstin, MD, MPH, FACP, Chief Scientific Officer of the National Quality Forum as keynote speaker and Robert Recker, MD, MACP, FACP of Alegent Creighton Clinical Endocrinology and Immediate Past President of NOF as the Raisz Memorial Lecturer. With sessions
and networking opportunities to benefit all medical disciplines and specialties involved in treating patients with and at-risk for osteoporosis and broken bones, ISO15 also offered CME credit and plenary, workshop and breakout sessions exploring topics like controversies in osteoporosis care and challenges to medication therapy, the impact of healthcare reform and quality reporting with details on how individual practitioners can meet the new requirements and improve their clinical outcomes, and the impact cultural background has on an individual’s approach to health and well being.

**Professional Publications**

Interest in and subscriptions to NOF’s scientific journal, *Osteoporosis International*, a joint initiative between NOF and the International Osteoporosis Foundation (IOF) continued growing in 2015. The international, multidisciplinary journal provides a forum for communications and idea exchange on the diagnosis, prevention, treatment and management of osteoporosis and other metabolic bone disease.

After an extensive search, Felicia Cosman, M.D., Medical Director of the Clinical Research Center at Helen Hayes Hospital and Professor of Medicine at Columbia University College of Physicians and Surgeons in New York was selected as the new Editor-in-Chief of Osteoporosis International. Dr. Cosman joined Dr. John Kanis, the Co-Editor-in-Chief of *Osteoporosis International* who represents the International Osteoporosis Foundation. As Co-Editor-in-Chief, Dr. Cosman will also oversee the journal, *Archives in Osteoporosis* in collaboration with IOF.

As a highly distinguished member of the bone research community, Dr. Cosman is committed to advancing scientific discovery and brings a strategic vision to maintain and elevate *Osteoporosis International* as a leading journal that promotes improved clinical practice through the application of knowledge.

Dr. Cosman has published more than 130 peer-reviewed articles in the osteoporosis field in journals including the *New England Journal of Medicine* and *Journal of the American Medical Association*. She is the author of “What Your Doctor May Not Tell You about Osteoporosis” (Warner Books) and co-Editor of “Osteoporosis: An Evidence Based Approach to the Prevention of Fractures” (American College of Physicians). Before being named Editor-in-Chief of *Osteoporosis International*, Dr. Cosman served as review editor of the publication, was an Associate Editor for *Bone*, and is a regular reviewer for the *Journal of Clinical Endocrinology and Metabolism*, *Journal of Bone and Mineral Research* and *Calcified Tissue International*.

**Commitment to Fracture Prevention**

Underscoring NOF’s commitment to fracture prevention, in August 2015, the organization launched Ostonics Quality Systems, LLC, a joint venture with CECity.com, Inc. to deliver ProteQt FLS™, the premier cloud-based solution for implementing and managing a Fracture Liaison Service (FLS) in health systems and healthcare practices. The ProteQt FLS system helps enroll eligible patients, track
their progress, coordinate their care, and assess their outcomes, while helping healthcare organizations benchmark performance and access proven tools to help them improve against quality measures that matter.

The formation of Ostonics Quality Solutions aligns NOF’s expertise in FLS training for doctors, nurse practitioners, physician assistants, registered nurses and other healthcare professionals with CECity’s award-winning, cloud-based registry platform for building continuous learning health systems.

With healthcare transforming from fee-for-service to paying for quality, outcomes and care coordination, ProteQt FLS enables practices and health systems to take advantage of the changes by instituting an FLS program that will manage and improve patient care with value and performance as two key drivers. Use of the ProteQt FLS tools will help generate savings and revenue for osteoporosis centers, hospitals and medical practices and make reporting for osteoporosis quality and outcome measures easier. By making performance measurement easier for physicians and health plans, Ostonics aims to rapidly improve care for osteoporosis patients and ensure patients who break a bone receive appropriate testing and treatment for osteoporosis.
NBHA 20/20 Vision: Reducing fracture 20 percent by the year 2020

Celebrating its 5th anniversary in October 2015 and with NOF continuing to serve as a founding partner, NBHA is making strides toward reaching its 20/20 Vision of reducing the rate of fracture 20 percent by the year 2020. One of the organization’s primary initiatives is working to foster widespread implementation of the fracture liaison service (FLS) model of care. FLS programs are widely viewed as the key to closing the 80 percent care gap of those who fracture, but are never tested or treated for osteoporosis.

To spread implementation of the FLS model of care, NBHA launched Fracture Prevention CENTRAL, a publicly accessible online resource to help healthcare professionals and administrators interested in implementing a coordinator-based, post-fracture FLS model of care to reduce secondary fractures and the associated costs while increasing patient outcomes. Two years after launching in 2013, Fracture Prevention CENTRAL had attracted more than 3,100 subscribers who registered on the site to access the free resources and materials it offers.

Fracture Prevention CENTRAL has also hosted 15 webinars to date featuring the nation’s top FLS experts presenting on topics to guide interested sites through the steps to make the business case to support launching a secondary fracture prevention program and begin implementing an FLS program of their own. The webinar series, offered as live presentations and later for on demand viewing, has attracted more than 2,500 participants in total.

Based on feedback from site users and members of the bone health community, NBHA continued growing the content and tools available on Fracture Prevention CENTRAL throughout the year and in May 2015 launched a new FLS One-on-One Consulting Service, directly connecting FLS experts with those looking for guidance and perspective to help get their FLS program up and running. More than
70 individuals took advantage of the service and met one-on-one with an FLS expert at NOF’s ISO15 meeting held in May in Washington, DC and the American Society for Bone and Mineral Research Annual Meeting held in October in Seattle.

**Fracture Liaison Service Demonstration Study**

This year, NBHA completed the Fracture Liaison Service Demonstration Study (FLS Demonstration) launched in early 2014 in partnership with NOF and CECity.com, Inc. (CECity). Funded by Merck and Co., Inc., the FLS Demonstration Study provided participating hospitals with the FLS model of care and CECity's cloud-based *MedConcert®* platform, to assess the hospitals’ adoption and implementation of a fracture liaison service across their communities.

Designed to demonstrate the ability to scale FLS programs for implementation in the community setting, while measuring the impact on patient care, the project was the subject of an article published by *Osteoporosis International* in August and was featured during the June Health Datapalooza 2015 meeting held in Washington, DC. The final results paper is expected to publish in 2016.

With the conclusion of the project, NBHA’s duties as the manager of the three demonstration sites, including CHI Health Creighton University Medical Center, Omaha, NE [site lead: Robert Recker, MD]; Medstar Georgetown University Hospital, Washington, DC [site lead: Andrea Singer, MD]; and UPMC, Pittsburgh, PA [site lead: Susan Greenspan, MD] also came to an end. To encourage widespread adoption of the new suite of FLS tools after the conclusion of the demonstration project, NOF and CECity invested in a joint venture, Ostonics Quality Solutions, LLC, to market and sell “ProteQt FLS” to interested health systems, sites and payers.

**NOF and NBHA Osteoporosis Quality Improvement Registry (QIR) Approved by the Centers for Medicare and Medicaid Services (CMS) as a Qualified Clinical Data Registry**

The NOF and NBHA QIR was approved by CMS as a 2015 Qualified Clinical Data Registry (QCDR) and launched in October 2015. As the only osteoporosis disease-focused QCDR, NBHA’s QIR is designed to measure and report on health care quality and patient outcomes. A key advantage of participating in PQRS through the QIR is that CMS has permitted the use of Physician Quality Reporting System (PQRS) approved measures, as well as non-PQRS measures.

Eligible professionals participating in the QIR QCDR also benefit from avoiding costly PQRS penalties by tracking treatment results, quality of care, efficiency and patient satisfaction; auto-generated PQRS and QCDR reporting; being able to compare their results to benchmarks for diagnosis and treatment; practice and outcome comparisons and quality improvement in osteoporosis care.
The measures present in the 2015 QCDR include 38 quality measures (22 PQRS and 16 non-PQRS) that provide healthcare professionals with a way to satisfy increased reporting requirements for PQRS through meaningful and relevant quality improvement activities related to osteoporosis.

As evidenced by the Secretary of Health and Human Services’ statement on the goal to tie 85 percent of all Medicare payments to quality or value by the end of 2016 and move the Medicare program toward paying providers based on the quality, rather than quantity, of care given to patients, the QCDR designation has significant implications for the osteoporosis and bone health field as a whole. Also, in the next five years, CMS will phase out claims-based reporting and move exclusively to registry-based reporting, shifting the responsibility for measure development, data collection and reporting from CMS to registries like the NOF/NBHA QIR.

**2Million2Many**

Recognizing the need to educate healthcare professionals and patients alike on the risks vs. benefits of osteoporosis therapy, NBHA shifted the focus of its 2Million2Many campaign in 2015 and formed a working group to develop new messages to help change current patient attitudes about treatment. In addition to developing a new message platform to communicate the risk vs. benefit of osteoporosis treatment, the working group also worked with NBHA staff to develop two new patient videos featuring real life stories that detail the consequences of undiagnosed and untreated osteoporosis.

The new videos debuted in October in time for World Osteoporosis Day 2015. As told by their daughters, “Betty’s Story” and “Florence’s Story” bring to life the connection between osteoporosis and broken bones to teach viewers the importance of asking for a bone density test after breaking a bone. In addition to diet and exercise, the videos stress that with testing and treatment, men and women age 50 and over can reduce their risk for fracture.

NBHA distributed the videos through its online and social media channels in the fall and will pursue options for broader distribution in 2016.
We Need You. For more than 30 years, NOF has relied on the support of a wide breadth of diversified sources, including individuals, foundations, government sources and corporations to sustain and enhance our efforts to prevent osteoporosis and build strong bones for life. Together we’ve been a successful team in the fight against osteoporosis. By continuing to work together, we can tackle the remaining challenges and reduce the two million bone breaks caused by osteoporosis every year.

While some of the funds NOF receives may be restricted to specific projects, NOF maintains its independence and objectivity in accordance with the National Health Council’s guiding principles. NOF does not endorse any particular product, service or point of view, but does inform the public about all FDA-approved therapies, as well as the availability of other appropriate products and services as part of its educational responsibility to the public and healthcare professionals.

NOF is in full compliance with the Good Operating Practices Standards of the National Health Council and has been awarded the Independent Charities Seal of Excellence.

We thank our generous donors listed below, whose gifts have made a significant difference in the fight against osteoporosis. We realize reaching our goals of preventing osteoporosis and broken bones is only possible if we all work together and are grateful for all you do to support NOF.

Lifetime Giving
NOF recognizes the following individuals for their generous lifetime support of $100,000 or more. Through their dedication and lifelong support, these individuals have empowered others to live long and full lives on their own terms.

Ms. Betty M. Ahlers‡
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The Paul G. Rogers Circle of Champions

This giving circle recognizes individuals and families who are advocates for a healthy America, like NOF’s founding chairman, the Honorable Paul G. Rogers. The members share Mr. Rogers’ tradition of action and advocacy to promote bone health and osteoporosis prevention through annual gifts totaling $5,000 or more. Gifts may be designated to specific program areas of donor interest or given to support NOF’s mission and the Honorable Paul G. Rogers’ vision of preventing osteoporosis and broken bones and promoting strong bones for life.

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NOF thanks those who contributed $5,000 or more between November 2006 and December 2007 to form the Paul G. Rogers Champion Circle.

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Enduring Friends

NOF recognizes the following individuals for their generous contributions for the past 20 years or more. Through their continued dedication and support, these individuals have helped others build, maintain and protect their health for a lifetime of independence.

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NOF honors those who have directed their support to help others build, maintain and protect their bone health through a planned gift to the organization.
Annual Giving

NOF thanks all of our contributors for their generous gifts over the past year. You have helped sustain and enhance our core programs and moved us closer to our goal of helping all Americans achieve healthy bones for life. With your support, we are working to change the course of osteoporosis to prevent fractures before they happen; sparing millions of Americans from the pain, disability and loss of independence that fractures cause.

Healthy Bones for Life Annual Contribution Society - Individuals

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- Ms. Mary J. Bennett‡
- Dr. Irene Chayes‡
- Mr. Norman S. Fieleke‡
- Mrs. Gloria Franzini‡
- Rita Hertzig‡
- Jeanne Y. Howard‡
- C. Berdon* and Rolanette Lawrence
- Ms. Anne M. Miller‡

Maintainers of Bone: $5,000 - $24,999
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- Mr. R. Kirk Faris‡
- Lydia I. Fjeld‡
- Ms. Mildred M. Furlong‡
- Margo A. Cox, M.D., and Robert F. Gagel, M.D.*
- Ms. Jacqueline J. Lambert
- Mrs. Lily Liebman‡
- Mr. Gordon Orlow‡
- Ms. Ethel H. Takacs‡
- Ms. Miranda Wong Tang

Builders of Bone: $1,000 - $4,999
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- Rochelle E. Bain‡
- Mrs. Nadine C. Cavallaro
- Mr. and Mrs. Gregory J. DeBor
- Ms. Marylou Derksen‡
- Ellen and Richard Dreiling
- Mrs. Claire Gill
- Ms. Anita Gomez-Palacio
- Ms. Amy M. Hansen and Mr. Walter J. Schmidt
- Mr. and Mrs. Daniel G. Hooke
- Ms. Judith P. Hulka*

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Dean G. Malanga‡
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Ethel S. Siris, M.D.*
Mrs. Joan C. Stanisha
Mr. Robert S. Understein, CPA*
John L. Wise‡

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Mrs. Marilyn A. Andersen-Watson
Ms. Susan Arena and Mr. Steven ZuM.D.ahl
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Mr. and Mrs. Robert M. Callahan
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Mrs. Natasha Dillinger
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Emily and Ira Polk
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Mr. Edilberto D. Reyes
Mrs. Fleurette S. Roberts
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Anonymous
Anonymous
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Ms. Arlene T. Martin
Ruthann and Gerald Martin
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Ms. May A. Robinson
Mr. Matty Rosts
Mr. & Mrs. Gail G. Ruddiman
Ms. Susan Sammon
Mr. Charles I. Schroeder
Mrs. Virginia M. Schultz
Mr. Iain M. Scott
Ms. Ivy O. Shen
Drs. Linda and Alvin Silbert
Mr. and Mrs. Carl V. Simone

Mr. and Mrs. John F. Simpson
Ms. Catherine A. Smith
Sherry and Stephen Spargo
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Mr. Leroy Strand
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Ms. Gloria H. Trumpower
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Healthy Bones for Life Annual Contribution Society - Corporations/Foundations/Organizations

$100,000 and above
Amgen, USA
CECity.com, Inc

Eli Lilly and Company
Merck

$25,000 - $99,999
Bayer Healthcare
Dairy Management, Inc.
Health Monitor Network

Medtronic, Inc.
Pfizer Inc.
Pharmaceutical Research and Manufacturers

$5,000 - $24,999
Anonymous
AgNovos Healthcare
The American Society For Bone and Mineral Research
CoBank
Dorothy D. Smith Charitable Foundation
Foodminds, LLC

The Heim and Rigby Trust
Medi USA
The Merck Foundation
Pharmavite
Sunsweet Growers, Inc.
Ultragenyx Pharmaceutical Inc.

$1,000 - $4,999
Alliance for Aging Research
America’s Charities
The American Gift Fund

Ann and Frank Cahouet Foundation
Biotechnology Industry Organization
Bone Index Finland

† deceased
Brotherhood Foundation
Brownstein Hyatt Farber Schreck
Chleck Family Foundation, Inc.
EXAN Capital
Fidelity Charitable Gift Fund
The Feuerring Foundation
Goldman Sachs Philanthropy Fund
Holland Foundation Inc.
Impactwear International
Jerome & Laura Dorfman Charitable Foundation
JMA Foundation
JustGive
Mead Johnson & Company
Medimaps Group
Metabolic Bone Disease Society of Colorado
Muller Family Foundation
Tarsa Therapeutics
The Triangle Club of Hawaii

Under $1,000
A. Anderson Electric Inc.
Aetna Foundation, Inc.
Air Force Security Assistance Training Squadron
AmazonSmile Foundation
Arizona Community Foundation
AT&T Employee Giving Campaign
Atlanta Woman’s Club
Benevity Community Impact Fund
Bravelets LLC
Charity Gift Certificates
Cleveland Clinic Lorain Family Health and Surgery Center
Community Foundation of Louisville Depository, Inc.
Delta Phi Lambda Sorority Zeta Chapter
Donatic
Duane & Dorothy Bluemke Foundation
Duerr Packaging Company, Inc
Dunwoody Woman’s Club
Employees Charity Organization of Northrop Grumman
Fidelity Brokerage Services, LLC
First Minnesota Bank
Fraternal Order of Eagles # 2708
GE Foundation Matching Gifts Program
GFWC - Greeneville Women’s Club
Give With Liberty
Greenwich Podiatry Group
Huntington Hospital
IBM Employee Services Center/Retiree Charitable Campaign
IMN Solutions
James H. and Helen S. Knippen Charitable Fdn
Janesville Acoustics
Jewish Communal Fund
Jewish Community Foundation of Los Angeles
Jewish Endowment Foundation of Louisiana
Jewish Federation Of Omaha Foundation
Johnson & Johnson Family of Companies
Kappa Phi LaM.D.a UMCP
Kohler Fire Department
Korey Family Trust
Littler Mendelson Foundation, Inc.
Martha F. Gaynor Trust
Martin & Rhoda Safer Endowment Fund
Martin and Rhoda Safer Memorial Fund
Members Give Powered By JustGive
Morgan Stanley Global Impact Funding Trust, Inc.
National Christian Foundation, Kentucky
Network For Good
Northrup Grumman Corporation
Nutrition Conditioning Inc.
OnCourse Conditioning
PDX, Inc
Physician Assistants in Orthopaedic Surgery, Inc.
Corporate Advisory Roundtable

The NOF Corporate Advisory Roundtable (CAR) is a high-level corporate advisory body to our Board of Trustees. Our CAR members share a strategic and programmatic focus on bone health and work to address the fundamental forces that impact patient access to osteoporosis information and medical care. CAR members help identify issues of common concern to NOF and companies with products and services that advance the prevention, detection and treatment of osteoporosis. Through dedicated Working Groups, CAR is addressing specific needs of the bone health field and developing targeted projects that support NOF’s Mission.

Members of NOF’s 2016 Corporate Advisory Roundtable include:

AgNovos Healthcare
Alliance for Potato Research and Education
Amgen
Bayer Healthcare – Consumer Care
CE City
Data Centrum Communications, Inc. Healthmonitor Network
Eli Lilly and Company
FoodCare, Inc.
Hologic
Impactwear
Inspire
Juvent – Regenerative Technologies Corporation
LoneOak Medical Technologies
Medi Maps Group
Medi US
Medtronic
Mission Pharmacal
National Dairy Council
Pfizer
Pharmavite
Radius Health
Roche Diagnostics
Tarsa Therapeutics
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Critical Connections, Ohio Valley Medical Center

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Author and Journalist

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Columbia University Medical School

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Nutrition Conditioning, Inc.

EXECUTIVE DIRECTOR AND CEO
Amy Porter
# 2015 Financials

NATIONAL OSTEOPOOROSIS FOUNDATION

**STATEMENT OF FINANCIAL POSITION**  
December 31, 2015  (with comparative information as of December 31, 2014)

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$1,490,314</td>
<td>$1,429,989</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>111,014</td>
<td>83,952</td>
</tr>
<tr>
<td>Grants, contributions and contract receivable</td>
<td>561,890</td>
<td>532,850</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>131,820</td>
<td>108,458</td>
</tr>
<tr>
<td>Inventory</td>
<td>9,037</td>
<td>23,878</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT ASSETS</strong></td>
<td>2,304,075</td>
<td>2,179,127</td>
</tr>
<tr>
<td><strong>PROPERTY, at cost, net</strong></td>
<td>40,905</td>
<td>14,839</td>
</tr>
<tr>
<td><strong>NONCURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribution receivable, net of current</td>
<td>89,668</td>
<td>89,668</td>
</tr>
<tr>
<td>Investments</td>
<td>2,876,090</td>
<td>2,928,934</td>
</tr>
<tr>
<td><strong>TOTAL NONCURRENT ASSETS</strong></td>
<td>2,965,758</td>
<td>3,018,602</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>$5,310,738</td>
<td>$5,212,568</td>
</tr>
</tbody>
</table>

| LIABILITIES AND NET ASSETS | | |
| **CURRENT LIABILITIES** | | |
| Accounts payable and accrued expenses | $203,055 | $344,340 |
| Deferred revenue | 399,600 | 152,340 |
| Deferred rent | 40,793 | 19,191 |
| **TOTAL LIABILITIES** | 643,448 | 515,871 |
| **NET ASSETS** | | |
| Unrestricted | 3,454,522 | 3,261,283 |
| Temporarily restricted | 1,032,756 | 1,255,402 |
| Permanently restricted | 180,012 | 180,012 |
| **TOTAL NET ASSETS** | 4,667,290 | 4,696,697 |
| **TOTAL LIABILITIES AND NET ASSETS** | $5,310,738 | $5,212,568 |
NATIONAL OSTEOPOROSIS FOUNDATION

STATEMENT OF ACTIVITIES
Year ended December 31, 2015
(with summarized comparative information for the year ended December 31, 2014)

<table>
<thead>
<tr>
<th>SUPPORT AND REVENUE</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Total</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants and contributions</td>
<td>$1,164,886</td>
<td>$ 576,330</td>
<td>$ -</td>
<td>$ 1,741,216</td>
<td>$1,927,974</td>
</tr>
<tr>
<td>Bayer settlement</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1,354,019</td>
</tr>
<tr>
<td>Contract revenue</td>
<td>97,914</td>
<td>-</td>
<td>-</td>
<td>97,914</td>
<td>176,542</td>
</tr>
<tr>
<td>Investment income (loss)</td>
<td>(18,753)</td>
<td>-</td>
<td>-</td>
<td>(18,753)</td>
<td>114,073</td>
</tr>
<tr>
<td>Membership dues</td>
<td>75,975</td>
<td>273,740</td>
<td>-</td>
<td>349,715</td>
<td>327,563</td>
</tr>
<tr>
<td>Royalties and consulting income</td>
<td>334,354</td>
<td>-</td>
<td>-</td>
<td>334,354</td>
<td>267,038</td>
</tr>
<tr>
<td>Interdisciplinary Symposium on Osteoporosis</td>
<td>250,153</td>
<td>-</td>
<td>-</td>
<td>250,153</td>
<td>547,906</td>
</tr>
<tr>
<td>Legacies and bequests</td>
<td>1,040,504</td>
<td>-</td>
<td>-</td>
<td>1,040,504</td>
<td>513,576</td>
</tr>
<tr>
<td>Publications sales</td>
<td>22,686</td>
<td>-</td>
<td>-</td>
<td>22,686</td>
<td>23,069</td>
</tr>
<tr>
<td>Donated services and materials</td>
<td>30,179</td>
<td>-</td>
<td>-</td>
<td>30,179</td>
<td>11,909</td>
</tr>
<tr>
<td>Miscellaneous income</td>
<td>3,562</td>
<td>-</td>
<td>-</td>
<td>3,562</td>
<td>10,756</td>
</tr>
<tr>
<td>Net assets released from restrictions: Satisfaction of program restrictions</td>
<td>1,072,716</td>
<td>(1,072,716)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

TOTAL SUPPORT AND REVENUE | 4,074,176 | (222,646) | - | 3,851,530 | 5,274,425 |

EXPENSES

Program Services
National Bone Health Alliance | 1,216,038 | - | - | 1,216,038 | 1,192,306 |
Professional education | 835,680 | - | - | 835,680 | 908,837 |
Patient education | 173,761 | - | - | 173,761 | 149,624 |
Communication | 372,071 | - | - | 372,071 | 278,637 |
Membership | 116,850 | - | - | 116,850 | 107,344 |
Research | 253,475 | - | - | 253,475 | 167,580 |
Public policy | 12,901 | - | - | 12,901 | 42,523 |

Total program services | 2,980,776 | - | - | 2,980,776 | 2,846,851 |

Supporting Services
Fundraising | 757,313 | - | - | 757,313 | 733,120 |
Management and general | 142,848 | - | - | 142,848 | 450,563 |

Total supporting services | 900,161 | - | - | 900,161 | 1,183,683 |

TOTAL EXPENSES | 3,880,937 | - | - | 3,880,937 | 4,030,534 |

CHANGE IN NET ASSETS | 193,239 | (222,646) | - | (29,407) | 1,243,891 |

NET ASSETS, beginning of year | 3,261,283 | 1,255,402 | 180,012 | 4,696,697 | 3,452,806 |

NET ASSETS, end of year | $3,454,522 | $1,032,756 | $180,012 | $4,667,290 | $4,696,697 |