L	OMB No 1545-0047
	2017
	Open to Public

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Department of the Treasury	
Internal Phyonus Service	

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

Do not enter social security numbers on this form as it may be made public

Inter	nal Reve	nue Service	► Go to www.irs.gov	/Form990 for instructions a	nd the latest	t information.	/ Inspection
A	For the	2017 calend	dar year, or tax year beginning A	PR 1, 2017 an	id ending M	IAR 31, 2018	
В	Check if applicable		forganization			D Employer identific	ation number
	Addre	ss NAAS	SO, The Obesity Soc	iety, Inc			
	Name	-	usiness as			54-1	438429
	Initial		r and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone number	•
	Final	1 1110	Bonifant Street	,	500	(301	<u>) 563-6526</u>
	termin		town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	2,265,921.
	Amen	ded air.		910		H(a) Is this a group re	turn
	Application		and address of principal officer Ant		1	for subordinates	
	pendi		same as above.	<u> </u>	ヘク	H(b) Are all subordinates in	cluded? Yes No
1	Tax·ex		X 501(c)(3) 501(c)(1) or 🔲 🗯	If "No," attach a	list (see instructions)
J	Websi	te: VWW .	obesity.org		105	H(c) Group exemption	n number 🕨
				ssociation Other	\ L Year	of formation: 1982 M	State of legal domicile: MD
	art I	Summary					
	1	Briefly describ	be the organization's mission or mos	t significant activities Bet	ter und	lerstand, pro	<u>event and</u>
Governance		treat c	besity to improve	the lives of t	hose af	fected.	
r	2	Check this bo	ox large if the organization disco	ntinued its operations or disp	oosed of more	e than 25% of its net as	sets
ove	3	Number of vo	oting members of the governing body	(Part VI, line 1a)		3	15
		Number of inc	dependent voting members of the go	overning body (Part VI, line 1b)	4	15
Activities &	5	Total number	of individuals employed in calendar	year 2017 (Part V, line 2a)		5	15
<u> </u>	6	Total number	of volunteers (estimate if necessary)			6	192
Ćţį	7 a	Total unrelate	ed business revenue from Part VIII, co	olumn (C), line 12		7a	0.
_	b	Net unrelated	business taxable income from Form	990·T, line 34		7b	0.
S			_ -	DECEMED		Prior Year	Current Year
_ Š.	8	Contributions	and grants (Part VIII, line 1h)	RECEIVED	701 L	366,615.	<u>205,071.</u>
A A S. Revenue	9		rice revenue (Part VIII, line 2g)	2	RS-OS(2,233,583.	1,421,016.
	10	Investment in	ncome (Part VIII, column (A), lines 3, 4	Sand 79AUG 1 2 2019	3 _	53,185.	99,483.
SCANNAN J	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8d	(9c, 10c, and 11e)		332,868.	<u>364,890.</u>
E`_	12	Total revenue	e - add lines 8 through 11 (must equa	Part VIII, aclumn (A), line 72		2,986,251.	2,090,460.
۵۶			ımılar amounts paid (Part IX, column			263,000.	104,602.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
d3S	15	Salaries, othe	er compensation, employee benefits	(Part IX, column (A), lines 5-10	0)	1,257,710.	1,009,532.
ᠣ᠘ᢠ	16a	Professional 1	fundraising fees (Part IX, column (A),	line 11e)		0.	0.
. 8 I F. 17 Expen	. ь	Total fundrais	sing expenses (Part IX, column (D), lir	ne 25) 🕨	<u> </u>		
~ <u>cc</u> ⊔	17	Other expens	ses (Part IX, column (A), lines 11a-11d	d, 11f-24e)		1,222,090.	1,126,656.
20:	18	Total expense	es Add lines 13-17 (must equal Part	IX, column (A), line 25)		2,742,800.	2,240,790.
- -	19	Revenue less	expenses Subtract line 18 from line	12		243,451.	<150,330.>
Assets or	<u>[</u> 2]				Be	eginning of Current Year	End of Year
Set	20	Total assets ((Part X, line 16)		_	2,466,066.	5,498,290.
T A	21	Total liabilities	s (Part X, line 26)		_	469,872.	3,829,670.
Ž	22		fund balances Subtract line 21 from	n line 20		1,996,194.	1,668,620.
	art II						
			, I declare that I have examined this return				y knowledge and belief, it is
tru	e, corre	ct, and complete	e. Declaration of preparer (other than office	er) is based on all information of	f which prepare	r has any knowledge.	10.10
			100/1/1/	 		07	13/12/019
Sig	gn	J	re of officer C C C			Date /	/
He	re		nony Comuzzie, Chie	<u>ef Executive Of</u>	ficer		· · · · · · · · · · · · · · · · · · ·
		Type or	print name and title	-		Data / January E	TI DTIN
		Print/Type pre		Preparer's signature		Date Check Check	PTIN
Pai			Nislow, CPA		<u> </u>	Self-employ	
	eparer		Solomon and Nis			Firm's EIN	52-1838696
Us	e Only	Firm's addres	s 821 North Charle				0 505 0515
_			Baltimore, MD 21			Phone no. 41	0-727-2717
<u>Ma</u>	y the I		nis return with the preparer shown ab				X Yes No
732	001 11-	28-17 LHA	For Paperwork Reduction Act Not	ice, see the separate instru	ctions.		Form 990 (2017)

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₹orm	990 (2017)										

NAASO, The Obesity Society, Inc
Part IV Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_ 2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	_4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	ļ	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u> _
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			٦,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	١		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		x
	Schedule D, Parts XI and XII	IZA		
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
42	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 -	X
13		14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.70		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ŀ	х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		<u> </u>	
ı	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u> </u>		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		ļ	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
		Form	990	(2017)

		_		
	·		Yes	No_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		7.7	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_X_	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
	Schedule J	23	<u>X</u> _	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
_	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OFL		v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	oe.		X
	complete Schedule L, Part II	26		Α
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27		x
20	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	instructions for applicable filing thresholds, conditions, and exceptions)			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	-	
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		-	
•	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	l	x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	L	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2017)

Form **990** (2017)

· ai	Check if Schedule O contains a response or note to any line in this Part V			\Box
-	1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	56		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	15		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ►	į		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	-		l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	-	ļ
6a				
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b_	_	ļ
7	Organizations that may receive deductible contributions under section 170(c).	353	·	x
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	7a 7b	 	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		
C	to file Form 8282?	7c		X
a	If "Yes," indicate the number of Forms 8282 filed during the year	1.0		<u> </u>
		7e		l
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	Х	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		I	
	sponsoring organization have excess business holdings at any time during the year?	8	ļ <u> </u>	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	•	_		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	\dashv		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them) 11b	-		• -
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	1	1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	\dashv		
13	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	1
d	Note. See the instructions for additional information the organization must report on Schedule O	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
J	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	\neg		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

NAASO, The Obesity Society, Inc 54-1438429 Form 990 (2017) 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 15 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 15 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X 2 officer, director, trustee, or key employee? 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? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c X in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 14 X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a 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?											
Sec	ction C. Disclosure										
17	7 List the states with which a copy of this Form 990 is required to be filed ►MD										
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) avaılab	ile								
	for public inspection. Indicate how you made these available. Check all that apply										
	Own website X Another's website Upon request Other (explain in Schedule O)										
	Description of the control of the co	4 &	1								

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										
	Laura Tester Meyer - 240-485-1957									
	1110 Bonifant Street, Suite 500, Silver Spring, MD 20910									

form 990 (2017)	NAASO.	The	Obesity	Soc
(01111 GGG (2011)	11122007		<u> </u>	

54-1438429

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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

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

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

(A) Name and Title	(B) (C) Position (do not check more than one box, unless person is both an							(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee		recto		tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Allen S. Levine	10.00							_		_
President - Elect		X		X				0.	0.	0.
(2) Caroline Apovian	10.00								_	_
President	ļ	X		X	<u> </u>			0.	0.	0.
(3) Penny Gordon-Larsen	10.00								_	
Immediate Past President		X		X				0.	0.	0.
(4) Steven Heymsfield	10.00									
Vice President		X		X			ļ	0.	0.	0.
(5) Dale A. Schoeller	10.00									
Secretary/Treasurer	1	X		X			<u> </u>	0.	0.	0.
(6) Kirsten K. Davison	10.00									
Population/Epidemiology/Community		X						0.	0.	0.
(7) Deanna M. Hoelscher	10.00									
At-Large		X	_					0.	0.	0.
(8) Terry TK. Huang	10.00	ļ								
WOF Regional VP	1000	X	_	_	_		ļ	0.	0.	0.
(9) Timothy H. Moran	10.00	ļ								
<u>At-Large</u>	4.0.00	X	<u> </u>					0.	0.	0.
(10) Gary J. Schwartz	10.00	ļ						1		
Basic/Experimental/Preclinical	10.00	X	_				ļ	0.	0.	0.
(11) Arya M. Sharma	10.00	ļ					l			
At-Large-Canada	1.0.00	Х	<u> </u>		_		<u> </u>	0.	0.	0.
(12) Margarita Teran-Garcia	10.00			ļ		Ì				_
At-Large-Mexico	10.00	X		├-	-	├	├	0.	0.	0.
(13) Diana Thomas	10.00						İ			_
Advocacy/Public Affairs/Regulatory	10.00	X	 			├	 	0.	0.	0.
(14) Leah D. Whigham	10.00	١.,								_
Clinical Practice	10.00	X		_		<u> </u>	<u> </u>	0.	0.	0.
(15) Susan Yanovski	10.00	-						1		_
Clinical Research	40.00	X	-	-	-			0.	0.	0.
(16) Anthony G. Comuzzie	40.00	.	İ	₹.				117 157		_
Chief Executive Officer	40.00	X		X	\vdash	\vdash	 	117,157.	0.	0.
(17) Laura Tester Meyer	40.00	┨]	x				61,132.	0.	716.
Chief Operating Officer		<u> </u>				Ц	1	UI,I34.		Form 990 (2017)

Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees,	and	<u>d Hi</u>	ghe:	<u>st C</u>	ompensated Employed	es (continuea)				
' (A)	(B)	(C)					(D)	(E)			(F)		
Name and title	Average	/40	Position					Reportable	Reportable		Es	imate	d
	hours per	(do not check more than one box, unless person is both a				ıs bot	h an	compensation	compensation	۱	am	ount (of
	week	-	officer and a director/trustee)					from	from related			other	_
	(list any hours for	recto						the	organizations			ensa	
	related	or d	8			sated		organization	(W-2/1099-MIS	⁽⁾		om the anızatı	
	organizations	ruste	trus		8	uadu		(W-2/1099-MISC)		1	•	ı nzan	
	below	lual tr	tona		yolqr	yee	<u></u>					nızatı	
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
(18) Kathy Cleary	36.00	Ē		_			_						
Sr. Director of Finance & Admin				x				69,140.		0.	1),5	23.
(19) Francesca Dea	40.00							35,233					
Former Executive Officer		1			l		Х	129,247.		0.		2,7	15.
2 2			П										
		1											
			П										
			i										
1b Sub-total		•					▶	376,676.		0.	1	3,9	54.
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)	•							376,676.		0.	1	3,9	54.
2 Total number of individuals (including but i	not limited to th	ose	liste	d al	bov	e) wi	no re	eceived more than \$100	,000 of reportable	9			
compensation from the organization													2
												Yes	No
3 Did the organization list any former officer	, director, or tru	uste	e, ke	y er	nplo	yee	, or l	highest compensated e	mployee on			_	
line 1a? If "Yes," complete Schedule J for	such individual										3	X	
4 For any individual listed on line 1a, is the s	um of reportab	le co	ompe	ensa	atior	n and	d oth	her compensation from	the organization				
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edul	e J f	or such individual			4		X
5 Did any person listed on line 1a receive or									idual for services				
rendered to the organization? If "Yes," con											5_		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	ompensated in	depe	ende	nt c	ont	racto	ors t	hat received more than	\$100,000 of com	pens	ation f	rom	
the organization Report compensation for	the calendar y	ear	endı	ng v	vith	or w	nthir	the organization's tax	year.				
(A)								(B)		_	(C		
Name and business	s address	N	INC	<u> </u>				Description of s	services	C	ompe	nsatio	n
							ŀ						
								. 					
									İ				
 :													
2 Total number of independent contractors	-	ot li	mite	d to		_	sted	l above) who received n	nore than				
\$100,000 of compensation from the organ	ization >					<u>0 </u>							

Part VIII Statement of Revenue ' Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under sections 512 - 514 (B) (A) Related or Total revenue exempt function business revenue revenue ts, Grants Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 1c c Fundraising events Gifts, d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 205,071 similar amounts not included above g Noncash contributions included in lines 1a-1f \$_ 205,071 h Total. Add lines 1a-1f **Business Code** 711,643 711,643 900099 2 a ObesityWeek Program Service 488,947. 900099 488,947. ь Member Dues c Journal Publication 220,426. 900099 220,426. All other program service revenue 421,016 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 98,218. 98,218 other similar amounts) Income from investment of tax-exempt bond proceeds 4 354,890. 354,890 Royalties 5 (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (II) Other 176,726. assets other than inventory b Less cost or other basis 175,461 and sales expenses 1,265. c Gain or (loss) 1,265 1,265 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 10,000. 10,000. 900099 11 a Grants & Awards Admin. d All other revenue 10,000. e Total. Add lines 11a-11d 464,373. 090,460.1, 421,016 Total revenue. See instructions.

	' Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	99,602.	99,602.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	5,000.	5,000.		
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,	247,102.	205,918.	41,184.	
6	trustees, and key employees Compensation not included above, to disqualified	247,102.	203,910.	41,104.	
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	576,571.	490,086.	86,485.	
8	Pension plan accruals and contributions (include	3,0,3,11	150,000.	00/2001	
•	section 401(k) and 403(b) employer contributions)	23,847.	20,151.	3,696.	
9	Other employee benefits	92,826.	78,437.	14,389.	
10	Payroll taxes	69,186.	58,462.	10,724.	
11	Fees for services (non-employees)		_		
	Management		į		
b	Legal	6,717.	•	6,717.	
c	Accounting	89,426.		89,426.	<u> </u>
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		•		
f	Investment management fees	24,675.	496.	24,179.	
g	Other (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)	624,388.	551,426.	72,962.	
12	Advertising and promotion	16,212.	16,212.		
13	Office expenses	3,282.	2,798.	484.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	18,051.	4,588.	13,463.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4,834.		4,834.	
21	Payments to affiliates	24 000		21 070	
22	Depreciation, depletion, and amortization	31,278.	400	31,278.	
23	Insurance	5,760.	408.	5,352.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Temporary Help & Recrui	64,674.	59,574.	5,100.	
b	Software/Hardware/Tech.	61,821.	25,718.	36,103.	
С	Rent	59,447.	50,233.	9,214.	
d	Website Support	44,196.	37,102.	7,094.	
e	All other expenses See Sch O	71,895.	63,882.	8,013.	
25	Total functional expenses. Add lines 1 through 24e	2,240,790.	1,770,093.	470,697.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2017)
Part X Balance Sheet

<u>art X</u>		Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
٠					(A) Beginning of year		(B) End of year
1		Cash - non-interest-bearing			575,181.	1	2,918,347
2		Savings and temporary cash investments	93,781.	2			
3		Pledges and grants receivable, net				3	
4		Accounts receivable, net		<u> </u>	397,619.	4	77,266
5		Loans and other receivables from current and fo	ormer o	fficers directors.	05.70250		
"		trustees, key employees, and highest compensations		·			
		Part II of Schedule L	atou on	ipidyood complete		5	
6		Loans and other receivables from other disquali	fied ne	rsons (as defined under	<u>.</u>		
"		section 4958(f)(1)), persons described in section		·			•
		employers and sponsoring organizations of sections and sponsoring organizations (see sponsor)				6	•
_		employees' beneficiary organizations (see instr)	Comp	lete Part II of Sch L		7	305,233
7		Notes and loans receivable, net		-		8	
8		Inventories for sale or use		•	45,163.	9	46,19
9		Prepaid expenses and deferred charges	1 1		45,103.	9	40,130
108	а	Land, buildings, and equipment cost or other	40-	170 505			
١.		basis Complete Part VI of Schedule D	10a	178,595. 95,621.	67 001	40-	- 92 97
i		Less accumulated depreciation	10b	95,641.	67,881. 1,281,691.		82,97 2,063,09
11		Investments · publicly traded securities	1,201,091.	11	2,003,09		
12		Investments other securities See Part IV, line				12	
13		Investments - program-related See Part IV, line	11	,		13	
14		Intangible assets	4 750	14	F 10		
15		Other assets See Part IV, line 11	4,750.	15	5,18		
16					2,466,066.	16	5,498,29
17		Accounts payable and accrued expenses		-	201,470.	17	420,39
18		Grants payable	054 064	18	2 004 66		
19		Deferred revenue	251,264.	19	3,204,66		
20		Tax-exempt bond liabilities		-		20	
21		Escrow or custodial account liability Complete		f		21	
22		Loans and other payables to current and forme					
		key employees, highest compensated employee	es, and	disqualified persons.	-	•	
		Complete Part II of Schedule L				22	
23		Secured mortgages and notes payable to unrela	ated th	rd parties		23	
24		Unsecured notes and loans payable to unrelate		·	<u> </u>	24	
25		Other liabilities (including federal income tax, pa		i i			
		parties, and other liabilities not included on lines	s 17·24	Complete Part X of			
		Schedule D			17,138.		204,61
26		Total liabilities. Add lines 17 through 25			469,872.	26	3,829,67
		Organizations that follow SFAS 117 (ASC 958	3), che	k here ▶ X and			
		complete lines 27 through 29, and lines 33 ar	nd 34.			•	25-11-15
27		Unrestricted net assets			1,407,004.	_	1,597,78
28	i	Temporarily restricted net assets			444,577.	28	70,83
29	1	Permanently restricted net assets			144,613.	29	
		Organizations that do not follow SFAS 117 (A	\SC 95	B), check here ▶☐☐			
		and complete lines 30 through 34.					
30	l	Capital stock or trust principal, or current funds	į.			30	
31		Paid-in or capital surplus, or land, building, or ed	quipme	nt fund		31	
32	<u>:</u>	Retained earnings, endowment, accumulated in		r		32	
33		Total net assets or fund balances			1,996,194.	33	1,668,62
		Total liabilities and net assets/fund balances			2,466,066.	34	5,498,29

orm	1990 (2017) NAASO, The Obesity Society, Inc	<u>54-1</u>	<u>43</u> 8429	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,09		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,24		
3	Revenue less expenses Subtract line 2 from line 1	3			<u>30.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,99		
5	Net unrealized gains (losses) on investments	5	6	<u>2,8</u>	<u> 18.</u>
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	<24	<u>0,0</u>	<u>62.</u> >
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,66	<u>8,6</u>	<u> 20.</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		ł
	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?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			1
	separate basis, consolidated basis, or both				'
	Separate basis Consolidated basis Both consolidated and separate basis				ند
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				l i
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,	-]
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audıt	-	-	!
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audıt			
	or guides, explain why in Schodule O and describe any stone taken to undergo such audits		26		

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support Complete of 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 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization NIN N CO The Obesity Society **Employer identification number** 54-1438429

_		NAND		sicy society				4-1430423
Pa	rt I	Reason for Public (Charity Status (A	All organizations must co	omplete the	s part) Se	e instructions	
'nе	organ	zation is not a private found	ation because it is (l	For lines 1 through 12, o	heck only	one box)	\sim	
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		· · · · · · · · · · · · · · · · · · ·			i).	
4	一	A medical research organiza					•	the hospital's name
•		city, and state	anon operated in co.	nanotion with a moopital	4000.1000	000110	ii ii o(b)(i)(A)(iii). Linoi	ino moopital o marrio,
_		An organization operated for	or the benefit of a col	logo or university owner	d or operat	od by a g	wornmontal unit describ	od in
5	ш			lege of university owner	J or operat	ed by a go	overnmental unit describ	eu III
		section 170(b)(1)(A)(iv). (C						
6	\vdash	A federal, state, or local gov	•				• •	
7		An organization that normal	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
	_	section 170(b)(1)(A)(vi). (Co						
8	Щ	A community trust describe	d in section 170(b)(1)(A)(vi). (Complete Part	t II)			
9		An agricultural research org	anızatıon described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions)	Enter the	name, city	, and state of the colleg	e or
		university						
10	\mathbf{X}	An organization that normal	lly receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	nd gross receipts from
		activities related to its exem	npt functions - subject	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its support	from gross investment
		income and unrelated busin	•	•			• •	-
		See section 509(a)(2). (Cor		(1000 000 110 110 110 110 110 110 110 11				
11		An organization organized a	•	volv to tost for public sa	fety See	section 50)0(a)(A)	
12	\exists	An organization organized a	•	•	-			nurnoses of one or
12		•	•	-	-		•	
		more publicly supported org						MIECK LITE DOX III
		lines 12a through 12d that o				3	=	
а	L	Type I. A supporting orga	•	•	•	-		
		the supported organization		• • • •	a majority o	of the dire	ctors or trustees of the s	upporting
	_	organization You must c	•					
b	· L	Type II. A supporting orga	anızatıon supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	ving
		control or management of	f the supporting orga	anization vested in the s	ame perso	ns that co	ontrol or manage the sup	ported
		organization(s) You mus	t complete Part IV,	Sections A and C.				
C		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions) You must complete I	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	rintegrated. A supp	orting organization oper	rated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int						
		requirement (see instructi	ons). You must con	nplete Part IV. Sections	s A and D.	and Part	V .	
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
_		functionally integrated, or					, , , , , , , , , , , , , , , , , , ,	
f	Ente	er the number of supported of	• •	,				
		ride the following information	-	d organization(s)				1
9) Name of supported	(ii) EIN	(III) Type of organization	(iv) is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
	·	organization	, ,	(described on lines 1·10	Yes	No.	support (see instructions)	support (see instructions)
				above (see instructions))	100	140		
				•				
								· · · · · · · · · · · · · · · · · · ·
F 0.00								

	edule A (Form 990 or 990-EZ) 2017 NA irt II Support Schedule for C	AASO, The Organizations	Obesity Described in	Society, Sections 170	Inc (b)(1)(A)(iv) and	54-143 d 170(b)(1)(A)(v	8429 Page 2
	(Gomplete only if you checked fails to qualify under the tests	the box on line 5	5, 7, or 8 of Part 1	or if the organization			
Sec	ction A. Public Support	•	·	·········			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017 /	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(6) 2014	(6) 2010	(4) 2010	(6)20.7	(1) 10101
•	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
2	ization's benefit and either paid to or expended on its behalf	·					
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions	·			/		
Ŭ	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,			/	4		
	column (f)			/			
6	Public support. Subtract line 5 from line 4			/			
	ction B. Total Support		<u> </u>	/	<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	(4)	(5/2311	/	(-/		
-	Gross income from interest,			1			
	dividends, payments received on			/			
	securities loans, rents, royalties,						
	and income from similar sources		/	ď			
٩	Net income from unrelated business		/				
J	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)		/				
11	Total support. Add lines 7 through 10		/	 			
	Gross receipts from related activities,	etc (see instruct	ione)	.1		12	L
	First five years. If the Form 990 is for		,	rd, fourth or fifth t	ax vear as a sectio		
	organization, check this box and stop	_	7	,	-,		ightharpoons
Sec	ction C. Computation of Publi		rcentage		<u>. </u>		
14	Public support percentage for 2017 (li	ne 6, column,(f) d	livided by line 11,	column (f))	·	14	_%
	Public support percentage from 2016	,				15	%
	33 1/3% support test - 2017. If the o	,		on line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies a	as a publicly supp	oorted organizatio	n			ightharpoons
b	33 1/3% support test - 2016. If the o	rganizaţion did ne	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qualit						ightharpoons
17a	10% -facts-and-circumstances test	- 20,17. If the org	ganization did not	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fact	,					
	meets the "facts-and-circumstances" t					_	▶□
b	10% -facts-and-circumstances test	,				17a, and line 15 is	10% or
	more, and if the organization meets th	7					
	organization meets the "facts-and-circ	1			•		ightharpoons
18	Private foundation. If the organization		_	•			ıs 🕨 🗌
						edule A (Form 990	

(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)

Se	ction A. Public Support						
Cale	ndar 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 ")	239,392.	613,085.	660,245.	366,615.		1,879,337.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						-
	organization's tax-exempt purpose	1,571,496.	_1,334,445.	1,429,103.	2,210,148.		6,545,192.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities				J		
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,810,888.	1,947,530.	2,089,348.	2,576,763.		8,424,529.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	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		-				0.
	Add lines 7a and 7b						0.
							8 424 529
	Public support. (Subtract line 7c from line 6) ction B. Total Support	<u></u>					0.424,329.
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	1	1,947,530.	2,089,348.	2,576,763.	(6) 2011	8,424,529.
-	Gross income from interest,	1,810,888,	1,947,530.	2,009,340.	2,370,703.		0,424,329.
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	297,097.	403,527.	442,811.	350,842.		1,494,277.
,	Unrelated business taxable income	231,70310	100/02/1		000,000		
٠	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	297,097.	403,527.	442,811.	350,842.		1,494,277,
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	237,037.	203,3276	112/0111	330 / 0 121		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	50,179.	10,329.	32,853.	30,737.		124,098.
13	Total support. (Add lines 9, 10c, 11, and 12)	2,158,164.	2,361,386.	2,565,012.	2,958,342.		10,042,904.
14	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	1 501(c)(3) organ	zation,
	check this box and stop here						▶□_
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2017 (line 8, column (f) di	ivided by line 13, o	column (f))		15	83.89 %
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	86.04 %
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)17 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	14.88 %
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	13.10 %
	a 33 1/3% support tests - 2017. If the			on line 14, and line	15 is more than 3	3 1/3%, and line	17 is not
	more than 33 1/3%, check this box a a 33 1/3% support tests - 2016. If the	and stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	►X
•	line 18 is not more than 33 1/3%, che						. —
20	Private foundation. If the organization		-				

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
-----------------------------	---------------

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

ſ		Yes	No
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			1
	3b		
	3c_		•
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			1
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n 9	90 or 99	90-EZ	2017

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Pa	rt IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
	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.	11c		L
<u>Sec</u>	tion B. Type I Supporting Organizations			
		F	Yes	No
1	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	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		
	supervised, or controlled the supporting organization			
Sec	tion C. Type II Supporting Organizations			T
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		•	
<u></u>	the supported organization(s)	1		Ь
Sec	tion D. All Type III Supporting Organizations			
	Dut the surrounded to each of the surrounded eventual by the lead day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		İ
•	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			ì
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described in (2), did the organization's supported organizations have a			 -
3	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	ľ		
	supported organizations played in this regard	3	~	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruc	tions).		
a	The organization satisfied the Activities Test Complete line 2 below	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	ee instructions	s)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described 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	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	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.	_3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	

	dule A (Form 990 or 990 EZ) 2017 NAASO, The Obesity Soci			54-1438429 Page 6
Pai	Typo in Non Fundament intograted coo(a)(c) cuppot into			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov 20, 1970 (explain ii	n Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E	
Sect	on A - Adjusted Net Income	_	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	<u> </u>		
_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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			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	Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integr	ated Type III supporting o	rganızatıon (see

instructions)

	dule A (Form 990 or 990-EZ) 2017 NAASO, The Ob			4-1438429 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
<u>Secti</u>	on D - Distributions	_		Current Year
1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6		<u></u>	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•	
	(provide details in Part VI). See instructions		<u> </u>	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years	•		
b	Applied to 2017 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			<u> </u>
	Breakdown of line 7			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			<u> </u>
	Excess from 2016			
е	Excess from 2017			

ocnedule A	(Form 990 or 990 EZ) 2017 NAASO, THE ODESITY SOCIETY, INC. 54-1438429 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information
	(See instructions)
	······································
 	
	•

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

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

2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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) organiza	tions Complete Part III			
Nan	ne of organization			Emplo	oyer identification number
	NAASO,	The Obesity Soci	lety, Inc		54-1438429
Pa	art I-A Complete if the org	ganization is exempt und	der section 501(c)	or is a section 527 or	rganization.
1	Provide a description of the organiz	zation's direct and indirect politi	cal campaign activities	ın Part IV	
2	Political campaign activity expendit	tures		▶\$	
3	Volunteer hours for political campa	ign activities			
Б.	and I Di Consolida Maria			\(\(\alpha\)	<u> </u>
L		ganization is exempt und			
	Enter the amount of any excise tax	, ,		> \$	
	Enter the amount of any excise tax	, ,	•	5 ▶\$	
	If the organization incurred a section	on 4955 tax, did it file Form 4/20	of this year?		Yes No
	a Was a correction made? o If "Yes." describe in Part IV				res No
		ganization is exempt und	der section 501(c)	except section 501(c)(3).
L	Enter the amount directly expende				
	Enter the amount of the filing organ		· ·		
_	exempt function activities		and organizations to	_	
3	Total exempt function expenditures	s 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
	Enter the names, addresses and er	· · · · · · · · · · · · · · · · · · ·	IN) of all section 527 p	olitical organizations to which	h the filing organization
	made payments For each organiza				
	contributions received that were pi	omptly and directly delivered to	a separate political org	ganization, such as a separa	te segregated fund or a
	political action committee (PAC) If	additional space is needed, pro	vide information in Par	t IV	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
				funds If none, enter -0-	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

Schedule C (Form 990 or 990-EZ) 2017] Part II-A Complete if the org	NAASO anizatio	, The	Obesity Soc	iety, Inc n 501(c)(3) and file	54- ed Form 5768 (e	1438429 Page 2
section 501(h)).			,		· ·	1
	on belon	as to an affil	lated group (and list in	Part IV each affiliated	group member's nai	me, address, EIN,
expenses, and share		_	- · · ·			
			d "limited control" pro	ovisions apply		•
Limit	s on Lob	bying Exper			(a) Filing organization's totals	(b) Affiliated group totals
	-			·		<u> </u>
1a Total lobbying expenditures to influ	-					
b Total lobbying expenditures to influ	ence a le	gislative boo	ly (direct lobbying)	-		
c Total lobbying expenditures (add lir	nes 1a an	d 1b)		-		
d Other exempt purpose expenditure	s				•	-
e Total exempt purpose expenditures	s (add line	s 1c and 1d)			
f Lobbying nontaxable amount Ente	r the amo	unt from the	following table in bot	h columns		
If the amount on line 1e, column (a) or	(b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	,000	\$100,00	0 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,50		\$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	0 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000		\$1,000,0				
g Grassroots nontaxable amount (en	ter 25% c	of line 1f)	· · · · · · · · · · · · · · · · · · ·			
h Subtract line 1g from line 1a If zero		-				
i Subtract line 1f from line 1c If zero						
j If there is an amount other than zer			line 1, did the organiz	ation file Form 4720		
reporting section 4911 tax for this		37 11110 1111 01				Yes No
(Some organizations th	at made Se	a section 50 e the separa	ate instructions for li	have to complete all ones 2a through 2f.)	of the five columns	below.
	Lob	bying Exper	ditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures		-				
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))	•					
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990 EZ) 2017 NAASO, The Obesity Society, Inc 54-143842 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 e	ach "Yes," response on lines 1a through 1: below, provide in Part IV a detailed description	(a)		(b)
of the	e lobbying activity.	Yes	N	lo	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or	-	t			
	local legislation, including any attempt to influence public opinion on a legislative matter					!
	or referendum, through the use of			1		
а	Volunteers?			X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			X		
С	Media advertisements?			X		
d	Mailings to members, legislators, or the public?	X			15	5,500.
е	Publications, or published or broadcast statements?			X		
f	Grants to other organizations for lobbying purposes?		\Box	X		
q	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		_	9	,500.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		T	X		
i	Other activities?			X		
i	Total Add lines 1c through 1i		Τ		25	,000.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			x		
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		1			
	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c) (5) , [,]	or se	ction	
	501(c)(6).				_	
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from	the prior yea	ar?	3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)(5),	or se	ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	d "No," O	R (b)) Par	t III-A, lir	ne 3, is
1	Dues, assessments and similar amounts from members			1		-
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	tical				
	expenses for which the section 527(f) tax was paid).					
а	Current year			2a		
	Carryover from last year			2b		
	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
	expenditure next year?	•		4		
5	Taxable amount of lobbying and political expenditures (see instructions)			5		
Par						
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	ın liet\ Part	II.A lo	noc 1 /	and 2 (coo	
		2p 113t), 1 tart	,	1100 1 1	2110 2 (500	
ınstn	uctions), and Part II-B, line 1 Also, complete this part for any additional information					
					······	
		-				
	· · · · · · · · · · · · · · · · · · ·					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

2017
Open to Public Inspection

Open to Public Inspection

Employer identification number

Name of the organization 54-1438429 The Obesity Society, Inc Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year 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? 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? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 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 Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year 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 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 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 Assets included in Form 990, Part X

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

		The Obesit						<u> 38429</u>		<u>2</u>
Pai	t III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, or	Other:	<u>Simila</u>	ar Asse	ts(continu	ed)	_
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that ai	re a sign	ıfıcant ı	use of its o	collection i	tems	
	(check all that apply)									
а	Public exhibition	d	Loan or exc	hange programs	3					
b	Scholarly research	е	Other							_
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization'	s exemp	t purpo	se in Part	XIII		
5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	sures, or other s	sımılar as	ssets	_	7		
	to be sold to raise funds rather than to be m							Yes	N	<u>o</u> _
Pai	t IV Escrow and Custodial Arran		ete if the organization	on answered "Ye	s" on Fo	orm 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	ns or other asset	s not inc	cluded	_	7	<u> </u>	
	on Form 990, Part X?						<u> </u>	Yes	<u></u>	0
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table							_
								Amount		_
С	Beginning balance					1c				—
d	Additions during the year					1d				—
e	Distributions during the year					1e				—
1	Ending balance	000 B-+V I	04 6		والمادية	<u>1f</u> _		Yes		_
	Did the organization include an amount on F					′	L	」 tes	H	0
Par	t V Endowment Funds. Complete									—
I ai	E V Endowment i dilus. Complete			(c) Two years b		Three	ears back	(e) Four y	aare han	
4	Reginning of year balance	(a) Current year	(b) Prior year	1		i iiii ee y	Cais Dack	(e) i oui y	cais vac	
1a	Beginning of year balance Contributions	0.	758,489,	136,3			36 312.			_
0		0.	30,832,	715,5		1	30,312,	_		_
C 	Net investment earnings, gains, and losses	0.	19,072		306.					_
0	Grants or scholarships			123.8	558.					—
е	Other expenditures for facilities and programs			ł						
	Administrative expenses			-						_
'	End of year balance		808,393,	727.3	365	1	36 312.			—
2	Provide the estimated percentage of the cur	rent year end halanc			303,1		JU, JIE,	_		_
٠,	Board designated or quasi-endowment	rem year end balanc	% « (iiiie 1g, coldiiii (i	ajj ricia as						
h	Permanent endowment	<u> </u>	_^*							
	Temporarily restricted endowment	^~ %								
·	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse		ation that are held a	and administered	d for the	organiz	ation			
	by	3				J		[Y	es N	_ o
	(i) unrelated organizations							3a(i)		_
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedule R?)				3b		
4	Describe in Part XIII the intended uses of the	e organization's endo	wment funds							
Pai	t VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	ed "Yes" on Form 990	0, Part IV, line 11a	See Form 990, P	art X, lin	ne 10_	·			
	Description of property	(a) Cost or o	ther (b) Cos	t or other	(c) Accı	umulate	ed	(d) Book	value	
		basis (investr	nent) basis	(other)	depre	ciation				
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment				_			· · · · · · · · · · · · · · · · · · ·		
е	Other		17	78,595.	9	<u>95,6</u>	21.		<u>,974</u>	
Tota	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, column (B), line	10c)				82	<u>,974</u>	

Schedule D (Form 990) 2017

	Obesity Socie	ety, Inc	54-1438429 Page
Part VII Investments - Other Securities.			40
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value		ne 12. Cost or end-of-year market value
	(b) Book value	(C) Method of Valuation	Cost of end of year market value
(1) Financial derivatives			
(2) Closely-held equity interests		-	
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)	<u> </u>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	<u>I</u>		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part Y Ju	ne 13
(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)	(-)	1	·
(2)			·
(3)			
(4)			
(5)			-
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d See Form 990, Part X, lir	ne 15
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)	•		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) lir	ne 15)		
Part X Other Liabilities.	•		
Complete if the organization answered "Yes'	on Form 990, Part IV, line		rt X, line 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) Lease obligation		11,373.	
(3) Deffered Rent		4,391.	
(A) I inc of Crodit	I	152 621	

(4) Line of Credit 4,255. (5) Accrued Expenses (6) Accrued Vacation 28,955. (7) Retirement Witholding 1,532. <134 Health Insurance Withholding (9) FlexPlan Withholding 608. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) \triangleright 204,614.

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

	edule D (Form 990) 2017 NAASO, The Obesity Soci				1438429	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta		Revenue per F	Return	l .	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a		, 		
1	Total revenue, gains, and other support per audited financial statements			1	<u>2,153,</u>	277.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	60 04 11			
а	,	2a	62,817.	4		
b		2b		4		
C	, , , , , , , , , , , , , , , , , , , ,	2c		4		
d		2d		-	60	04.5
е				2e		817.
3	Subtract line 2e from line 1			3	2,090,	460.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		1 1		
а	•	4a		-		
b		4b	· · · · · · · · · · · · · · · · · · ·	-		•
С	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		L E	5	2,090,	460.
Ра	rt XII Reconciliation of Expenses per Audited Financial St		n Expenses per	Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a			0.040	700
1	Total expenses and losses per audited financial statements			1	2,240,	790.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1				
а		2a		-		
b	• •	<u>2b</u>		-		
С		2c		-		
d	Other (Describe in Part XIII)	2d		-		•
е	•			2e	0.010	0.
3	Subtract line 2e from line 1			3	2,240,	790.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4		
b	Other (Describe in Part XIII)	<u>4</u> b		-		•
С	Add lines 4a and 4b			4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8)		5	2,240	790
	rt XIII Supplemental Information.					
	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4			4, Part	X, line 2, Part >	⟨1,
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide an	ny additional infor	mation.			
_						
Pa.	rt V,Line 4:				<u>-</u>	
				!	_	
<u>1.0</u>	grant funds for research on obesity, t	o recogn	ize signili	Lcan		
1	bissanche in impossion the lines of th		stad bu aba		fam	
ac.	hievements in improving the lives of th	iose arrec	red by one	SIL	y, 101	
ъд.	vancing the scientific and clinical bas	ie for ti	ceating obs	eit:	u and t	- ^
<u>au</u>	vancing the scientific and crimical bas	IS IOI CI	eacing one	201 C	y, and t	
~	cognize lifetime outstanding contributi	one in th	ne field of	e e t	udv of	
<u> </u>	cognize lifetime outstanding contributi	OHS III CI	ie rreid or		udy OI	
oh	esity.					
<u>OD</u>	ESICY.					
	· · · · · · · · · · · · · · · · · · ·	····				
		 				
			· · · · · · · · · · · · · · · · · · ·			

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

2017	Open to Public
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OMB No 1545-0047

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

Schedule I (Form 990) (2017) **2** Employer identification number 54-1438429 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Research lesearch евеатср Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 。 Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 25,000 25,000 49,602 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table The Obesity Society, Inc (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(c)(3) 501(c)(3) 501(c)(3) Enter total number of other organizations listed in the line 1 table 95-1642394 23-1352685 56-6001393 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? Pennsylvania - 3451 Walnut Street, 1 (a) Name and address of organization (v) - PO Box 402420 - Atlanta, GA University of Southern California University of NC at Chapel Hill NAASO, (v) - 3500 S. Figueroa Street, 5th Floor - Philadelphia, PA Suite 102 - Los Angeles, CA Trustees of University of or government Name of the organization 19104-6205 30384-2420 90089-8001 Part I Part II N

Page 2 (f) Description of noncash assistance 54-1438429 (e) Method of valuation (book, FMV, appraisal, other) j Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Grant amounts are given out in increments, progress reports and budgets are required at certain intervals. Final report Of research conclusions (d) Amount of non-cash assistance • 5,000. (c) Amount of cash grant NAASO, The Obesity Society, Inc. (b) Number of recipients are required for final payment. (a) Type of grant or assistance Schedule I (Form 990) (2017) Part I, Line 2 Hayes Matthew Part III

Schedule I (Form 990) (2017)

34

732102 11-01-17

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990.

Open to Public

OM8 No 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Employer identification number

The Obesity Society. 54-1438429 NAASO. Part I **Questions Regarding Compensation** Yes No ta 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 Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (such as, maid, chauffeur, chef) Discretionary spending account 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 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 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 Compensation committee Written employment contract Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee 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 X 4a a Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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. 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 X 5a a The organization? X b Any related organization? 5b 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? 6a X 6b X Any related organization? If "Yes" on line 6a or 6b, describe in Part III 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 7 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 8 X

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

Regulations section 53 4958-6(c)?

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Page 2

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

(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
129,247.	0:	0.	0	0	129,247.	0.
0	0.	0	0	0	0	0
	,					
			,			
		•				
			,			
		,				
		•				·
			1			
-						

Schedule J (Form 990) 2017

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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 for the latest information.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

NAASO, The Obesity Society, Inc **Employer identification number** 54-1438429

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

Form 990, Part III, Line 1, Description of Organization Mission:
apply the highest professional standards in their research and clinical
practices and contributes to these efforts by providing strong
mentorship for assisting, educating, and supporting our colleagues. TOS
leads the way in our advocacy for evidence-based treatments for those
dealing with obesity. TOS, its members and staff, pledge to show
compassion and respect for individuals living with obesity and to
actively work to reduce the stigma and bias often associated with
obesity through our language and actions. TOS committed to improving
the lives of those with obesity, nurturing careers of obesity scientist
and practitioners and promoting the interdisciplinary nature of obesity
research, management and education.
Form 990, Part III, Line 2, New Program Services:
The Obesity Medicine Fellowship Council (OMFC) was created to support
fellowship programs, fellows, and the field of Obesity Medicine. The
OMFC is dedicated to providing the most up-to-date information
regarding Obesity Medicine fellowship training, as well as other
resources for those interested in learning more about careers in
Obesity Medicine.
As the field of Obesity Medicine grows and more fellowships are
developed, we believe there should be standardization in what
constitutes an Obesity Medicine Fellowship program. The OMFC aims to
provide guidance on best practices so that all fellowship programs are
sustainable, provide comprehensive training, and prepare the next

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

Name of the organization NAASO, The Obesity Society, Inc	Employer identification number 54-1438429
generation of Obesity Medicine Specialists to combat the	obesity
epidemic. With the establishment of more fellowship progr	ams, Obesity
Medicine can become eligible to be recognized as an Ameri	can Board of
Medical Specialties (ABMS) subspecialty.	
Form 990, Part III, Line 4d, Other Program Services:	
Membership Services: The General Membership and Corporate	Healthcare
Advisory Council dues received by the organization each y	rear. Also
included is support for the special interest sections of	the society.
Expenses \$ 651,465. including grants of \$ 104,602. Re	venue \$ 542,464.
Form 990, Part VI, Section A, line 1:	
The Executive Committee of TOS is comprised of the immedi	ate past
president, president, president-elect, vice-president, se	cretary/treasurer
and the tos executive director (ex-officio but without a	vote) and have the
powers of the council and are authorized to act in between	en council
meetings, provided the executive committee does not dimin	nish the authority
of the council. All acts of the executive committee shall	be reported to
the council at its next meeting for ratification.	
Form 990, Part VI, Section A, line 6:	
The Organization has 5 classes of individual memberships	all of which are
based on receipt of annual dues.	
These include the following classes:	
1) Regular members and fellows, these individuals may hol	d office or vote
for amendments to the articles of incorporation or the by	laws, elect
officers and members of the nominating committee;	
2) Early career members, these individuals may hold office	ce or vote for .

Schedule O (Form 990 or 990-EZ) (2017) Page 2 Name of the organization Employer identification number 54-1438429 NAASO, The Obesity Society, Inc amendments to the articles of incorporation or the bylaws, elect_officers and members of the nominating committee: 3) Student members, these individuals must be actively enrolled in a degree granting program and cannot vote or hold office; 4) Emeritus members, these individuals are retired and no longer receive support from a university, institution, or corporation, they may vote for amendments to the articles of incorporation of the bylaws, elect officers and nominating committee, 5) Honorary members, these are individuals recognized by the Society for outstanding contributions to the field of obesity science, they cannot vote or hold office. Form 990, Part VI, Section A, line 7a: The Nominating Committee shall propose at minimum two candidates for the

offices of Vice-President, Secretary/Treasurer and for each councilor and rhe Obesity Society's regional Vice-President for North America in the years where applicable. The membership may also put forward potential candidates for consideration by the nominating committee by submitting a nomination petition signed by ten regular active members. All nominees must be fellows and regular members in good standing of the Society. The list of nominees for all offices will be provided to all active members eligible to yote via email ahead of the elections and voting will be conducted through

a secure online platform. The individuals receiving the most votes will be

elected to the office under consideration. In the event of a tie vote, The

Form 990, Part VI, Section A, line 7b:

Council shall decide the election.

If submitted in a petition containing signatures of 10% of the active

Schedule O (Form 990 or 990-EZ) (2017) Page 2 Employer identification number Name of the organization NAASO, The Obesity Society, Inc 54-1438429 fellows and regular members, amendments to the bylaws must be submitted to all fellows and regular members for a vote. Proposed amendments to the bylaws arising from the membership must be submitted to The National Office at least six months in advance of any vote. Adoption of any amendment to the Bylaws requires two thirds of the votes cast be in favor of such an action.. Form 990, Part VI, Section B, line 11b: The draft of the Form 990 is prepared by outside accountants and reviewed by management. The draft of the 990 is then shared with the members of Executive Committee prior to finalizing the return and filing with the IRS. The Executive Committee, per the bylaws, has the authority to make decisions on behalf of the full Board Of Directors. Form 990, Part VI, Section B, Line 12c: TOS does have a written policy regarding the requirement for those in leadership position to disclose any potential conflict of interest (COI), and requires that all individuals in an elected leadership position update these disclosures on an annual basis during their term in office. Should a concern arise regarding unresolved COI the situation will be referred to the Ethics Committee for adjudication. If the Ethics Committee determines that corrective measures are needed, they will apprise the Executive Committee and provide a recommendation regarding what would constitute an appropriate corrective action. The executive committee will then finalize

Form 990, Part VI, Section B, Line 15:

expedient and transparent manner.

the decision and implement the actions to correct the situation in an

Page 2 Employer identification number 54-1438429 The Organization makes its governing documents and financials available to the public upon request. Form 990, Part IX, Line 11g, Other Fees: 0. Management and general expenses 58,835. 58,835. 137,532. 604. 0. 138,136. 413,894. Management and general expenses 13,523. 0.

Consultants:

Total expenses

Total expenses

Fundraising expenses

Program service expenses

Fundraising expenses

Program service expenses

Annual Scientific Meetings:

Program service expenses

Management and general expenses

Scientific Activities:

427,417.

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization NAASO, The Obesity Society, Inc	Employer identification number 54-1438429
,	
Program service expenses	
Management and general expenses	608.
Fundraising expenses	0.
Total expenses	3,924.
Miscellaneous-Operating:	
Program service expenses	664.
Management and general expenses	2,216.
Fundraising expenses	0.
Total expenses	2,880.
Internet Fees:	
Program service expenses	
Management and general expenses	2,854.
Fundraising expenses	0.
Total expenses	2,854.
Storage:	
Program service expenses	2,256.
Management and general expenses	414.
Fundraising expenses	0.
Total expenses	2,670.
Conference Call:	
Program service expenses	116.
Management and general expenses	2,202.
Fundraising expenses	0.
Total expenses	2,318.
TOTAL EXPENSES	2 , 3 ± 0 , Schedule O (Form 990 or 990-F7) (2017

Schedule O (Form 990 or 990-EZ) (2017)	Page 2 Employer identification number
Name of the organization NAASO, The Obesity Society, Inc	,
·	-
Equip. Repairs & Maintenance:	
Program service expenses	1,497.
Management and general expenses	275.
Fundraising expenses	0.
Total expenses	1,772.
. ,	
Printing & Copying:	
Program service expenses	1,364.
Management and general expenses	72.
Fundraising expenses	0.
Total expenses	1,436.
Postage:	
Program service expenses	1,662.
Management and general expenses	-260.
Fundraising expenses	0.
Total expenses	1,402.
Taxes:	
Program service expenses	0.
Management and general expenses	561.
Fundraising expenses	0.
Total expenses	561.
Equipment Expense:	
Program service expenses	0.
Management and general expenses	270
732212 09-07-17	Schedule O (Form 990 or 990-EZ) (2017

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization NAASO, The Obesity Society, Inc	Employer identification number 54-1438429
Fundraising expenses	0.
Total expenses	270.
Uncategorized Expenses:	
Program service expenses	16,867.
Management and general expenses	-16,848.
Fundraising expenses	0.
Total expenses	19.
Total Other Expenses on Form 990, Part IX, line 24e, Col	A 71,895.
Form 990, Part XI, line 9, Changes in Net Assets:	
Balance Sheet Only Adjustment: Certain Loan Balances were	<u>)</u>
reclass from	-240,062.
net assets to loans	
Total to Form 990, Part XI, Line 9	-240,062.
	·
•	

SCHEDULE R (Form 990)

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

20.17

OMB No 1545-0047

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

The Obesity Society,

NAASO,

Employer identification number Open to Public Inspection

54-1438429

Schedule R (Form 990) 2017 (g) Section 512(b)(13) ž controlled entity? Direct controlling Yes Part II organization of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year entity Direct controlling entity End-of-year assets **e** status (if section Public charity 501(c)(3)) Total income Exempt Code section Legal domicile (state or Part I indentification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) Primary activity Primary activity Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity

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

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Page 2,

Schedule R (Form 990) 2017 NAASO, The Obesity Society, Inc

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Part III

General or Percentage managing ownership 50.00% 3 Yes 9 × Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) N/AOisproportionate Yes No allocations? Ξ × Share of end-of-year assets 9 Share of total income 827,901 Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Related (d)
| Direct controlling entity (c)
Legal
domicile
(state or
foreign Д Primary activity Conference <u>@</u> 27-0982915, 1110 Bonifant Street, Suite 500, Silver Name, address, and EIN of related organization Obesity Week, LLC 20910 Spring, MD

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year

(a)	(Q)	<u> </u>	9	(e)		(6)	£	(j)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?
		country)		Or tidety		4 23413		Yes No
								_
								_
			1					

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Schedule R (Form 990) 2017

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				>	Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	ın Parts II·IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			<u>1</u>	7	×
b Gift, grant, or capital contribution to related organization(s)				đ		×
c Gift, grant, or capital contribution from related organization(s)				2		×
d Loans or loan guarantees to or for related organization(s)				14		×
e Loans or loan quarantees by related organization(s)				1e	-	×
						;
f Dwidends from related organization(s)				=	1	×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				;=		×
j Lease of facilities, equipment, or other assets to related organization(s)				ij		×
k Lease of facilities. equipment, or other assets from related organization(s)				¥		×
	anization(s)			=	_	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)	:		1m		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoı			1n		×
 Sharing of paid employees with related organization(s) 				9		×
- Domburcement noid to related organization(e) for expenses						×
a Reimbursement paid by related organization(s) for expenses				ā		×
r Other transfer of cash or property to related organization(s)				+	-	×
s Other transfer of cash or property from related organization(s)				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete th	is line, including covered	relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) Obesity Week, LLC	Q	305,233.	Cash			
(2)						
(6)				;	İ	
(4)						
(5)				:		1
(9)						
732163 09-11-17	49		Schedule	Schedule R (Form 990) 2017	9 9 0) 24	017

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Schedule R (Form 990) 2017 NAASO, The Obesity Society, I

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(e)	(a)	(O)	(p)	Are all	£ ;	(6)	E	(3	9	æ ′
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income par (related, unrelated, 50 excluded from tax under	partners sec 501(c)(3) orgs?	Share of total	Share of end-of-year	uspropor- tonate allocations?	Uspropor Code V-UBI General or Percentage bonate amount in box 20 managing ownership allocations? of Schedule K-1 partner?	General o managing partner?	Percentage
		country)	sections 512-514) Ye	Yes No	ıncome	assets	Yes No	(Form 1065)	Yes No	
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T										

Schedule R (Form 990) 2017