

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning

and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number
		THE NATIONAL OSTEOPOROSIS FOUNDATION		36-3350532
		Doing Business As		E Telephone number
		1232 22ND STREET, NW		202-223-2226
Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$	6,720,862.
City or town, state or country, and ZIP + 4			H(a) Is this a group return for affiliates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
WASHINGTON, DC 20037-1202			H(b) Are all affiliates included?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: LEO SCHARGORODSKI			If "No," attach a list. (see instructions)	
SAME AS C ABOVE			H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW.NOF.ORG				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1984	M State of legal domicile: MO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PREVENT OSTEOPOROSIS AND TO HELP IMPROVE THE LIVES OF THOSE AFFECTED BY OSTEOPOROSIS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5 Total number of employees (Part V, line 2a)	5	29
	6 Total number of volunteers (estimate if necessary)	6	27
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	<8,761.>
b Net unrelated business taxable income from Form 990-T, line 34	7b	<8,761.>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,797,150.	4,607,741.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	182,526.	72,274.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	173,953.	81,913.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	391,226.	309,929.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,544,855.	5,071,857.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	132,695.	227,107.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,260,641.	2,315,107.
	b Total fundraising expenses (Part IX, column (D), line 25)	214,599.	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,235,519.	4,357,776.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,843,454.	6,899,990.
	19 Revenue less expenses. Subtract line 18 from line 12	<298,599.>	<1,828,133.>
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	10,112,132.	8,409,382.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,379,401.	5,231,334.
		5,732,731.	3,178,048.

Part II Signature Block

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

Sign Here Signature of officer: *John Y. Nicolajsen* Date: 8/31/09
 Type or print name and title: JOHN NICOLAJSEN - DIR. OF FINANCE & ADM. N.

Paid Preparer's Use Only Preparer's signature: *RHJA* Date: 8/31/09 Check if self-employed: Preparer's identifying number (see instructions):
 Firm's name (or yours if self-employed), address, and ZIP + 4: RAFFA, PC
 1899 L STREET NW, SUITE 900
 WASHINGTON, DC 20036
 EIN: Phone no.: 202-822-5000

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

COPY

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: TO PREVENT OSTEOPOROSIS AND RELATED FRACTURES, TO PROMOTE LIFELONG BONE HEALTH, TO HELP IMPROVE THE LIVES OF THOSE AFFECTED BY OSTEOPOROSIS AND TO FIND A CURE THROUGH PROGRAMS OF AWARENESS, ADVOCACY, PUBLIC AND HEALTH PROFESSIONAL EDUCATION AND RESEARCH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 1,299,665. including grants of \$) (Revenue \$ 144,021.) PATIENT EDUCATION - THE EDUCATION DEPARTMENT OF THE NATIONAL OSTEOPOROSIS FOUNDATION IS RESPONSIBLE FOR DEVELOPING EDUCATIONAL MATERIALS, ACTIVITIES AND INITIATIVES THAT ARE GROUNDED IN SCIENCE TO HELP CONSUMERS, PATIENTS AND MEDICAL PROFESSIONALS MAKE INFORMED DECISIONS ABOUT PREVENTING, DIAGNOSING, TREATING AND LIVING WITH OSTEOPOROSIS. NOF OPERATES AN INQUIRY AND RESPONSE CENTER. IN 2008, NOF HEALTH EDUCATION PROFESSIONALS RESPONDED TO AN AVERAGE OF 500 PHONE CALLS AND E-MAILS EACH MONTH. NEARLY ALL CONTACTS RECEIVE PRINTED INFORMATION TO HELP THEM BE BETTER INFORMED ABOUT THEIR CONDITION. IN RESPONSE TO THESE INQUIRIES, NOF DISTRIBUTES EDUCATIONAL BROCHURES AND FACT SHEETS WITHOUT CHARGE.

4b (Code:) (Expenses \$ 1,206,560. including grants of \$) (Revenue \$ 50,000.) PROFESSIONAL EDUCATION - NOF RELEASED THE CLINICIAN'S GUIDE TO THE PREVENTION AND TREATMENT OF OSTEOPOROSIS. FORMERLY TITLED PHYSICIAN'S GUIDE TO THE PREVENTION AND TREATMENT OF OSTEOPOROSIS, THE REVISED GUIDE OFFERED A DRAMATIC NEW APPROACH TO BETTER IDENTIFY PEOPLE AT HIGH RISK FOR DEVELOPING OSTEOPOROSIS AND FRACTURES. BY APPLYING AN ALGORITHM ON ABSOLUTE FRACTURE RISK CALLED FRAX DEVELOPED BY THE WORLD HEALTH ORGANIZATION, THE CLINICIAN'S GUIDE IDENTIFIED A COST-EFFECTIVE WAY TO APPROPRIATELY ASSESS AND TREAT A PERSON'S RISK OF BREAKING A BONE FROM OSTEOPOROSIS. IT ALSO PROVIDED UPDATED RECOMMENDATIONS FOR CALCIUM AND VITAMIN D INTAKE AND LAID OUT NEW GUIDELINES FOR OSTEOPOROSIS TESTING BEYOND CAUCASIAN POSTMENOPAUSAL WOMEN TO INCLUDE POSTMENOPAUSAL WOMEN FROM OTHER ETHNIC BACKGROUNDS, AND ADDRESSED MEN

4c (Code:) (Expenses \$ 683,174. including grants of \$) (Revenue \$) PUBLIC POLICY

ADVOCACY FOR PUBLIC HEALTH POLICIES THAT BENEFIT THOSE WITH AND AT RISK FOR OSTEOPOROSIS IS A KEY COMPONENT OF THE NOF'S MISSION. NOF PROVIDES POLICYMAKERS WITH THE MOST CURRENT, EVIDENCE-BASED INFORMATION ON OSTEOPOROSIS SO THAT THEY CAN DEVELOP AND ADVANCE AN EFFECTIVE BONE HEALTH AND OSTEOPOROSIS PUBLIC HEALTH AGENDA. NOF ADVOCATES FOR PUBLIC HEALTH POLICIES THAT PROMOTE ACCESS TO QUALITY HEALTHCARE, BONE HEALTH EDUCATION AND OSTEOPOROSIS PREVENTION INITIATIVES AND BONE HEALTH AND OSTEOPOROSIS RESEARCH IN THE DISTRICT OF COLUMBIA AND THROUGHOUT THE COUNTRY. NOF ADVOCATES FOR SUPPORT OF FEDERAL OSTEOPOROSIS RESEARCH, AWARENESS, EDUCATION AND PATIENT ACCESS TO QUALITY OSTEOPOROSIS HEALTH

4d Other program services. (Describe in Schedule O.) (Expenses \$ 1,381,514. including grants of \$ 227,107.) (Revenue \$ 206,983.)

4e Total program service expenses \$ 4,570,913. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a	48	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	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		
	2a	29	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? N/A		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
	9b		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
1a	Enter the number of voting members of the governing body		
		27	
1b	Enter the number of voting members that are independent		
		27	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers or key employees of the organization?	X	
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 taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **AK, AR, AZ, CA, FL, GA, IL, KS, KY, ME, MD, MA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
JOAN NICOLAYSEN - 202-223-2226
1232 22ND ST., NW, WASHINGTON, DC 20037-1202

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HON. DANIEL A. MICA CHAIRMAN	5.00	X		X			0.	0.	0.	
ROBERT R. RECKER, MD PRESIDENT	5.00	X		X			0.	0.	0.	
LAWRENCE G. RAISZ, MD VICE PRESIDENT	5.00	X		X			0.	0.	0.	
KATHLEEN S. KUNTZMAN SECRETARY	5.00	X		X			0.	0.	0.	
WESLEY D. TATE TREASURER	5.00	X		X			0.	0.	0.	
WILLIAM L. ASHTON MEMBER	5.00	X					0.	0.	0.	
JUDY A. BLACK MEMBER	5.00	X					0.	0.	0.	
YANK D. COBLE, JR., MD MEMBER	5.00	X					0.	0.	0.	
BESS DAWSON-HUGHES, MD MEMBER	5.00	X					0.	0.	0.	
DAVID R. DROBIS MEMBER	5.00	X					0.	0.	0.	
THOMAS A. EINHORN MEMBER	5.00	X					0.	0.	0.	
ROBERT F. GAGEL, MD MEMBER	5.00	X					0.	0.	0.	
DEBORAH T. GOLD, PH.D. MEMBER	5.00	X					0.	0.	0.	
JUDITH PALCIC HULKA MEMBER	5.00	X					0.	0.	0.	
C. CONRAD JOHNSTON, JR. MEMBER	5.00	X					0.	0.	0.	
MICHAEL KLEERKOPER, MD MEMBER	5.00	X					0.	0.	0.	
BARBARA LEVIN MEMBER	5.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT LINDSAY, MD, PHD MEMBER	5.00	X						0.	0.	0.
ANN C. MILLER, MD MEMBER	5.00	X						0.	0.	0.
RITA E. NORTON MEMBER	5.00	X						0.	0.	0.
ERIC S. ORWOLL, MD MEMBER	5.00	X						0.	0.	0.
HENRY H. OSBORNE MEMBER	5.00	X						0.	0.	0.
KENNETH G. SAAG, MD MEMBER	5.00	X						0.	0.	0.
CAROL SALINE MEMBER	5.00	X						0.	0.	0.
BILL SIPPER MEMBER	5.00	X						0.	0.	0.
ETHEL S. SIRIS, MD MEMBER	5.00	X						0.	0.	0.
CONNIE M. WEAVER, PHD MEMBER	5.00	X						0.	0.	0.
1b Total								723,546.	0.	18,630.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **5**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
AMERICALIST/HAINES & COMPANY, INC. , 8050 FREEDOM AVENUE, NW, NORTH CANTON, OH 44720	DIRECT MAILING	833,219.
UNCOMFORMITY, LLC, 113 S. COLUMBUS STREET, SUITE ZERO, ALEXANDRIA, VA 22314	DESIGN AND PRINTING	219,287.
ALTARUM INSTITUTE , 3520 GREEN COURT, SUITE 300, ANN ARBOR, MI 48105-1579	EVENT CONSULTING	165,278.
THE WALDORF ASTORIA 301 PARK AVENUE, NEW YORK, NY 10022-6897	EVENT SERVICES	153,695.
BRIGHTKEY, INC. , 9050 JUNCTION DRIVE, ANNAPOLIS JUNCTION, MD 20701	FULLFILLMENT	109,899.
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		5

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	3,044.				
	b	Membership dues	1b	132,210.				
	c	Fundraising events	1c	180,436.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	306,821.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	398,523.				
	g	Noncash contributions included in lines 1a-1f: \$		30,942.				
	h	Total. Add lines 1a-1f		4,607,741.				
Program Service Revenue	2 a	EDUCATIONAL CONSULTING	Business Code	900099	50,000.	50,000.		
	b	SUBSCRIPTIONS/REPRINTS		900099	22,274.	22,274.		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			72,274.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			77,220.		77,220.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties			238,939.		238,939.	
	6 a	Gross Rents	(i) Real	80,468.				
			(ii) Personal					
			b	Less: rental expenses	93,243.			
			c	Rental income or (loss)	<12,775.>			
	d	Net rental income or (loss)			<12,775.>	<8,761.>	<4,014.>	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	1247234.				
			(ii) Other					
			b	Less: cost or other basis and sales expenses	1242541.			
			c	Gain or (loss)	4,693.			
	d	Net gain or (loss)			4,693.		4,693.	
	8 a	Gross income from fundraising events (not including \$ 180,436. of contributions reported on line 1c). See Part IV, line 18	a	172,755.				
	b	Less: direct expenses	b	128,512.				
c	Net income or (loss) from fundraising events			44,243.		44,243.		
9 a	Gross income from gaming activities. See Part IV, line 19	a						
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a	184,709.					
b	Less: cost of goods sold	b	184,709.					
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a	LIST RENTAL INCOME	900099		33,477.			33,477.	
b	MISCELLANEOUS	900099		6,045.			6,045.	
c								
d	All other revenue							
e	Total. Add lines 11a-11d			39,522.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			5,071,857.	72,274.	<8,761.>	400,603.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	227,107.	227,107.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	273,581.	233,884.	14,856.	24,841.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,770,328.	1,392,772.	49,310.	328,246.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	111,634.	88,501.	3,371.	19,762.
10 Payroll taxes	159,564.	126,965.	4,999.	27,600.
11 Fees for services (non-employees):				
a Management				
b Legal	77,378.	59,260.	1,605.	16,513.
c Accounting	30,772.	23,567.	638.	6,567.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	1,073,084.	819,115.	25,722.	228,247.
12 Advertising and promotion	6,441.	2,558.	48.	3,835.
13 Office expenses	1,814,168.	802,678.	41,795.	969,695.
14 Information technology	31,306.	23,976.	649.	6,681.
15 Royalties				
16 Occupancy	327,135.	201,085.	59,404.	66,646.
17 Travel	201,461.	134,445.	2,245.	64,771.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	343,026.	263,332.	11,089.	68,605.
20 Interest	154,255.	109.	154,080.	66.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	194,312.	118,125.	37,036.	39,151.
23 Insurance	45,450.	25,415.	11,612.	8,423.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MISCELLANEOUS	58,988.	28,019.	17,393.	13,576.
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	6,899,990.	4,570,913.	435,852.	1,893,225.
26 Joint Costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...	847,229.	339,711.	37,350.	470,168.

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	783,859.	2	279,770.
	3 Pledges and grants receivable, net	491,180.	3	982,182.
	4 Accounts receivable, net	466,301.	4	222,883.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	81,378.	8	83,020.
	9 Prepaid expenses and deferred charges	139,618.	9	163,294.
	10a Land, buildings, and equipment: cost basis ... 10a	7,333,634.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D ... 10b	2,071,404.		
		5,414,317.	10c	5,262,230.
	11 Investments - publicly traded securities	2,514,284.	11	1,193,331.
	12 Investments - other securities. See Part IV, line 11	149,671.	12	154,096.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	71,524.	15	68,576.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,112,132.	16	8,409,382.	
Liabilities	17 Accounts payable and accrued expenses	342,795.	17	405,106.
	18 Grants payable	75,000.	18	113,107.
	19 Deferred revenue	62,731.	19	240,290.
	20 Tax-exempt bond liabilities	3,530,000.	20	3,415,000.
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	500,000.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	368,875.	25	557,831.
	26 Total liabilities. Add lines 17 through 25	4,379,401.	26	5,231,334.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,143,052.	27	1,303,369.
	28 Temporarily restricted net assets	1,409,667.	28	1,694,667.
	29 Permanently restricted net assets	180,012.	29	180,012.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	5,732,731.	33	3,178,048.	
34 Total liabilities and net assets/fund balances	10,112,132.	34	8,409,382.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5575393.	6239457.	6412651.	5887460.	4607741.	28722702.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 - 3	5575393.	6239457.	6412651.	5887460.	4607741.	28722702.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5865268.
6 Public Support. Subtract line 5 from line 4.						22857434.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	5575393.	6239457.	6412651.	5887460.	4607741.	28722702.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	441,431.	612,088.	578,652.	827,914.	430,104.	2890189.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		100,188.	41.		6,045.	106,274.
11 Total support. Add lines 7 through 10						31719165.
12 Gross receipts from related activities, etc. (see instructions)					12	2,015,867.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	72.06 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	79.37 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

Employer identification number

THE NATIONAL OSTEOPOROSIS FOUNDATION

36-3350532

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

THE NATIONAL OSTEOPOROSIS FOUNDATION

36-3350532

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 185,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 236,425.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 386,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE NATIONAL OSTEOPOROSIS FOUNDATION

36-3350532

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 432,055.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 236,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 325,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

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

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

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

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

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

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

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

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

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

COPY

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	73,166.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	128,600.													
c	Total lobbying expenditures (add lines 1a and 1b)	201,766.													
d	Other exempt purpose expenditures	6,634,278.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	6,836,044.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	491,802.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	122,951.													
h	Subtract line 1g from line 1a. Enter -0- if line g is more than line a	0.													
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total	
2a	Lobbying non-taxable amount	501,590.	443,251.	480,923.	491,802.	1,917,566.
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,876,349.
c	Total lobbying expenditures	139,967.	123,209.	138,021.	201,766.	602,963.
d	Grassroots non-taxable amount	125,398.	110,813.	120,231.	122,951.	479,393.
e	Grassroots ceiling amount (150% of line 2d, column (e))					719,090.
f	Grassroots lobbying expenditures	10,018.	4,045.	18,426.	73,166.	105,655.

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

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

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	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 carryover lobbying and political expenditures from the prior year?	3	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c 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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

THE NATIONAL OSTEOPOROSIS FOUNDATION

Employer identification number

36-3350532

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

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
- Protection of natural habitat Preservation of certified historic structure
- Preservation of open space
- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____	
4 Number of states where property subject to conservation easement is located ▶ _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	180,012.				
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	180,012.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.00 %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		1,663,000.		1,663,000.
b Buildings		5,021,912.	1,587,409.	3,434,503.
c Leasehold improvements				
d Equipment		463,108.	349,098.	114,010.
e Other		185,614.	134,897.	50,717.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				5,262,230.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,071,857.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,899,990.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<1,828,133.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<726,550.>
9	Total adjustments (net). Add lines 4-8	9	<726,550.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<2,554,683.>

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

1	Total revenue, gains, and other support per audited financial statements	1	4,718,439.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<520,902.>
b	Donated services and use of facilities	2b	95,180.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	72,304.
e	Add lines 2a through 2d	2e	<353,418.>
3	Subtract line 2e from line 1	3	5,071,857.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	5,071,857.

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

1	Total expenses and losses per audited financial statements	1	7,273,122.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	95,180.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	277,952.
e	Add lines 2a through 2d	2e	373,132.
3	Subtract line 2e from line 1	3	6,899,990.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	6,899,990.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4: THE SHOU MEI HU-CECELIA WU KOJIMA FUND TOTALED \$80,012

AND THE RESTRICTED INCOME IS FOR MEDICAL AND SCIENTIFIC RESEARCH RELATED TO THE PREVENTION, CURE, AND/OR TREATMENT OF OSTEOPOROSIS. THE DR. BURTON SPILLER FUND FOR BONE HEALTH RESEARCH TOTALED \$100,000, OF WHICH \$10,331 HAS BEEN RECEIVED AS OF DECEMBER 31, 2008. THE RESTRICTED INCOME IS FOR MEDICAL RESEARCH REGARDING BONE HEALTH AND BONE RESEARCH GRANTS.

PART X: THE FOUNDATION ADOPTED THE PROVISIONS OF FINANCIAL

Part XIV Supplemental information (continued)

ACCOUNTING STANDARDS BOARD INTERPRETATION NO. 48, ACCOUNTING FOR
UNCERTAINTY IN INCOME TAXES, ON JANUARY 1, 2007. MANAGEMENT OF THE
FOUNDATION BELIEVES THAT THE FOUNDATION HAS NO MATERIAL UNCERTAIN TAX
POSITIONS AND, ACCORDINGLY IT HAS NOT RECOGNIZED ANY LIABILITY FOR
UNRECOGNIZED TAX.

PART XII: LINE 2D - UNREALIZED LOSS ON INTEREST RATE SWAP, \$205,648. LINE
4B - RENTAL EXPENSES, \$93,243.

PART XIII: LINE 2D - RENTAL EXPENSES, \$93,243.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		DAUGHTERS LUCHEON (event type)	GALA (event type)	1 (total number)	(Add col. (a) through col. (c))	
Revenue	1	Gross receipts	127,160.	196,751.	29,280.	353,191.
	2	Less: Charitable contributions	76,975.	98,326.	5,135.	180,436.
	3	Gross revenue (line 1 minus line 2)	50,185.	98,425.	24,145.	172,755.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs			3,000.	3,000.
	7	Other direct expenses	17,050.	107,885.	577.	125,512.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(128,512.)
	9	Net income summary. Combine lines 3 and 8 in column (d)				44,243.

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

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

- 9 Enter the state(s) in which the organization operates gaming activities: _____
- a Is the organization licensed to operate gaming activities in each of these states? _____
- b If "No," Explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____
- b If "Yes," Explain: _____
- 11 Does the organization operate gaming activities with nonmembers? _____
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility

13a		%
13b		%
- b An outside facility

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

	Yes	No
13a		
13b		
14		
15a		
17a		

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEBREW REHABILITATION CENTER BOARD OF REGENTS; INSTITUTE FOR AGING RESEARCH - 1200 CENTRE ST. - BOSTON, MA 02131	04-2104298	501(C)(3)	56,118.	0.			RESEARCH
INDIANA UNIVERSITY BOARD OF REGENTS; OFFICE OF ADMINISTRATION - 620 UNION DRIVE, ROOM 618 - INDIANAPOLIS, IN 46202-5167	35-6001673	501(C)(3)	113,989.	0.			RESEARCH
THE J. DAVID GLADSTONE INSTITUTES BOARD OF REGENTS, GRANTS & CONTRACTS DEPT. - 1650 OWENS ST. - SAN FRANCISCO, CA 94158	23-7203666	501(C)(3)	57,000.	0.			RESEARCH

2 Enter total number of section 501(c)(3) and government organizations ▶ **3.**

3 Enter total number of other organizations ▶ **0.**

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

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE EDUCATION DEPARTMENT SUBMITS CHECK REQUESTS TO THE FINANCE DEPARTMENT FOR GRANTS AND FOLLOWS UP WITH GRANT RECIPIENTS TO DETERMINE HOW AND TO WHAT EXTENT GRANTS FUNDS WERE EXPENDED. FINAL FINANCIAL REPORTS DISPLAYING THE USE OF GRANT FUNDS ARE COMPLETED BY GRANT RECIPIENTS AND RETURNED TO THE EDUCATION DEPARTMENT. THE EDUCATION DEPARTMENT REQUESTS THAT UNUSED GRANT FUNDS BE RETURNED TO NOF.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2008

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Name of the organization

THE NATIONAL OSTEOPOROSIS FOUNDATION

Employer identification number

36-3350532

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel		
<input type="checkbox"/>	Travel for companions		
<input type="checkbox"/>	Tax indemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input type="checkbox"/>	Health or social club dues or initiation fees		
<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input type="checkbox"/>	Compensation committee		
<input type="checkbox"/>	Independent compensation consultant		
<input type="checkbox"/>	Form 990 of other organizations		
<input checked="" type="checkbox"/>	Written employment contract		
<input type="checkbox"/>	Compensation survey or study		
<input checked="" type="checkbox"/>	Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:		
a	Receive a severance payment or change of control payment?		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?		X
b	Any related organization?		X
	If "Yes," to line 5a or 5b, describe in Part III.		
6	For persons listed in 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?		X
b	Any related organization?		X
	If "Yes" to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III		X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
LEO SCHARGORODSKI	(i)	255,577.	12,500.	0.	0.	5,504.	273,581.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

FORM 990, SCHEDULE J, PART I, LINE 7: THE PRESIDENT AND CEO
OF THE NATIONAL OSTEOPOROSIS FOUNDATION, LEO SCHARGORODSKI, RECEIVED A
NON-FIXED PAYMENT FOR THE YEAR ENDED DECEMBER 31, 2008. MR. SCHARGORODSKI
WAS PAID A BONUS IN THE AMOUNT OF \$12,500, WHICH WAS DETERMINED BY THE
BOARD OF DIRECTORS BASED ON HIS PERFORMANCE EVALUATION.

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

THE NATIONAL OSTEOPOROSIS FOUNDATION

Employer identification number

36-3350532

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

2 Did or will any officer, director, trustee, or key employee of the organization:

- a Become a director or trustee of a successor or transferee organization?
- b Become an employee of, or independent contractor for, a successor or transferee organization?
- c Become a direct or indirect owner of a successor or transferee organization?
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
- e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶

	Yes	No
2a		
2b		
2c		
2d		

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

Schedule N (Form 990 or 990-EZ) 2008

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-

	Yes	No
3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III		
4a Did the organization request or receive a determination letter from EO Determinations that the organization's exempt status was terminated?		
b (If "Yes," provide the date of the letter. ► _____)		
5a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?		
b If "Yes," did the organization provide such notice?		
6 Did the organization discharge or pay all liabilities in accordance with state laws?		
7a Did the organization have any tax-exempt bonds outstanding during the year?		
b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?		
c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.		

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	OPERATING EXPENSES IN THE NORMAL COURSE OF BUSINESS THAT EXCEEDED TOTAL REVENUE.		2,554,683.	THE NATIONAL OSTEOPOROSIS	36-3350532	THE NATIONAL OSTEOPOROSIS FOUN 1232 22ND ST., NW WASHINGTON, DC 20037-1202	501(C)(3)

	Yes	No
2 Did or will any officer, director, trustee, or key employee of the organization:		
a Become a director or trustee of a successor or transferee organization?		X
b Become an employee of, or independent contractor for, a successor or transferee organization?		X
c Become a direct or indirect owner of a successor or transferee organization?		X
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?		X
e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.		

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

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36-3350532

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

AGE 50 AND OLDER FOR THE FIRST TIME.

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

CARE.

A PLAN FOR NATIONAL ACTION

NOF, AS A LEADER OF THE NATIONAL COALITION FOR OSTEOPOROSIS AND RELATED BONE DISEASES (BONE COALITION), IS UNDERTAKING AN AGGRESSIVE NATIONAL ACTION PLAN TO ADVANCE BONE HEALTH PROMOTION AND OSTEOPOROSIS PREVENTION. THE NATIONAL OSTEOPOROSIS FOUNDATION ORGANIZED A BONE COALITION MEETING IN JUNE WITH MORE THAN 150 INDIVIDUALS, REPRESENTING AN ARRAY OF STAKEHOLDERS CONCERNED ABOUT BONE HEALTH, TO DEVELOP THIS ACTION PLAN AND AGENDA. MEETING PARTICIPANTS BUILT ON THE FINDINGS AND RECOMMENDATIONS OF THE 2004 SURGEON GENERAL'S REPORT ON BONE HEALTH AND OSTEOPOROSIS. PARTICIPANTS ALSO DISCUSSED CURRENT BONE HEALTH ACTIVITIES AND INITIATIVES AND CONSIDERED THE LATEST SCIENTIFIC ADVANCES, POLICY CONCERNS AND FINDINGS REGARDING BONE HEALTH AWARENESS, EDUCATION AND PRACTICE. THE DISCUSSION GENERATED NUMEROUS IDEAS AND SUGGESTIONS, WHICH PARTICIPANTS USED TO DEVISE RECOMMENDED STEPS FOR ADVANCING BONE HEALTH IN OUR NATION. THE BONE COALITION PLANS TO PUBLISH A NATIONAL ACTION PLAN FOR BONE HEALTH EARLY NEXT YEAR.

IMPROVING ACCESS TO QUALITY HEALTH CARE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

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36-3350532

NOF ADVOCATED FOR ACCESS TO PREVENTION, DIAGNOSIS AND TREATMENT OPTIONS FOR THOSE WITH OR AT RISK FOR OSTEOPOROSIS TO IMPROVE THEIR HEALTH AND PREVENT COSTLY FRACTURES AND OTHER COMPLICATIONS. BECAUSE OF DRASTIC REDUCTIONS IN MEDICARE REIMBURSEMENT FOR OSTEOPOROSIS TESTING, NOF WAS CONCERNED, PARTICULARLY FOR THE ELDERLY, THE FRAIL AND INDIVIDUALS IN RURAL AREAS, ABOUT POTENTIALLY REDUCED PUBLIC ACCESS TO TESTS USED FOR PREVENTION, DIAGNOSIS AND MONITORING OF OSTEOPOROSIS TREATMENT. THROUGHOUT THE YEAR, AS LEADER OF THE ALLIANCE TO PROTECT PATIENT ACCESS TO OSTEOPOROSIS TESTING, NOF ADVOCATED FOR THE "MEDICARE FRACTURE PREVENTION AND OSTEOPOROSIS TESTING ACT," A BILL WHICH NOF WAS INSTRUMENTAL IN HAVING INTRODUCED IN CONGRESS IN 2007.

THE ORGANIZATION PUBLISHED THE FIRST PROFESSIONAL GUIDE TO HEALTH INSURANCE COVERAGE OF OSTEOPOROSIS DIAGNOSIS AND TREATMENT, A REFERENCE GUIDE FOR OSTEOPOROSIS REIMBURSEMENT POLICY FOR HEALTHCARE PROFESSIONALS, AS WELL AS A BROCHURE FOR PATIENTS, PAYING FOR YOUR OSTEOPOROSIS MEDICATIONS: WHAT YOU NEED TO KNOW, TO HELP THEM BETTER UNDERSTAND PUBLIC AND PRIVATE HEALTH INSURANCE FOR THEIR OSTEOPOROSIS MEDICATIONS.

NOF ALSO RAISED AWARENESS FOR IMPROVED POLICIES IN THE DISTRICT OF COLUMBIA AND THROUGHOUT THE NATION ON OSTEOPOROSIS PREVENTION AND BONE HEALTH EDUCATION.

NOF COLLABORATED WITH ALLIANCE FOR AGING RESEARCH TO DEVELOP AN ISSUE OF THE SILVER BOOK: OSTEOPOROSIS WHICH CONTAINS STATISTICS ABOUT THE

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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SIGNIFICANCE OF OSTEOPOROSIS AS A CHRONIC DISEASE AND SERVES AS A TRUSTED RESOURCE FOR HEALTH POLICY PROFESSIONALS. THE BOOK WAS RELEASED AT A JOINT CONGRESSIONAL BRIEFING IN JULY OF 2008.

ADVOCATE TRAINING AND DEVELOPMENT

NOF EDUCATED MEMBERS OF CONGRESS, THEIR STAFF AND FAMILIES THROUGH VARIOUS EVENTS. IN SEPTEMBER, NOF HOSTED A LUNCHEON BRIEFING TO EDUCATED FAMILIES OF MEMBERS OF CONGRESS AND OTHER COMMUNITY LEADERS ON BONE HEALTH AND OSTEOPOROSIS. NOF ALSO CO-SPONSORED A CONGRESSIONAL RECEPTION FOR CHAMPIONS OF WOMEN'S HEALTH TO HONOR VARIOUS MEMBERS OF CONGRESS' COMMITMENT TO AND SUPPORT OF EARLY TESTING, PREVENTION AND RESEARCH TO CURE DISEASES THAT DISPROPORTIONATELY AFFECT WOMEN.

NOF ALSO CONVENE STRONG VOICES FOR STRONG BONES ADVOCACY TRAINING MEETINGS IN TEMPE, ARIZONA AND ANAHEIM, CALIFORNIA TO EDUCATE PARTICIPANTS ABOUT ADVOCATING FOR BETTER BONE HEALTH POLICIES MORE EFFECTIVELY WITHIN THEIR COMMUNITIES AND WITH LOCAL, STATE AND FEDERAL GOVERNMENT OFFICIALS. THE ORGANIZATION ADDRESSED FIVE REGIONAL CONFERENCES OF WOMEN STATE LEGISLATORS TO DISCUSS THE NEED FOR IMPROVING BONE HEALTH AND PREVENTING OSTEOPOROSIS THROUGH PUBLIC POLICY, DESCRIBING NOF MODEL STATE LAWS AND COMPARABLE PROGRAMS. NOF STAFF ALSO DELIVERED A KEYNOTE ADDRESS AT THE ANNUAL MEETING OF THE NATIONAL ASSOCIATION OF COMMISSIONS OF WOMEN.

GRASSROOTS EVENTS

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

Schedule O (Form 990) 2008

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(Form 990)

Department of the Treasury
Internal Revenue Service

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THE COMMUNITY CORNER SECTION OF NOF'S WEBSITE PROVIDES TOOLS AND RESOURCES FOR COMMUNITY MEMBERS TO HELP PLAN AND PROMOTE AN EVENT IN THEIR COMMUNITY. THESE EVENTS HELP INCREASE AWARENESS OF OSTEOPOROSIS AND BONE HEALTH AT THE GRASSROOTS LEVEL.

EXPANDING AND IMPROVING RESEARCH

NOF SUPPORTED INCREASED FUNDING FOR THE MULTIPLE RESEARCH AGENCIES WITHIN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS), INCLUDING THE NATIONAL INSTITUTES OF HEALTH (NIH), THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), THE AGENCY FOR HEALTH CARE RESEARCH AND QUALITY (AHRQ), THE FOOD AND DRUG ADMINISTRATION (FDA), AND THE DEPARTMENT OF DEFENSE (DOD). AS A RESULT, SEVERAL FEDERAL HEALTH AGENCIES WITHIN DHHS THAT CONDUCT RESEARCH AND IMPACT THOSE WITH OSTEOPOROSIS INCREASED THEIR BUDGETS FOR FY '08. THESE INCLUDE NIH, CDC, AHRQ, AND FDA.

NOF ADVOCATED FOR INCREASED FUNDING FOR TARGETED OSTEOPOROSIS AND BONE RESEARCH AT THE NIH AND THE DEPARTMENT AS A LEADER OF THE BONE COALITION. DURING THE FISCAL YEAR (FY) 2008, NIH ESTIMATES THAT \$183 MILLION WAS SPENT ON OSTEOPOROSIS RESEARCH, AN INCREASE OF \$16 MILLION OVER THE PREVIOUS FISCAL YEAR. AS A RESULT OF THE BONE COALITION'S ADVOCACY, THE DEPARTMENT OF DELAWARE MILITARY READINESS PROGRAM CONTINUED TO INCLUDE OSTEOPOROSIS IN THE DEPARTMENT OF DEFENSE

PEER-REVIEWED MEDICAL RESEARCH PROGRAM, A \$50 MILLION RESEARCH PROGRAM

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Schedule O (Form 990) 2008

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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RESTRICTED TO SPECIFIC RESEARCH TOPICS, AND CONGRESS CONTINUED TO FUND THE BONE HEALTH MILITARY READINESS RESEARCH PROGRAM AT \$800,000 FOR FY 2008.

ADVOCATED FOR THE "MOTHER'S DAY CENTENNIAL COMMEMORATIVE COIN ACT," A BILL TO PRODUCE A COMMEMORATIVE CENTENNIAL MOTHER'S DAY COIN WITH A SURCHARGE DONATED TO MATCH THE OSTEOPOROSIS AND BREAST CANCER RESEARCH FUNDING OF NOF AND THE SUSAN G. KOMEN RACE FOR THE CURE. THE BILL PASSED THE U.S. HOUSE OF REPRESENTATIVES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
COMMUNICATIONS

BUILDING PUBLIC AWARENESS

OSTEOPOROSIS REPORT NEWSLETTER: NOF'S QUARTERLY NEWSLETTER, THE OSTEOPOROSIS REPORT, PROVIDES A FREQUENT SOURCE OF RELIABLE, UP-TO-DATE INFORMATION ON OSTEOPOROSIS AND BONE HEALTH, INCLUDING ARTICLES ON LIFESTYLE, OSTEOPOROSIS PREVENTION DIAGNOSIS AND TREATMENT, CALCIUM-RICH RECIPES AND NOF INITIATIVES.

MEDIA: NOF WORKED WITH A VARIETY OF PRINT, ONLINE, AND BROADCAST MEDIA OUTLETS TO PROVIDE THE MOST RECENT OSTEOPOROSIS NEWS AND INFORMATION TO MILLIONS OF AMERICANS. MEMBERS OF THE MEDIA CONTACTED NOF FOR ADVICE AND EXPERTISE FROM OUR NETWORK OF INTERNATIONALLY-RECOGNIZED

AUTHORITIES ON OSTEOPOROSIS. NOF EXTENDED ITS REACH ONLINE TO ENGAGE

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

Schedule O (Form 990) 2008

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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NEW AUDIENCES THROUGH WEBSITES SUCH AS FACEBOOK AND TWITTER.

ADDITIONALLY, NOF'S ONLINE OSTEOPOROSIS SUPPORT COMMUNITY, HOSTED BY
INSPIRE.COM, GREW TO OVER 1,000 MEMBERS WHO SUPPORT EACH OTHER, SHARE
PERSONAL EXPERIENCES, AND EDUCATE THEMSELVES ABOUT OSTEOPOROSIS.

OSTEOPOROSIS AWARENESS AND PREVENTION MONTH, MAY 2008

DURING MAY, NATIONAL OSTEOPOROSIS AWARENESS AND PREVENTION MONTH, NOF
RELEASED A SURVEY IT COMMISSIONED AND THAT WAS CONDUCTED BY ROPER GFK
CUSTOM RESEARCH TO GAIN INSIGHTS INTO THE PUBLIC'S PERCEPTIONS AND
AWARENESS OF BONE LOSS. CONGRESS ALSO COMMEMORATED NATIONAL
OSTEOPOROSIS WHEN THE U.S. HOUSE OF REPRESENTATIVES PASSED A
RESOLUTION-H. RES. 369-INTRODUCED BY REPRESENTATIVE SHELLEY BERKLEY, TO
SUPPORT THE GOALS AND IDEALS OF THE MONTH.

NATIONAL BONE HEALTH CAMPAIGN

NOF PROVIDED GUIDANCE ON THE RE-DESIGN AND IMPLEMENTATION OF THE
NATIONAL BONE HEALTH CAMPAIGN INITIATIVE WHICH ORIGINALLY FOCUSED ON
IMPROVING THE BONE HEALTH OF GIRLS BETWEEN THE AGES OF 9 AND 14 YEARS.
IT WILL BE RE-LAUNCHED IN 2009 WITH A FOCUS ON IMPROVING KNOWLEDGE AND
ADOPTION OF BONE HEALTH BEHAVIORS BY PARENTS AND CHILDREN.

WORLD OSTEOPOROSIS DAY - "STAND TALL-SPEAK OUT FOR YOUR BONES"

NOF JOINED ORGANIZATIONS IN COUNTRIES THROUGHOUT THE WORLD TO

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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PARTICIPATE IN WORLD OSTEOPOROSIS DAY ON OCTOBER 20. ITS INITIATIVES AND ACTIVITIES FOCUSED ON INFORMING AND EDUCATING THE PUBLIC AND POLICYMAKERS ABOUT THE IMPORTANCE OF OSTEOPOROSIS PREVENTION, DIAGNOSIS AND TREATMENT. IN SUPPORT OF THE CAMPAIGN'S THEME, "STAND TALL-SPEAK OUT FOR YOUR BONES," NOF WORKED WITH MEMBERS OF ITS BONE HEALTH ADVOCACY NETWORK TO REACH OUT TO POLICYMAKERS ABOUT THE IMPACT OSTEOPOROSIS HAS ON THEIR COMMUNITIES.

STEPS FOR STRONG BONES: NOF INTRODUCED FOUR NEW OPPORTUNITIES IN 2008 AS PART OF ITS STEPS FOR STRONG BONES PROGRAM TO CHALLENGE INDIVIDUALS ACROSS THE COUNTRY TO TAKE STEPS FOR STRONG BONES AND INCORPORATE WALKING INTO THEIR DAILY ROUTINE. THROUGH A PARTNERSHIP WITH PREVENTION MAGAZINE, INDIVIDUALS COULD REGISTER TO WALK IN ONE OF FOUR FULL AND HALF MARATHONS BEING HELD IN LONG BEACH, CALIFORNIA, DES MOINES, IOWA, PHILADELPHIA, PENNSYLVANIA, AND DALLAS, TEXAS. PARTICIPANTS WERE ASKED TO TRACK THEIR PROGRESS ONLINE WITH A STEPS FOR STRONG BONES WALKING COMMUNITY THAT OFFERS INFORMATION ON BONE HEALTH AND OSTEOPOROSIS AND INCENTIVES TO CONTINUE WALKING. NOF WAS ALSO A CHARITY PARTNER FOR THE MARINE CORPS MARATHON IN ARLINGTON, VIRGINIA. EXPENSES \$ 507120. INCLUDING GRANTS OF \$ 0. REVENUE \$ 206983.

RESEARCH

RESEARCH GRANTS

A PRIMARY FOCUS OF NOF IS TO ENSURE THAT ADEQUATE FUNDING IS AVAILABLE

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

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TO SUPPORT SCIENTIFIC RESEARCH, INQUIRY, DISCOVERY, AND BREAKTHROUGH IN THE FIELD OF OSTEOPOROSIS. NOF RAISES PRIVATE FUNDS FROM DONORS AND WORKS TO EXPAND FEDERAL FUNDING, WHICH MAKES IT POSSIBLE TO PROVIDE RESEARCH GRANTS TO SCIENTISTS WHO ARE JUST STARTING THEIR CAREERS. OVER THE PAST 20 YEARS, THE NOF RESEARCH GRANTS PROGRAM HAS PROVIDED MORE THAN \$2.6 MILLION IN DONOR-SUPPORTED FUNDING TO ENCOURAGE YOUNG INVESTIGATORS AS THEY BEGIN THEIR RESEARCH CAREERS IN BONE HEALTH SCIENCE.

FOUR RESEARCH GRANTS WERE COMPETITIVELY AWARDED TO BEGINNING INVESTIGATORS FOR A TOTAL OF \$227,107 FOR 2008.

-TED GRUEN, HEBREW REHABILITATION CENTER BOARD OF REGENTS; INSTITUTE FOR AGING RESEARCH, 1200 CENTRE ST., BOSTON, MA 02131

-SUSAN REINWALD, BA, MS, PHD, INDIANA UNIVERSITY BOARD OF REGENTS; OFFICE OF ADMINISTRATION, 620 UNION DRIVE, ROOM 618, INDIANAPOLIS, IN 46202-5167

-ROBYN FUCHS, BS, MS, PHD, INDIANA UNIVERSITY BOARD OF REGENTS; OFFICE OF ADMINISTRATION, 620 UNION DRIVE, ROOM 618, INDIANAPOLIS, IN 46202-5167

-EDWARD HSAIO, THE J. DAVID GLADSTONE INSTITUTES BOARD OF REGENTS; 1650 OWENS ST., GRANTS & CONTRACTS DEPARTMENT, SAN FRANCISCO, CA 94158
EXPENSES \$ 295671. INCLUDING GRANTS OF \$ 227107. REVENUE \$ 0.

MEMBERSHIP

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

THE NATIONAL OSTEOPOROSIS FOUNDATION

Employer identification number

36-3350532

THE SUPPORT OF MEMBERS ALLOWS NOF TO CONTINUE TO PROPEL MEDICAL RESEARCH TOWARDS BETTER TREATMENTS AND POSSIBLY A CURE; STIMULATE ACTION AND COLLABORATE BETWEEN PUBLIC AND PRIVATE SECTORS; AND INSPIRE OTHERS TO JOIN NOF IN ELIMINATING THIS DISEASE AND ENSURE THAT OSTEOPOROSIS IS NEVER AGAIN A SILENT DISEASE. NOF OFFERS CONSUMER AND HEALTH PROFESSIONAL MEMBERS INFORMATION, UPDATES, MATERIALS AND TOOLS ON THE PREVENTION, DIAGNOSIS AND TREATMENT OF OSTEOPOROSIS.

EXPENSES \$ 290361. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

NATIONAL RESOURCE CENTER - NIH OSTEOPOROSIS AND RELATED BONE DISEASES

THE NOF ESTABLISHED THE NIH OSTEOPOROSIS AND RELATED BONE DISEASES - NATIONAL RESOURCE CENTER WITH A GRANT FROM THE NATIONAL INSTITUTES OF HEALTH (NIH) AND OPERATED THE PROGRAM WITH ADDITIONAL NIH FUNDING UP THROUGH 2008. ONE OF NOF'S OLDEST PROGRAMS, THE RESOURCE CENTER WAS DEDICATED TO INCREASING AWARENESS, KNOWLEDGE, AND UNDERSTANDING ABOUT OSTEOPOROSIS AND RELATED BONE DISEASES, ESPECIALLY AMONG AT-RISK BUT UNDERSERVED POPULATIONS.

EXPENSES \$ 288362. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 10: THE DIRECTOR OF FINANCE AND THE SENIOR ACCOUNTANT REVIEW THE 990 PREPARED BY RAFFA TO DETERMINE IF THE INFORMATION PRESENTED IN THE 990 IS IN AGREEMENT WITH THE INFORMATION THEY PROVIDED TO RAFFA. NOF AND RAFFA DISCUSS ISSUES, IF ANY. BEFORE THE 990 IS FILED, BOARD MEMBERS ARE NOTIFIED THAT THE COMPLETED 990 IS AVAILABLE FOR THEIR REVIEW.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD ANNUALLY REVIEWS THE CONFLICT OF INTEREST POLICY AND DISCLOSES ANY POTENTIAL CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR EMPLOYEES IN SIMILAR POSITIONS WITH SIMILAR RESPONSIBILITIES IN THE NOT-FOR-PROFIT INDUSTRY IS USED AS BENCHMARKS FOR DETERMINING COMPENSATION OF OFFICERS AND KEY EMPLOYEES. THE COMPENSATION FOR THE EXECUTIVE DIRECTOR AND CEO IS DECIDED BY BOARD PRIVATELY AT THE ANNUAL, NOVEMBER BOARD MEETING. EACH SEPTEMBER, THE CHAIRMAN OF THE BOARD REVIEWS COMPARABLE SALARIES IN THE NOT-FOR-PROFIT INDUSTRY AND SENDS OUT A PERFORMANCE REVIEW TO EACH BOARD MEMBER TO USE TO EVALUATE THE EXECUTIVE DIRECTOR'S PERFORMANCE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AK, AR, AZ, CA, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE PUBLIC AS WE BELIEVE THESE ARE PROPRIETARY IN NATURE.

FORM 990, PART VI, SECTION C, LINE 19: NOF'S FINANCIAL STATEMENTS AND FORM 990 ARE MADE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE.

PART XI, LINE 2B: THE NATIONAL OSTEOPOROSIS FOUNDATION HAD A COMMITTEE

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
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THAT ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF IT'S
FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THERE
WERE NO CHANGES IN THESE PROCESSES FROM THE PRIOR YEAR.

Multiple horizontal lines for supplemental information.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
2	BUILDING	VARIABLES		.000	16	5021912.			5021912.	1587409.		0.
	* 990 PAGE 10 TOTAL BUILDINGS					5021912.		0.	5021912.	1587409.	0.	0.
	FURNITURE & FIXTURES											
3	FURNITURE & FIXTURES	VARIABLES		.000	16	133,539.			133,539.	114,702.		0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					133,539.		0.	133,539.	114,702.	0.	0.
	MACHINERY & EQUIPMENT											
4	MACHINERY & EQUIPMENT CAPITAL LEASED	VARIABLES		.000	16	379,395.			379,395.	301,089.		0.
5	EQUIPMENT	VARIABLES		.000	16	83,713.			83,713.	48,009.		0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					463,108.		0.	463,108.	349,098.	0.	0.
	LAND											
1	LAND	VARIABLES		.000	16	1663000.			1663000.			0.
	* 990 PAGE 10 TOTAL LAND					1663000.		0.	1663000.	0.	0.	0.
	OTHER											
6	SOFTWARE	VARIABLES		.000	16	52,075.			52,075.	20,195.		0.
	* 990 PAGE 10 TOTAL OTHER					52,075.		0.	52,075.	20,195.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR					7333634.		0.	7333634.	2071404.	0.	0.