

Form **990**

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2010 calendar year, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b> Name of organization <b>NATIONAL OSTEOPOROSIS FOUNDATION</b></p> <p>Doing Business As _____</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite  <b>1150 17TH STREET, NW 850</b></p> <p>City or town, state or country, and ZIP + 4  <b>WASHINGTON, DC 20036</b></p> <p><b>F</b> Name and address of principal officer: <b>HON. DANIEL A. MICA</b>  <b>SAME AS C ABOVE</b></p>	<p><b>D</b> Employer identification number <b>36-3350532</b></p> <p><b>E</b> Telephone number <b>202-223-2226</b></p> <p><b>G</b> Gross receipts \$ <b>5,930,730.</b></p> <p><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see Instructions)</p> <p><b>H(c)</b> Group exemption number ▶ _____</p>
<p><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <p><b>J</b> Website: ▶ <b>WWW.NOF.ORG</b></p> <p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____</p> <p><b>L</b> Year of formation: <b>1984</b> <b>M</b> State of legal domicile: <b>MO</b></p>		

Part I Summary			
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PREVENT OSTEOPOROSIS AND TO HELP IMPROVE THE LIVES OF THOSE AFFECTED BY OSTEOPOROSIS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>23</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>23</b>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) .....	<b>5</b>	<b>19</b>
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>0</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b> 2,870,158.	<b>Current Year</b> 3,220,954.
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	1,007,456.	1,014,448.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	5,370,256.	83,126.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	398,759.	422,876.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	9,646,629.	4,741,404.
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	0.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		2,180,908.	1,838,446.
<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		0.	18,744.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,224,385.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....		4,265,833.	2,843,712.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	6,446,741.	4,705,902.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	3,199,888.	35,502.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b> 7,346,017.	<b>End of Year</b> 7,249,983.
	<b>21</b> Total liabilities (Part X, line 26) .....	696,902.	499,504.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	6,649,115.	6,750,479.

**Part II Signature Block**

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

<b>Sign Here</b>		<b>Date</b>	<b>8/15/11</b>
	<b>Dir. of Finance</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>FRANK H. SMITH</b>	Preparer's signature 	Date <b>8/15/11</b>
	Firm's name ▶ <b>RAFFA, P.C.</b>	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's address ▶ <b>1899 L STREET NW, SUITE 900 WASHINGTON, DC 20036</b>	Firm's EIN ▶ _____	Phone no. <b>202-822-5000</b>

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

**COPY**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE NATIONAL OSTEOPOROSIS FOUNDATION (NOF) IS THE LEADING CONSUMER AND COMMUNITY-FOCUSED HEALTH ORGANIZATION DEDICATED TO THE PREVENTION OF OSTEOPOROSIS AND BROKEN BONES, THE PROMOTION OF STRONG BONES FOR LIFE AND THE REDUCTION OF HUMAN SUFFERING THROUGH PROGRAMS OF PUBLIC AND

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

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

4 Describe the 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.

4a (Code: ) (Expenses \$ 886,180. including grants of \$ ) (Revenue \$ 68,220.) PATIENT EDUCATION - NOF'S EDUCATION DEPARTMENT DEVELOPS AND DISSEMINATES SCIENTIFICALLY ACCURATE AND CURRENT BONE HEALTH AND OSTEOPOROSIS INFORMATION TO INDIVIDUALS AT RISK OR WHO HAVE OSTEOPOROSIS AND THEIR FAMILIES TO HELP THEM MAKE INFORMED DECISIONS ABOUT PREVENTING, DIAGNOSING, TREATING AND LIVING WITH OSTEOPOROSIS.

IN 2010, NOF RECEIVED 4,944 INFORMATION INQUIRIES IN ITS INQUIRY AND RESPONSE CENTER, MAINTAINED CURRENT EDUCATIONAL CONTENT ON ITS WEB SITE, SERVICED 92 PATIENT SUPPORT COMMUNITIES IN 36 STATES WITH COMPLIMENTARY EDUCATIONAL MATERIALS AND TECHNICAL SUPPORT, REACHED AND LEARNED ABOUT THE 4,100+ MEMBERS AND PATIENTS WHO COMPRISED ITS ONLINE COMMUNITY, AND DISTRIBUTED MORE THAN 200,000 PIECES OF EDUCATIONAL

4b (Code: ) (Expenses \$ 807,685. including grants of \$ ) (Revenue \$ 266,030.) PROFESSIONAL EDUCATION - NOF'S EDUCATION DEPARTMENT PROVIDES EVIDENCE-BASED EDUCATION TO HEALTHCARE PROFESSIONALS THROUGH VARIOUS METHODS, ACTIVITIES AND CHANNELS. NOF PROVIDES INFORMATION, SERVICES AND INITIATIVES, GROUNDED IN SCIENCE, TO HELP HEALTHCARE PROFESSIONALS MAKE INFORMED DECISIONS ABOUT PREVENTING, DIAGNOSING, AND TREATING OSTEOPOROSIS.

IN 2010, NOF PLANNED AND JOINTLY IMPLEMENTED CLINICAL OSTEOPOROSIS 2010 WITH THE INTERNATIONAL SOCIETY FOR CLINICAL DENSITOMETRY (ISCD). THE SCIENTIFIC MEETING ATTRACTED 590+ HEALTH PROFESSIONALS, FEATURED AN INTERNATIONALLY RECOGNIZED FACULTY, AND WAS CERTIFIED FOR CONTINUING EDUCATION CREDIT. NOF'S PROFESSIONAL NEWSLETTER, OSTEOPOROSIS:

4c (Code: ) (Expenses \$ 682,729. including grants of \$ 5,000.) (Revenue \$ 0.) PUBLIC POLICY - A KEY COMPONENT OF THE NATIONAL OSTEOPOROSIS FOUNDATION'S MISSION IS TO PROMOTE PUBLIC HEALTH POLICIES THAT BENEFIT THOSE WITH AND AT RISK FOR OSTEOPOROSIS. IN 2010, WITH THE HELP OF ADVOCATES, NOF MADE SUBSTANTIAL PROGRESS IN ADVANCING OSTEOPOROSIS AND BONE HEALTH ON THE NATIONAL HEALTH AGENDA. NOF BROUGHT TOGETHER PATIENTS AND HEALTH PROFESSIONALS FROM AROUND THE COUNTRY TO MEET WITH THEIR MEMBERS OF CONGRESS. MORE THAN 40 ADVOCATES FROM 20 STATES MET WITH 74 MEMBERS OF CONGRESS TO DISCUSS THE IMPACT OF POOR BONE HEALTH. NOF WORKED WITH PATIENTS, CAREGIVERS AND MANY PROFESSIONAL, HEALTH AND COMMUNITY GROUPS TO PROTECT PATIENT ACCESS TO OSTEOPOROSIS TESTING WHICH IS CRITICAL FOR DETECTING OSTEOPOROSIS AND PREVENTING DEBILITATING AND COSTLY FRACTURES BEFORE THEY OCCUR. 2010 ALSO SAW AN

4d Other program services. (Describe in Schedule O.) (Expenses \$ 689,396. including grants of \$ ) (Revenue \$ 292,404.)

4e Total program service expenses 3,065,990.

**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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6 Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school 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 United States?		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 United States? <i>If "Yes," complete Schedule F, Parts I and IV</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, Parts II and IV</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, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		X

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

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and various organizational requirements.

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	23	
b Enter the number of voting members included in line 1a, above, who are independent	23	
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 governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 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
b 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	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a 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?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
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	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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?		

**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, HI, IL, KS, KY, ME, MD**
- 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**  
**1150 17TH STREET, NW, SUITE 850, WASHINGTON, DC 20036**

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 - UNTIL 8/10	5.00	X		X			0.	0.	0.	
KATHLEEN S. KUNTZMAN SECRETARY/ INTERIM TREASURER	5.00	X		X			0.	0.	0.	
WESLEY D. TATE TREASURER - UNTIL 5/10	5.00	X		X			0.	0.	0.	
WILLIAM L. ASHTON 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.	
ROBERT F. GAGEL, MD MEMBER	5.00	X					0.	0.	0.	
DEBORAH T. GOLD, PH.D. MEMBER	5.00	X					0.	0.	0.	
SUSAN GREENSPAN, MD MEMBER	5.00	X					0.	0.	0.	
JUDITH PALCIC HULKA, APR MEMBER	5.00	X					0.	0.	0.	
C. CONRAD JOHNSTON, JR., MD MEMBER	5.00	X					0.	0.	0.	
MICHAEL KLEEREKOPER, MD MEMBER	5.00	X					0.	0.	0.	
BARBARA LEVIN MEMBER	5.00	X					0.	0.	0.	
ROBERT LINDSAY, MD, PH.D. MEMBER	5.00	X					0.	0.	0.	
ANN C. MILLER, MD 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 (describe hours for related organizations in Schedule O)	(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			
KENNETH G. SAAG, MD MEMBER	5.00	X						0.	0.	0.
CAROL SALINE MEMBER	5.00	X						0.	0.	0.
L. SCOTT SCHARER MEMBER	5.00	X						0.	0.	0.
PETER F. SCWHARTZ 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.
HEIDI SKOLNIK, MS, CDN, FACSM MEMBER	5.00	X						0.	0.	0.
CONNIE M. WEAVER, PH.D. MEMBER	5.00	X						0.	0.	0.
AMY PORTER EXECUTIVE DIR./CEO	40.00			X				216,132.	0.	3,563.
<b>1b Sub-total</b> .....								216,132.	0.	3,563.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								468,695.	0.	54,001.
<b>d Total (add lines 1b and 1c)</b> .....								684,827.	0.	57,564.

2 Total number of individuals (including but not limited to those listed above) 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 or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
HAINES AND COMPANY, INC. , 8050 FREEDOM AVE., NW, NORTH CANTON, OH 44720	DIRECT MAILING	602,282.
IEG, 640 NORTH LASALLE STREET, SUITE 450, CHICAGO, IL 60610	VALUATION COUNSELING	120,000.
BRIGHTKEY, INC., 9050 JUNCTION DRIVE, ANNAPOLIS JUNCTION, MD 20701	FULLFILLMENT	109,671.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **3**



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			
ROBERTA BIEGEL SNR. DIR. PUBLIC POLICY & GOVERNMENT	40.00				X			121,540.	0.	14,490.
PIPER DANKWORTH-SUTTON DIR. OF DEVELOPMENT	40.00				X			126,138.	0.	12,219.
JOAN NICOLAYSEN DIR. OF FINANCE & ADMIN.	40.00				X			117,406.	0.	14,084.
SUSAN RANDALL DIR. OF EDUC. & SCIENCE	40.00				X			103,611.	0.	13,208.
Total to Part VII, Section A, line 1c								468,695.		54,001.

**Part VII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a	12,385.					
	b Membership dues	1b	94,941.					
	c Fundraising events	1c	325,243.					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,788,385.					
	g Noncash contributions included in lines 1a-1f: \$		96,555.					
	<b>h Total. Add lines 1a-1f</b>			<b>3,220,954.</b>				
Program Service Revenue	2 a SYMPOSIUM/CO 2010	Business Code	900099	532,024.	144,230.		387,794.	
	b EDUC./COMM. CONSULTING		900099	410,994.	410,994.			
	c SUBSCRIPTIONS/REPRINTS		900099	71,430.	71,430.			
	d							
	e							
	f All other program service revenue							
	<b>g Total. Add lines 2a-2f</b>			<b>1,014,448.</b>				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			46,338.			46,338.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties			434,533.			434,533.	
	6 a Gross Rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	1055869.				
		b Less: cost or other basis and sales expenses		1019081.				
		c Gain or (loss)		36,788.				
		d Net gain or (loss)			36,788.			36,788.
	8 a Gross income from fundraising events (not including \$ 325,243. of contributions reported on line 1c). See Part IV, line 18	a		113,566.				
b Less: direct expenses			149,602.					
c Net income or (loss) from fundraising events				<36,036.>			<36,036.>	
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses							
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a		20,643.					
	b Less: cost of goods sold		20,643.					
	c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue			Business Code					
11 a LIST RENTAL INCOME		900099	22,904.			22,904.		
b MISCELLANEOUS		900099	1,475.			1,475.		
c								
d All other revenue								
<b>e Total. Add lines 11a-11d</b>			<b>24,379.</b>					
<b>12 Total revenue. See instructions.</b>			<b>4,741,404.</b>	<b>626,654.</b>	<b>0.</b>	<b>893,796.</b>		

**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	5,000.	5,000.		
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	219,695.	115,180.	43,053.	61,462.
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	1,316,742.	959,384.	51,208.	306,150.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	88,945.	47,680.	24,260.	17,005.
9 Other employee benefits	108,121.	73,468.	8,100.	26,553.
10 Payroll taxes	104,943.	71,378.	7,874.	25,691.
11 Fees for services (non-employees):				
a Management	20,441.	10,815.	5,734.	3,892.
b Legal	96,555.	58,144.	12,472.	25,939.
c Accounting	57,269.	29,348.	15,557.	12,364.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	18,744.			18,744.
f Investment management fees	2,767.			2,767.
g Other	951,637.	699,842.	48,092.	203,703.
12 Advertising and promotion	10,685.	9,295.		1,390.
13 Office expenses	220,908.	152,488.	13,290.	55,130.
14 Information technology	106,393.	82,539.	8,521.	15,333.
15 Royalties				
16 Occupancy	342,900.	186,419.	93,211.	63,270.
17 Travel	147,860.	108,090.	7,359.	32,411.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	153,158.	111,664.	9,901.	31,593.
20 Interest	2,655.	653.	346.	1,656.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	51,619.	27,312.	14,479.	9,828.
23 Insurance	39,998.	21,163.	11,219.	7,616.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>DIRECT MAIL EXPENSES</b>	587,331.	260,951.	31,716.	294,664.
b <b>OTHER FEES AND EXPENSES</b>	51,536.	35,177.	9,135.	7,224.
c				
d				
e				
f All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	4,705,902.	3,065,990.	415,527.	1,224,385.
26 <b>Joint costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	606,076.	269,283.	32,747.	304,046.

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing .....	116,194.	1	294,311.
	2	Savings and temporary cash investments .....	4,718,827.	2	2,883,861.
	3	Pledges and grants receivable, net .....	649,875.	3	418,029.
	4	Accounts receivable, net .....	398,214.	4	140,390.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....	107,340.	8	102,303.
	9	Prepaid expenses and deferred charges .....	146,984.	9	291,773.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 376,416.		
	b	Less: accumulated depreciation .....	10b 181,740.		
	11	Investments - publicly traded securities .....	93,315.	10c	194,676.
	12	Investments - other securities. See Part IV, line 11 .....	1,115,268.	11	2,924,640.
	13	Investments - program-related. See Part IV, line 11 .....		12	
	14	Intangible assets .....		13	
	15	Other assets. See Part IV, line 11 .....		14	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		15		
		7,346,017.	16	7,249,983.	
Liabilities	17	Accounts payable and accrued expenses .....	498,817.	17	433,422.
	18	Grants payable .....		18	
	19	Deferred revenue .....	176,957.	19	21,831.
	20	Tax-exempt bond liabilities .....		20	
	21	Escrow or custodial 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	
	24	Unsecured notes and loans payable to unrelated third parties .....		24	
	25	Other liabilities. Complete Part X of Schedule D .....	21,128.	25	44,251.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	696,902.	26	499,504.
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 .....	5,389,120.	27	5,739,832.
	28	Temporarily restricted net assets .....	1,079,983.	28	830,635.
	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	<b>Total net assets or fund balances</b> .....	6,649,115.	33	6,750,479.
34	<b>Total liabilities and net assets/fund balances</b> .....	7,346,017.	34	7,249,983.	

Form 990 (2010)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,741,404.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,705,902.
3	Revenue less expenses. Subtract line 2 from line 1	3	35,502.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,649,115.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	65,862.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,750,479.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6412651.	5887460.	4607741.	2870158.	3219643.	22997653.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	6412651.	5887460.	4607741.	2870158.	3219643.	22997653.
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) .....						4778571.
6 <b>Public support.</b> Subtract line 5 from line 4.						18219082.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....	6412651.	5887460.	4607741.	2870158.	3219643.	22997653.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	578,652.	827,914.	430,104.	469,733.	593,775.	2900178.
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) .....	41.		6,045.	15,467.	1,475.	23,028.
11 <b>Total support.</b> Add lines 7 through 10						25920859.
12 Gross receipts from related activities, etc. (see instructions) .....				12	3,135,060.	

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** .....

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	70.29 %
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	73.58 %

16a **33 1/3% support test - 2010.** 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 .....

b **33 1/3% support test - 2009.** 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 .....

17a **10% -facts-and-circumstances test - 2010.** 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 .....

b **10% -facts-and-circumstances test - 2009.** 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 .....

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 .....

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** 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 - 2009.** 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

**COPY**



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

### Schedule of Contributors

OMB No. 1545-0047

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

# 2010

Name of the organization  <b>NATIONAL OSTEOPOROSIS FOUNDATION</b>	Employer identification number  <b>36-3350532</b>
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Organization type (check one):

- Filers of:**                      **Section:**
- Form 990 or 990-EZ       501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization
- Form 990-PF                       501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization <b>NATIONAL OSTEOPOROSIS FOUNDATION</b>	Employer identification number <b>36-3350532</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ <u>87,151.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ <u>400,840.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ <u>535,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ <u>69,721.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ <u>125,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ <u>231,375.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**COPY**

Name of organization <b>NATIONAL OSTEOPOROSIS FOUNDATION</b>	Employer identification number <b>36-3350532</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 159,250.	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.)
		\$ _____	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.)

**COPY**

Name of organization

Employer identification number

**NATIONAL OSTEOPOROSIS FOUNDATION**

**36-3350532**

**Part II Noncash Property** (see instructions)

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

**COPY**

Name of organization

Employer identification number

**NATIONAL OSTEOPOROSIS FOUNDATION**

36-3350532

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

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

**COPY**

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2010**

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

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.**

**Open to Public Inspection**

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

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

If the organization answered "Yes," 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), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

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

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2010 LHA

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

- A Check  if the filing organization belongs to an affiliated group.  
 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 (grass roots lobbying) .....	15,461.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	126,516.													
c	Total lobbying expenditures (add lines 1a and 1b) .....	141,977.													
d	Other exempt purpose expenditures .....	4,563,925.													
e	Total exempt purpose expenditures (add lines 1c and 1d) .....	4,705,902.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	385,295.													
<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) .....	96,324.													
h	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total	
2a	Lobbying nontaxable amount	480,923.	491,802.	467,353.	385,295.	1,825,373.
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,738,060.
c	Total lobbying expenditures	138,021.	201,766.	75,469.	141,977.	557,233.
d	Grassroots nontaxable amount	120,231.	122,951.	116,838.	96,324.	456,344.
e	Grassroots ceiling amount (150% of line 2d, column (e))					684,516.
f	Grassroots lobbying expenditures	18,426.	73,166.	12,442.	15,461.	119,495.

Schedule C (Form 990 or 990-EZ) 2010

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

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

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

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

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

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

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

NATIONAL OSTEOPOROSIS FOUNDATION

Employer identification number 36-3350532

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Includes sub-table for 2a-2d: Held at the End of the Tax Year. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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.

Form with sections: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 Escrow and Custodial Arrangements.** Complete if the 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 the 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.	180,012.	180,012.		
b Contributions					
c Net investment earnings, gains, and losses	5,753.	271.	3,388.		
d Grants or scholarships		271.	3,388.		
e Other expenditures for facilities and programs	5,753.				
f Administrative expenses					
g End of year balance	180,012.	180,012.	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?  Yes  No

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

**Part VI 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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		111,624.	100,555.	11,069.
e Other		264,792.	81,185.	183,607.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				194,676.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
(I) .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATIONS	2,114.
(3) DEFERRED RENT	42,137.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	44,251.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,741,404.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,705,902.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	35,502.
4	Net unrealized gains (losses) on investments	4	65,862.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	65,862.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	101,364.

**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	4,975,540.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	65,862.
b	Donated services and use of facilities	2b	7,910.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	170,245.
e	Add lines 2a through 2d	2e	244,017.
3	Subtract line 2e from line 1	3	4,731,523.
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	2,767.
b	Other (Describe in Part XIV.)	4b	7,114.
c	Add lines 4a and 4b	4c	9,881.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,741,404.

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

1	Total expenses and losses per audited financial statements	1	4,874,176.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	7,910.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	170,245.
e	Add lines 2a through 2d	2e	178,155.
3	Subtract line 2e from line 1	3	4,696,021.
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	2,767.
b	Other (Describe in Part XIV.)	4b	7,114.
c	Add lines 4a and 4b	4c	9,881.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,705,902.

**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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**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. THE RESTRICTED INCOME IS FOR MEDICAL RESEARCH REGARDING BONE HEALTH AND BONE RESEARCH GRANTS.**

**PART X, LINE 2: THE FOUNDATION PERFORMED AN EVALUATION OF UNCERTAIN**

Part XIV Supplemental Information (continued)

TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2010, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	20,643.
SPECIAL EVENT EXPENSES	149,602.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	170,245.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

TRANSACTION FEES	7,114.
------------------	--------

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	20,643.
SPECIAL EVENT EXPENSES	149,602.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	170,245.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

TRANSACTION FEES	7,114.
------------------	--------

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2010**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

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

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
HAINES AND COMPANY, INC. - 8050 FREEDOM AVE., NW, NORTH	FUNDRAISING COUNSEL		X	808,164.	18,744.	789,420.
<b>Total</b>				808,164.	18,744.	789,420.

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		AWARDS DINNER (event type)	DAUGHTERS LUNCH (event type)	NONE (total number)		
Revenue	1	Gross receipts	281,960.	156,849.		438,809.
	2	Less: Charitable contributions	251,560.	73,683.		325,243.
	3	Gross income (line 1 minus line 2)	30,400.	83,166.		113,566.
Direct Expenses	4	Cash prizes	0.	0.		
	5	Noncash prizes	2,865.	60,480.		63,345.
	6	Rent/facility costs	1,225.	2,970.		4,195.
	7	Food and beverages	55,362.	26,700.		82,062.
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 149,602 )
	11	Net income summary. Combine line 3, column (d), and line 10				<36,036.>

**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	Noncash 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 line 1, column d, and line 7			

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

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

(I) NAME OF FUNDRAISER: HAINES AND COMPANY, INC.

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

COPY



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

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

▶ Attach to Form 990. ▶ See separate instructions.

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**NATIONAL OSTEOPOROSIS FOUNDATION**

Employer identification number

**36-3350532**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain										
<b>2</b> 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?										
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
<b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization?		X								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	X									
<b>c</b> 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.										
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>										
<b>5</b> 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:										
<b>a</b> The organization?		X								
<b>b</b> Any related organization?		X								
If "Yes" to line 5a or 5b, describe in Part III.										
<b>6</b> 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:										
<b>a</b> The organization?		X								
<b>b</b> Any related organization?		X								
If "Yes" to line 6a or 6b, describe in Part III.										
<b>7</b> 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								
<b>8</b> 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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X								
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?										

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

Schedule J (Form 990) 2010

**NATIONAL OSTEOPOROSIS FOUNDATION** 36-3350532

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (j). 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) Retirement and other 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 reportable compensation				
1 AMY PORTER	(i) 212,282. (ii) 0. (iii) 3,850.	0. 0.	3,850. 0.	0. 0.	3,563. 0.	219,695. 0.	0. 0.
2	(i) (ii) (iii)	  	  	  	  	  	  
3	(i) (ii) (iii)	  	  	  	  	  	  
4	(i) (ii) (iii)	  	  	  	  	  	  
5	(i) (ii) (iii)	  	  	  	  	  	  
6	(i) (ii) (iii)	  	  	  	  	  	  
7	(i) (ii) (iii)	  	  	  	  	  	  
8	(i) (ii) (iii)	  	  	  	  	  	  
9	(i) (ii) (iii)	  	  	  	  	  	  
10	(i) (ii) (iii)	  	  	  	  	  	  
11	(i) (ii) (iii)	  	  	  	  	  	  
12	(i) (ii) (iii)	  	  	  	  	  	  
13	(i) (ii) (iii)	  	  	  	  	  	  
14	(i) (ii) (iii)	  	  	  	  	  	  
15	(i) (ii) (iii)	  	  	  	  	  	  
16	(i) (ii) (iii)	  	  	  	  	  	  

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.

PART I, LINE 4B: AMY PORTER, EXECUTIVE DIRECTOR AND CHIEF EXECUTIVE OFFICER, RECEIVED \$21,692 IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		350.	FMV
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	3	5,346.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	200	1,000.	FMV
20	Drugs and medical supplies	X	200	3,000.	FMV
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( GOODY BAG )	X	595	27,900.	FMV
26	Other ▶ ( EVENT RAFFLE )	X	24	27,782.	FMV
27	Other ▶ ( ADVERTISING )	X	3	23,602.	FMV
28	Other ▶ ( AUCTION ITEMS )	X	17	2,856.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2010)

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

**PART I, OTHER TYPES OF PROPERTY:**

**FURNITURE**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 44

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2445.

(D) METHOD OF DETERMINING REVENUE: ESTIMATED VALUE

**TRAVEL**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 11

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2274.

(D) METHOD OF DETERMINING REVENUE: COST

SCHEDULE M, LINE 32B: MERRILL LYNCH LIQUIDATES NON-CASH STOCK

CONTRIBUTIONS UPON THE REQUEST OF NOF'S DIRECTOR OF FINANCE AND

ADMINISTRATION IN COMPLIANCE WITH NOF'S INVESTMENT POLICY.

**COPY**

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

NATIONAL OSTEOPOROSIS FOUNDATION

Employer identification number  
36-3350532

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

CLINICIAN AWARENESS, EDUCATION, ADVOCACY AND RESEARCH.

SINCE 1984, NOF HAS MADE GREAT STRIDES IN DEFEATING OSTEOPOROSIS. IT IS THROUGH THE SUPPORT OF INDIVIDUALS, COMPANIES AND ASSOCIATIONS THAT NOF WILL CONTINUE TO PROPEL MEDICAL RESEARCH TOWARDS A CURE, ESTABLISH A STANDARD OF CARE FOR OSTEOPOROSIS MANAGEMENT AND LEAD THE CHARGE IN CHANGING HEALTH BEHAVIORS TO ENSURE BETTER BONE HEALTH FOR ALL INDIVIDUALS.

THE NATIONAL OSTEOPOROSIS FOUNDATION IS COMMITTED TO THE PREVENTION, DIAGNOSIS AND TREATMENT OF THIS DISEASE.

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

MATERIALS. NOF DEVELOPED SEVERAL NEW BROCHURES, SUCH AS OSTEOPOROSIS AND YOUR SPINE AND PROTECTING YOUR FRAGILE SPINE.

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

CLINICAL UPDATES, FOR WHICH HEALTHCARE PROFESSIONALS EARNED CONTINUING EDUCATION CREDIT ON TOPICS RELEVANT TO CLINICAL PRACTICE, WAS REDESIGNED IN 2010. DURING 2010, NOF WAS AWARDED ACCREDITATION BY THE AMERICAN NURSES CREDENTIALING CENTER (ANCC) TO ALSO PROVIDE CONTINUING NURSES EDUCATION CREDIT.

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

INCREASE IN THE NUMBER OF COSPONSORS AND SUPPORTERS OF THE BONE HEALTH

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

Schedule O (Form 990 or 990-EZ) (2010)

932211  
01-24-11

Name of the organization

NATIONAL OSTEOPOROSIS FOUNDATION

Employer identification number

36-3350532

PROMOTION AND RESEARCH ACT. THIS LEGISLATION WOULD CREATE A NATIONAL BONE HEALTH PROGRAM FOCUSED ON EDUCATION, PREVENTION, AND RESEARCH.

AT FEDERAL AND STATE LEVELS, NOF CHAMPIONS COMPREHENSIVE PRIVATE AND PUBLIC HEALTH INSURANCE COVERAGE FOR OSTEOPOROSIS PREVENTION, DIAGNOSIS AND TREATMENT. NOF HAS ADVANCED OSTEOPOROSIS AND BONE HEALTH ON THE NATIONAL PUBLIC HEALTH AGENDA AND CONTINUES TO PROVIDE POLICYMAKERS WITH THE MOST CURRENT, EVIDENCE-BASED INFORMATION ON OSTEOPOROSIS.

NOF'S PUBLIC POLICY AND GOVERNMENT RELATIONS DEPARTMENT PROVIDES POLICYMAKERS WITH THE MOST CURRENT, EVIDENCE-BASED INFORMATION ON OSTEOPOROSIS AND OPTIMUM BONE HEALTH SO THAT THEY CAN DEVELOP AND ADVANCE AN EFFECTIVE BONE HEALTH AND OSTEOPOROSIS PUBLIC HEALTH AGENDA. CONCURRENTLY, THE DEPARTMENT PROVIDES THIS INFORMATION TO ADVOCATES ACROSS THE COUNTRY AND ADVISES THEM ON HOW TO EFFECTIVELY COMMUNICATE WITH THEIR GOVERNMENT OFFICIALS. NOF'S POLICY PROGRAMS PROMOTE ACCESS TO QUALITY HEALTHCARE, BONE HEALTH EDUCATION AND OSTEOPOROSIS PREVENTION INITIATIVES AND BONE HEALTH AND OSTEOPOROSIS RESEARCH IN WASHINGTON, D.C. AND THROUGHOUT THE NATION.

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

COMMUNICATIONS - THE SYMPTOMS OF OSTEOPOROSIS OFTEN ARE NOT APPARENT UNTIL A BONE BREAKS, SO INCREASING PUBLIC AWARENESS OF OSTEOPOROSIS AND BONE HEALTH IS ESSENTIAL. NOF'S AWARENESS EFFORTS INCLUDE A WIDE RANGE OF PUBLIC INFORMATION PROGRAMS, PUBLICATIONS AND OUTREACH ACTIVITIES THAT ARE DEDICATED TO DIMINISHING THE SCOPE AND BURDEN OF THIS DISEASE. EXPENSES \$ 622,960. INCLUDING GRANTS OF \$ 0. REVENUE \$ 289,194.

Name of the organization

NATIONAL OSTEOPOROSIS FOUNDATION

Employer identification number

36-3350532

MEMBERSHIP

EXPENSES \$ 65,878. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,210.

RESEARCH

EXPENSES \$ 558. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD ANNUALLY REVIEWS THE CONFLICT OF INTEREST POLICY AND DISCLOSES ANY POTENTIAL CONFLICT OF INTEREST. ALL SENIOR STAFF, OFFICERS AND HIGHLY COMPENSATED EMPLOYEES, SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY. THE SIGNED DOCUMENTS ARE REVIEWED BY THE ED/CEO AND KEPT BY THE DIRECTOR OF FINANCE AND ADMINISTRATION. THE COI POLICY IS ALWAYS TAKEN INTO CONSIDERATION WHEN THERE IS THE POTENTIAL FOR CONFLICT, PARTICULARLY WHEN SIGNING NEW CONTRACTS OR BEGINNING NEW RELATIONSHIPS. ANY POSSIBLE APPEARANCE OF CONFLICT OF INTEREST THAT ARISES IN THE COURSE OF BUSINESS IS RESEARCHED TO DETERMINE THE EXISTENCE OF A CONFLICT. IF A CONTRACT IS TO BE MADE WITH A RELATED PARTY, IT IS DISCLOSED TO THE BOARD AND A VOTE IS TAKEN ACCORDING TO IRS REGULATIONS. IF NOF STAFF MEMBERS IDENTIFY A CONFLICT OF INTEREST, NOF'S ED/CEO AND ITS DIRECTOR OF FINANCE AND ADMINISTRATION SHARE THIS INFORMATION WITH THE EXECUTIVE COMMITTEE OF THE BOARD FOR ITS ACTION.

COPY



Name of the organization

NATIONAL OSTEOPOROSIS FOUNDATION

Employer identification number

36-3350532

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/CEO IS DECIDED BY THE BOARD PRIVATELY. EACH YEAR, PRIOR TO THE MEETING WHEN THE COMPENSATION DECISION IS MADE, THE CHAIRMAN OF THE BOARD REVIEWS COMPARABLE SALARIES IN THE NOT-FOR-PROFIT INDUSTRY AND SENDS OUT A PERFORMANCE REVIEW TO EACH BOARD MEMBER TO USE TO EVALUATE THE EXECUTIVE DIRECTOR/CEO'S PERFORMANCE.

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

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE PUBLIC AS WE BELIEVE THESE ARE PROPRIETARY IN NATURE. NOF'S FINANCIAL STATEMENTS AND FORM 990 ARE MADE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEB SITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:  
 NET UNREALIZED GAINS ON INVESTMENTS: 65,862.

**COPY**

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
Type or print  File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number	
	NATIONAL OSTEOPOROSIS FOUNDATION	36-3350532	
	Number, street, and room or suite no. If a P.O. box, see instructions.	1150 17TH STREET, NW, NO. 850	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	WASHINGTON, DC 20036	

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

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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

JOAN NICOLAYSEN

- The books are in the care of **▶ 1150 17TH STREET, NW, SUITE 850 - WASHINGTON, DC 20036**  
Telephone No. **▶ 202-223-2226** FAX No. **▶**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011.**
- 5 For calendar year **2010**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** RAH Title **▶** CPA Date **▶** 8/1/11