

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

A For the 2012 calendar year, or tax year beginning and ending

Form header section containing organization name (National Osteoporosis Foundation), EIN (36-3350532), address (1150 17th Street, NW, Washington, DC 20036), and principal officer (HON. DANIEL A. MICA).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for 2012 and prior years.

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.

Signature block section with fields for officer signature (AMY PORTER), preparer name (FRANK H. SMITH), and preparer address (RAFFA, P.C., 1899 L STREET, NW, SUITE 900).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] 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 (THE FOUNDATION) IS THE LEADING HEALTH ORGANIZATION DEDICATED TO PREVENTING OSTEOPOROSIS AND BROKEN BONES, PROMOTING STRONG BONES FOR LIFE AND REDUCING HUMAN SUFFERING THROUGH PROGRAMS OF (CONTINUES ON SCHEDULE O)

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,189,373. including grants of \$) (Revenue \$) NATIONAL BONE HEALTH ALLIANCE - IN 2011, THE FOUNDATION SERVED AS A FOUNDING PARTNER OF THE NATIONAL BONE HEALTH ALLIANCE (NBHA), A PUBLIC, PRIVATE PARTNERSHIP THAT BRINGS TOGETHER THE EXPERTISE AND RESOURCES OF NEARLY 50 PARTICIPATING MEMBERS TO COLLECTIVELY PROMOTE BONE HEALTH AND PREVENT DISEASE; IMPROVE DIAGNOSIS AND TREATMENT OF BONE DISEASE; AND ENHANCE BONE RESEARCH SURVEILLANCE AND EVALUATION. IN 2012, NBHA WELCOMED 18 NEW MEMBERS, ADDED THREE NEW GOVERNMENT LIAISONS REPRESENTING THE CENTERS FOR DISEASE PREVENTION AND CONTROL (CDC), NATIONAL AERONAUTICS AND SPACE ADMINISTRATION (NASA) AND U.S. FOOD AND DRUG ADMINISTRATION. NBHA ALSO LAUNCHED A NEW BRAND IDENTITY AND MEMBERSHIP-DRIVEN WEBSITE.

4b (Code:) (Expenses \$ 998,748. including grants of \$) (Revenue \$ 50,740.) PROFESSIONAL EDUCATION - THE FOUNDATION'S EDUCATION DEPARTMENT PROVIDES EVIDENCE-BASED INFORMATION, EDUCATION, SERVICES, AND INITIATIVES TO HEALTHCARE PROFESSIONALS THROUGH VARIOUS ACTIVITIES AND CHANNELS. THESE EFFORTS ARE DESIGNED TO HELP HEALTHCARE PROFESSIONALS MAKE INFORMED DECISIONS ABOUT THE PREVENTION, DIAGNOSIS, AND TREATMENT OF OSTEOPOROSIS.

IN 2012, THE FOUNDATION PLANNED AND IMPLEMENTED THE 2012 INTERNATIONAL SYMPOSIUM ON OSTEOPOROSIS (ISO12). ISO12 TOOK PLACE IN ORLANDO, FL FROM APRIL 25-28, INCLUDED AN INTERNATIONALLY RECOGNIZED FACULTY AND WAS CERTIFIED FOR CONTINUING EDUCATION CREDIT FOR PHYSICIANS, NURSES AND NURSE PRACTITIONERS. MORE THAN 400 PROFESSIONALS PARTICIPATED IN THE

4c (Code:) (Expenses \$ 426,770. including grants of \$) (Revenue \$ 154,130.) PATIENT EDUCATION - THE FOUNDATION'S EDUCATION DEPARTMENT ALSO PROVIDES PATIENTS AND CAREGIVERS WITH THE LATEST INFORMATION ON OSTEOPOROSIS PREVENTION, TREATMENT AND DETECTION BY ANSWERING THOUSANDS OF PERSONAL INQUIRIES EACH YEAR, SPONSORING PATIENT SUPPORT GROUPS ACROSS THE COUNTRY, PROVIDING EDUCATIONAL INFORMATION AND RESOURCES FOR DISTRIBUTION AT CONSUMER EVENTS AND HOSTING AN ONLINE COMMUNITY WITH MORE THAN 9,000 PARTICIPATING MEMBERS OFFERING PEER-TO-PEERS SUPPORT AND ADVICE TO ONE ANOTHER.

IN 2012, THE FOUNDATION HOSTED MORE THAN 20 PEARLS OF STRENGTH SALON SERIES EVENTS BRINGING TOGETHER LEADING EXPERTS AND VOLUNTEER ADVOCATES TO EXPLORE THE LATEST TOPICS ON BONE HEALTH AND OSTEOPOROSIS

4d Other program services (Describe in Schedule O.) (Expenses \$ 474,311. including grants of \$) (Revenue \$)

4e Total program service expenses 3,089,202.

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 <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, 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>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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 and XII</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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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 hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [X] Another's website [] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DEANN SHAFFER - 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HON. DANIEL A. MICA CHAIRMAN	5.00	X		X				0.	0.	0.
(2) ROBERT R. RECKER, MD PRESIDENT	5.00	X		X				0.	0.	0.
(3) ROBERT F. GAGEL, MD VICE-PRESIDENT	5.00	X		X				0.	0.	0.
(4) L. SCOTT SCHARER TREASURER	5.00	X		X				0.	0.	0.
(5) ANN C. MILLER, MD SECRETARY	5.00	X		X				0.	0.	0.
(6) WILLIAM L. ASHTON MEMBER	5.00	X						0.	0.	0.
(7) ANDY CARTER MEMBER - UNTIL 09/2012	5.00	X						0.	0.	0.
(8) FELICIA COSMAN, MD MEMBER	5.00	X						0.	0.	0.
(9) BESS DAWSON-HUGHES, MD MEMBER - UNITL 04/2012	5.00	X						0.	0.	0.
(10) RICHARD DELL, MD MEMBER	5.00	X						0.	0.	0.
(11) DAVID R. DROBIS MEMBER - UNITL 10/2012	5.00	X						0.	0.	0.
(12) DEBORAH T. GOLD, PH.D. MEMBER	5.00	X						0.	0.	0.
(13) SUSAN GREENSPAN, MD MEMBER	5.00	X						0.	0.	0.
(14) JUDITH PALCIC HULKA, APR MEMBER	5.00	X						0.	0.	0.
(15) KARL ISOGNA, MD MEMBER	5.00	X						0.	0.	0.
(16) C. CONRAD JOHNSTON, JR., MD MEMBER - UNITL 04/2012	5.00	X						0.	0.	0.
(17) FRANMARIE KENNEDY 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID L. KIM MEMBER	5.00	X						0.	0.	0.
(19) MICHAEL KLEEREKOPER, MD MEMBER - UNITL 04/2012	5.00	X						0.	0.	0.
(20) JOAN LAPPE, PHD MEMBER	5.00	X						0.	0.	0.
(21) BERDON LAWRENCE MEMBER	5.00	X						0.	0.	0.
(22) MERYL S. LEBOFF, MD MEMBER	5.00	X						0.	0.	0.
(23) BARBARA LEVIN MEMBER	5.00	X						0.	0.	0.
(24) E. MICHAEL LEWIECKI, MD, FACP, MEMBER	5.00	X						0.	0.	0.
(25) ROBERT LINDSAY, MD, PH.D. MEMBER	5.00	X						0.	0.	0.
(26) KENNETH G. SAAG, MD MEMBER	5.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								858,793.	0.	41,244.
d Total (add lines 1b and 1c)								858,793.	0.	41,244.

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

	Yes	No
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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HAINES AND COMPANY, INC., 8050 FREEDOM AVE., NW, NORTH CANTON, OH 44720	DIRECT MAILING	331,092.
GSW PO BOX 711703, CINCINNATI, OH 45271	PUBLIC RELATIONS	317,132.
BLACKBAUD, 2 CANAL PARK, SUITE 4300, CAMBRIDGE, MA 02141	DATABASE SERVICES	241,518.
ARTSMITH MEDIA, LLC 101 WEST PLUME STREET, NORFOLK, VA 23510	WEB STRATEGY DESIGN AND PRINT	187,526.
RANDSTAD PO BOX 2084, CAROL STREAM, IL 60132	TEMPORARY HELP	114,342.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **7**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 16,314.				
	b	Membership dues	1b 79,480.				
	c	Fundraising events	1c 142,829.				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,693,701.				
	g	Noncash contributions included in lines 1a-1f: \$	83,468.				
	h	Total. Add lines 1a-1f	▶ 2,932,324.				
	Program Service Revenue	2 a	<u>SYMPOSIUM/CO 2012</u>	Business Code 900099	327,344.	167,934.	159,410.
b		<u>SUBSCRIPTIONS/REPRINTS</u>	900099	35,600.	35,600.		
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f	▶ 362,944.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	116,076.		116,076.	
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶	374,347.		374,347.	
	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	1557180.			
		b	Less: cost or other basis and sales expenses	1495697.			
		c	Gain or (loss)	61,483.			
		d	Net gain or (loss)	▶ 61,483.			61,483.
	8 a	Gross income from fundraising events (not including \$ 142,829. of contributions reported on line 1c). See Part IV, line 18	a	26,660.			
		b	Less: direct expenses	b 138,361.			
		c	Net income or (loss) from fundraising events	▶ -111,701.			-111,701.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities	▶				
10 a	Gross sales of inventory, less returns and allowances	a	15,140.				
	b	Less: cost of goods sold	b 13,804.				
	c	Net income or (loss) from sales of inventory	▶ 1,336.	1,336.			
11 a	Miscellaneous Revenue	Business Code					
	<u>MISCELLANEOUS</u>	900099	35,240.			35,240.	
	<u>LIST RENTAL INCOME</u>	900099	19,493.			19,493.	
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d	▶ 54,733.					
12	Total revenue. See instructions.	▶ 3,791,542.	204,870.	0.	654,348.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	524,345.	357,052.	101,073.	66,220.
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	1,232,557.	830,405.	50,268.	351,884.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,827.	19,628.	102.	8,097.
9 Other employee benefits	65,448.	40,850.	5,972.	18,626.
10 Payroll taxes	110,522.	71,236.	10,787.	28,499.
11 Fees for services (non-employees):				
a Management				
b Legal	34,210.	17,839.	9,962.	6,409.
c Accounting	54,129.	28,226.	15,762.	10,141.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	6,837.			6,837.
f Investment management fees	24,983.	13,066.	7,252.	4,665.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	991,625.	785,608.	30,548.	175,469.
12 Advertising and promotion	19,147.	19,147.		
13 Office expenses	226,297.	154,644.	61,528.	10,125.
14 Information technology	193,643.	116,327.	43,998.	33,318.
15 Royalties				
16 Occupancy	320,405.	167,650.	56,021.	96,734.
17 Travel	48,004.	31,875.	9,796.	6,333.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	321,079.	243,706.	18,312.	59,061.
20 Interest	17,384.	9,367.	4,637.	3,380.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	172,462.	89,932.	32,310.	50,220.
23 Insurance	36,411.	18,987.	10,603.	6,821.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT MAIL	225,490.	73,657.	24,129.	127,704.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,652,805.	3,089,202.	493,060.	1,070,543.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	232,327.	73,657.	24,129.	134,541.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	561,334.	1	354,660.	
	2 Savings and temporary cash investments	36,939.	2	669,904.	
	3 Pledges and grants receivable, net	445,410.	3	405,315.	
	4 Accounts receivable, net	79,592.	4	61,542.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	122,837.	8	124,652.	
	9 Prepaid expenses and deferred charges	184,001.	9	139,851.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 700,264.			
	b Less: accumulated depreciation	10b 464,045.			
		406,955.	10c	236,219.	
	11 Investments - publicly traded securities	4,555,148.	11	3,652,106.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
15 Other assets. See Part IV, line 11		15			
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,392,216.	16	5,644,249.		
Liabilities	17 Accounts payable and accrued expenses	908,601.	17	597,156.	
	18 Grants payable		18		
	19 Deferred revenue	33,261.	19	22,196.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	650,000.	23	850,000.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	56,789.	25	59,509.	
	26 Total liabilities. Add lines 17 through 25	1,648,651.	26	1,528,861.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	3,615,903.	27	3,317,108.	
	28 Temporarily restricted net assets	947,650.	28	618,268.	
	29 Permanently restricted net assets	180,012.	29	180,012.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	4,743,565.	33	4,115,388.	
34 Total liabilities and net assets/fund balances	6,392,216.	34	5,644,249.		

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	3,791,542.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,652,805.
3	Revenue less expenses. Subtract line 2 from line 1	3	-861,263.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,743,565.
5	Net unrealized gains (losses) on investments	5	313,936.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-80,850.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,115,388.

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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	
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 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization NATIONAL OSTEOPOROSIS FOUNDATION	Employer identification number 36-3350532
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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 - Non-functionally integrated
- 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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4607741.	2870158.	3170954.	3297233.	2932324.	16878410.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4607741.	2870158.	3170954.	3297233.	2932324.	16878410.
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)						3740796.
6 Public support. Subtract line 5 from line 4.						13137614.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	4607741.	2870158.	3170954.	3297233.	2932324.	16878410.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	430,104.	469,733.	503,775.	461,014.	509,916.	2374542.
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.)	6,045.	15,467.	1,475.	638.	35,240.	58,865.
11 Total support. Add lines 7 through 10						19311817.
12 Gross receipts from related activities, etc. (see instructions)					12	4,050,199.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	68.03	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	72.69	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
16b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I 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

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2011 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2011 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2012. 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 - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

NATIONAL OSTEOPOROSIS FOUNDATION

36-3350532

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For 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, total 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 total 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 Part I, 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) (2012)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>537,005.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>276,725.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>140,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>115,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>101,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>89,902.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>85,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<hr/> <hr/> <hr/> <hr/>	\$ <u>82,176.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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

Name of organization NATIONAL OSTEOPOROSIS FOUNDATION	Employer identification number 36-3350532
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total 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.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(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	
(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	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

▶ **See separate instructions.**

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 35c (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) 2012

LHA

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures	4,645,968.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	4,645,968.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	382,298.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 30%;">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)	95,575.													
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	467,353.	385,295.	465,058.	382,298.	1,700,004.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,550,006.
c Total lobbying expenditures	75,469.	141,977.	59,473.		276,919.
d Grassroots nontaxable amount	116,838.	96,324.	116,265.	95,575.	425,002.
e Grassroots ceiling amount (150% of line 2d, column (e))					637,503.
f Grassroots lobbying expenditures	12,442.	15,461.	59,473.		87,376.

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

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

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

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (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; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2012

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.

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)?

Yes No

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

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

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

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

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

(i) 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 XIII.

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

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.	180,012.	180,012.
b Contributions					
c Net investment earnings, gains, and losses	11,051.	8,474.	5,753.	271.	3,388.
d Grants or scholarships				271.	3,388.
e Other expenditures for facilities and programs	11,051.	8,474.	5,753.		
f Administrative expenses					
g End of year balance	180,012.	180,012.	180,012.	180,012.	180,012.

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		129,448.	114,191.	15,257.
e Other		570,816.	349,854.	220,962.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				236,219.

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)		
Total. (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)		
Total. (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)	
Total. (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) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	59,509.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	59,509.

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

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

1	Total revenue, gains, and other support per audited financial statements	1	4,234,376.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	313,936.
b	Donated services and use of facilities	2b	1,716.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	152,165.
e	Add lines 2a through 2d	2e	467,817.
3	Subtract line 2e from line 1	3	3,766,559.
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	24,983.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	24,983.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,791,542.

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

1	Total expenses and losses per audited financial statements	1	4,781,703.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,716.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	152,165.
e	Add lines 2a through 2d	2e	153,881.
3	Subtract line 2e from line 1	3	4,627,822.
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	24,983.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	24,983.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,652,805.

Part XIII 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, lines 2d and 4b; and Part XII, 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 AND 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 XIII Supplemental Information (continued)

TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2012, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	13,804.
SPECIAL EVENT EXPENSES	138,361.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	152,165.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	13,804.
SPECIAL EVENT EXPENSES	138,361.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	152,165.

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))
		MOTHERS TO DAUGHTER LUN (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	169,489.			169,489.
	2 Less: Contributions	142,829.			142,829.
	3 Gross income (line 1 minus line 2)	26,660.			26,660.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	13,845.			13,845.
	6 Rent/facility costs	42,354.			42,354.
	7 Food and beverages	23,699.			23,699.
	8 Entertainment				
	9 Other direct expenses	58,463.			58,463.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(138,361)
	11 Net income summary. Combine line 3, column (d), and line 10				-111,701.

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))
		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	13a	%
b An outside facility	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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

NATIONAL OSTEOPOROSIS FOUNDATION

Employer identification number

36-3350532

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	X
b	Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	X
b	Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2012

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 (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) AMY PORTER EXECUTIVE DIRECTOR/CEO	(i)	247,091.	2,500.	18,607.	12,195.	2,112.	282,505.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVID B. LEE DIRECTOR, NBHA	(i)	170,084.	250.	0.	0.	5,484.	175,818.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7: DURING THE YEAR ENDED DECEMBER 31, 2012, AMY PORTER,
EXECUTIVE DIRECTOR/CEO, AND DAVID B. LEE, DIRECTOR OF NBMA RECEIVED A BONUS
WHICH WAS AWARDED BASED ON THEIR PERFORMANCES AND AT THE DISCRETION OF THE
BOARD.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

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				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	51,941.	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				
20 Drugs and medical supplies	X	4	1,950.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>EVENT RAFFLE</u>)	X	12	23,091.	FMV
26 Other ▶ (<u>FITNESS DVD</u>)	X	1	4,988.	FMV
27 Other ▶ (<u>TRAVEL, MEALS</u>)	X	4	1,095.	COST
28 Other ▶ (<u>TEXAS A&M PSI</u>)	X	4	403.	COST

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) (2012)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B: MERRILL LYNCH LIQUIDATES NON-CASH STOCK
CONTRIBUTIONS UPON THE REQUEST OF THE FOUNDATION'S DIRECTOR OF FINANCE
AND ADMINISTRATION IN COMPLIANCE WITH THE FOUNDATION'S INVESTMENT
POLICY.

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

2012

Open to Public
Inspection

Name of the organization

NATIONAL OSTEOPOROSIS FOUNDATION

Employer identification number

36-3350532

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

IN APRIL 2012, NBHA LAUNCHED 2MILLION2MANY, A NATIONAL AWARENESS
CAMPAIGN DESIGNED TO BREAK THROUGH THE CLUTTER AND ELEVATE OSTEOPOROSIS
TO AN ISSUE OF NATIONAL CONCERN. THE CAMPAIGN DRAWS ATTENTION TO THE
TWO MILLION BONE BREAKS THAT OCCUR IN THE U.S. EVERY YEAR DUE TO
OSTEOPOROSIS AND ISSUES A CLEAR AND SIMPLE CALL TO ACTION FOR
HEALTHCARE PROFESSIONALS AND CONSUMERS ALIKE: IF IT'S 50+ FRACTURE,
REQUEST A TEST. TO BRING THE CAMPAIGN TO LIFE, NBHA BUILT "CAST
MOUNTAIN" - A 12-FT. TALL AND 12-FT. WIDE VISUAL INSTALLATION
REPRESENTING THE 5,500 BONE BREAKS THAT OCCUR IN THE U.S. IN JUST ONE
DAY DUE TO OSTEOPOROSIS.

THE CAMPAIGN WAS UNVEILED TO HEALTHCARE PROFESSIONALS AT THE NATIONAL
OSTEOPOROSIS FOUNDATION'S INTERNATIONAL SYMPOSIUM ON OSTEOPOROSIS IN
APRIL, AND SUBSEQUENTLY LAUNCHED TO THE PUBLIC ON MAY 15 DURING NBHA'S
2MILLION2MANY OSTEOPOROSIS SUMMIT HELD AT THE KAISER PERMANENTE CENTER
FOR TOTAL HEALTH IN WASHINGTON, DC. CAST MOUNTAIN SERVED AS THE
BACKDROP OF THE HALF-DAY SUMMIT THAT ATTRACTED NEARLY 100 PARTICIPANTS
AND BROUGHT TOGETHER THE NATION'S LEADING EXPERTS ON BONE AND WOMEN'S
HEALTH, HEALTH ECONOMICS, POLICY AND PATIENT ADVOCACY TO DISCUSS THE
IMPACT OF OSTEOPOROSIS AND THE IMPORTANCE OF SECONDARY FRACTURE
PREVENTION.

ANOTHER MAJOR INITIATIVE OF THE NBHA IS TO FOSTER THE WIDESPREAD
UTILIZATION OF THE FRACTURE LIAISON SERVICE (FLS) MODEL OF CARE, A
TESTED, EFFECTIVE WAY TO IMPROVE PATIENT OUTCOMES AND DECREASE

Name of the organization NATIONAL OSTEOPOROSIS FOUNDATION	Employer identification number 36-3350532
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HEALTHCARE COSTS ON A NUMBER OF FRONTS. IN JANUARY OF 2012, NBHA SUBMITTED A PROPOSAL REQUESTING \$29 MILLION OVER THREE YEARS TO THE CMS INNOVATION CENTER FOR FUNDING CONSIDERATION THROUGH ITS "HEALTH CARE INNOVATION CHALLENGE" FUNDING MECHANISM TO SUPPORT IMPLEMENTING A FLS MODEL OF CARE PROGRAM IN THE MEDICARE SYSTEM AT 80 SITES ACROSS THE COUNTRY. WHILE THE GRANT REQUEST WAS NOT FUNDED, NBHA CONTINUED DISCUSSIONS WITH GROUPS THROUGHOUT THE YEAR TO SECURE SUPPORT TO FUND ITS FLS WORK.

THE FOUNDATION AND NBHA WORKED AS PART OF A COALITION OF PATIENT AND PROFESSIONAL GROUPS CONTINUING TO SEEK A LEGISLATIVE SOLUTION TO RESTORE MEDICARE BONE DENSITY TESTING PHYSICIAN OFFICE REIMBURSEMENT. THE COALITION ADVOCATED FOR THE INCLUSION OF LANGUAGE TO RESTORE THE REIMBURSEMENT RATE IN LEGISLATIVE PROPOSALS SLATED TO BE PASSED BY CONGRESS BEFORE THE END OF THE YEAR. THE FOUNDATION AND NBHA WERE INSTRUMENTAL IN AN EFFORT TO MOBILIZE HEALTHCARE PROVIDERS IN KEY CONGRESSIONAL DISTRICTS TO CALL ON THEIR MEMBERS OF CONGRESS TO SUPPORT RESTORING THE REIMBURSEMENT RATE AND CONTINUED WORKING WITH PATIENTS, CAREGIVERS AND LIKEMINDED ORGANIZATIONS TO RAISE AWARENESS OF THE NEED TO MAINTAIN REIMBURSEMENT LEVELS TO PROTECT PATIENT ACCESS TO OSTEOPOROSIS TESTING, WHICH IS CRITICAL IN DETECTING OSTEOPOROSIS AND PREVENTING DEBILITATING AND COSTLY FRACTURES BEFORE THEY OCCUR.

AS PART OF AN EFFORT TO ADDRESS THE SHORT COMINGS IN USING BIOCHEMICAL MARKERS AS TOOLS IN CLINICAL PRACTICE, NBHA EXECUTED A PROJECT BUILT ON THE RECOMMENDATIONS OF THE INTERNATIONAL OSTEOPOROSIS FOUNDATION (IOF) /INTERNATIONAL FEDERATION OF CLINICAL CHEMISTRY AND LABORATORY MEDICINE BONE MARKER STANDARDS WORKING GROUP POSITION PAPER PUBLISHED IN

Name of the organization NATIONAL OSTEOPOROSIS FOUNDATION	Employer identification number 36-3350532
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OSTEOPOROSIS INTERNATIONAL IN 2011 REGARDING THE USE AND UTILITY OF BONE TURNOVER MARKERS IN CLINICAL PRACTICE. AS A FIRST STEP, THE PROJECT TEAM PUBLISHED A POSITION PAPER IN JULY 2012 THAT OUTLINED THE CHALLENGES TO WIDESPREAD USE OF BONE TURNOVER MARKERS AND DESCRIBED THE BONE TURNOVER STANDARDIZATION PROJECT, WHICH AIMS TO GIVE CLINICIAN'S CONFIDENCE IN THEIR USE OF BONE TURNOVER MARKERS TO HELP MONITOR OSTEOPOROSIS TREATMENT AND ASSESS FUTURE FRACTURE RISK FOR THEIR PATIENTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: CONFERENCE. IN CONJUNCTION WITH THE CONFERENCE, THE FOUNDATION'S NURSING ADVISORY COUNCIL HELD A FREE DINNER SYMPOSIUM FOR NURSES ATTENDING THE CONFERENCE AS WELL AS FOR NURSES IN THE COMMUNITY. THE FOUNDATION ALSO PRODUCED TWO ISSUES OF ITS PROFESSIONAL NEWSLETTER, OSTEOPOROSIS: CLINICAL UPDATES, PROVIDING CONTINUING EDUCATION CREDIT FOR HEALTH CARE PROFESSIONALS ON TOPICS RELEVANT TO CLINICAL PRACTICE. THE FOUNDATION ALSO LAUNCHED AN ONLINE CME ACTIVITY IN PARTNERSHIP WITH MEDSCAPE IN DECEMBER.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: PREVENTION. THE EVENTS TOOK PLACE IN CITIES ACROSS THE COUNTRY AND GUESTS WALKED AWAY WITH IMPORTANT AND PRACTICAL INFORMATION TO HELP THEM BUILD, MAINTAIN AND PROTECT THEIR BONES. IN CONJUNCTION WITH ISO12, THE FOUNDATION HOSTED A FREE, PATIENT EDUCATION EVENT THAT ATTRACTED MORE THAN 100 ORLANDO AREA RESIDENTS. THE HEALTHY BONES, BUILD THEM FOR LIFE CONSUMER AND PATIENT FORUM FEATURED PANEL PRESENTATIONS FROM LEADING EXPERTS ON FRACTURES, CALCIUM AND VITAMIN D, EXERCISE AND TREATMENT, FOLLOWED BY AN INTERACTIVE Q&A SESSION.

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IN 2012, THE FOUNDATION ALSO REVISED ITS SUPPORT GROUP AFFILIATION AGREEMENT WITH THE GOAL OF MAKING IT MORE INVITING AND APPEALING TO NEW AND EXISTING OSTEOPOROSIS SUPPORT GROUPS. THE AFFILIATION AGREEMENT WAS UPDATED TO REQUIRE THAT NEW SUPPORT GROUPS HAVE A MEDICAL ADVISOR AND AT LEAST FIVE FOUNDING MEMBERS TO AFFILIATE WITH THE FOUNDATION TO IMPROVE THE QUALITY OF INFORMATION DISSEMINATED THROUGH THE SUPPORT GROUPS AND GIVE NEW GROUPS A BETTER CHANCE AT SUCCEEDING. THE FOUNDATION CONTINUED HOLDING QUARTERLY CONFERENCE CALLS WITH SUPPORT GROUP LEADERS AND IDENTIFIED SEVERAL NEW LEADERS INTERESTED IN STARTING NEW SUPPORT GROUPS, INCLUDING A NEW SUPPORT GROUP THAT FORMED IN HAWAII.

IN THE FALL OF 2012, THE FOUNDATION ALSO RELAUNCHED ITS WEBSITE AND ONLINE COMMUNITY WITH THE GOAL OF MAKING THEM MORE ACCESSIBLE AND ENGAGING FOR PATIENT AND CONSUMER AUDIENCES. THE FOUNDATION'S WEBSITE IS THE FOUNDATION'S MOST VALUABLE CHANNEL FOR COMMUNICATING DIRECTLY WITH THE OSTEOPOROSIS PATIENTS, CAREGIVERS AND THE PUBLIC AND WAS REDESIGNED TO ENHANCE THE SITE CONTENT AND USER EXPERIENCE WITH THE GOAL OF MAKING IT EASIER TO NAVIGATE. THE SITE NOW FEATURES EASY-TO-NAVIGATE AND PRACTICAL INFORMATION ON HOW TO LIVE WITH OSTEOPOROSIS AND LOW-BONE MASS, LEARN MORE ABOUT THE PREVENTION AND TREATMENT OF THE DISEASE AND WAYS TO CONNECT WITH THE FOUNDATION AND OTHERS THROUGH THE ONLINE COMMUNITY, SUPPORT GROUPS AND SPECIAL EVENTS. SINCE LAUNCHING THE NEW SITE, NOF.ORG HAS AVERAGED 50,000 UNIQUE VISITORS PER MONTH, UP FROM APPROXIMATELY 30,000 BEFORE THE REDESIGN.

ALSO IN THE FALL OF 2012, THE FOUNDATION RELAUNCHED ITS ONLINE SUPPORT

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COMMUNITY TO ALIGN WITH THE NEW NOF WEBSITE DESIGN AND LIVE, LEARN, CONNECT THEME. THE FOUNDATION ALSO USED THE OPPORTUNITY TO INTRODUCE FOUR NEW VOLUNTEER MODERATORS TO ACTIVELY ENGAGE IN CONVERSATIONS WITH COMMUNITY MEMBERS AND HELP KEEP DISCUSSIONS ON THE RIGHT TRACK. AS A RESULT, THE COMMUNITY IS NOW UP TO MORE THAN 8,300 MEMBERS - UP FROM 7,000 MEMBERS BEFORE THE RELAUNCH - AND THE FOUNDATION HAS OBSERVED A MORE POSITIVE TONE TO THE CONVERSATIONS.

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

COMMUNICATIONS

EXPENSES \$ 241,512. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MEMBERSHIP

EXPENSES \$ 121,478. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PUBLIC POLICY

EXPENSES \$ 99,651. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

RESEARCH

EXPENSES \$ 11,670. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4: NEW TRUSTEE POSITION - "JOURNAL EDITOR TRUSTEE. THE BOARD OF TRUSTEES BY RESOLUTION MAY APPOINT A JOURNAL EDITOR TRUSTEE, WHO SHALL BE NAMED TO THIS DESIGNATION BY VIRTUE OF HIS/HER POSITION AS THE OSTEOPOROSIS INTERNATIONAL JOURNAL EDITOR. THE JOURNAL EDITOR TRUSTEE SHALL BE AN EX-OFFICIO NON-VOTING MEMBER OF THE BOARD OF TRUSTEES UNLESS HE/SHE IS A CURRENT TRUSTEE WITH VOTING PRIVILEGES."

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NEW OFFICER POSITION - "CHAIRMAN-ELECT. THE CHAIRMAN-ELECT OF THE BOARD OF TRUSTEES SHALL ASSIST THE CURRENT CHAIRMAN AS REQUESTED, INCLUDING PARTICIPATING IN THE ANNUAL PERFORMANCE REVIEW OF THE CEO. THE CHAIRMAN-ELECT SHALL ALSO SERVE AS AN EX-OFFICIO MEMBER OF ALL COMMITTEES. IF THE CHAIRMAN IS UNABLE TO PERFORM THE DUTIES OF THE OFFICE, THE CHAIRMAN-ELECT WILL SUCCEED TO THE OFFICE OF CHAIRMAN AND WILL CONTINUE TO SERVE AS CHAIRMAN FOR THE UNEXPIRED TERM OF THE CHAIRMAN."

HOW CHAIRMAN-ELECT OFFICER ELECTED - "THE BOARD OF TRUSTEES MAY, AT ANY TIME, ELECT BY RESOLUTION A CHAIRMAN-ELECT OFFICER TO SERVE AS THE NEXT CHAIRMAN, WHO CANNOT OFFICIALLY TAKE OFFICE UNTIL THE CURRENT OUTGOING CHAIRMAN'S TERM HAS EXPIRED."

FORM 990, PART VI, SECTION B, LINE 11: THE DIRECTOR OF FINANCE AND THE SENIOR ACCOUNTANT, AS WELL AS THE EXECUTIVE DIRECTOR/CEO, REVIEW THE FEDERAL FORM 990 AS PREPARED BY RAFFA, P.C. TO DETERMINE IF THE INFORMATION PRESENTED IN THE FEDERAL FORM 990 IS IN AGREEMENT WITH INFORMATION ORIGINALLY PROVIDED TO RAFFA, P.C. THE FOUNDATION AND RAFFA, P.C. DISCUSS ISSUES, IF ANY. BEFORE THE FEDERAL FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE, BOARD MEMBERS ARE NOTIFIED THAT THE COMPLETED FEDERAL FORM 990 IS AVAILABLE FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD ANNUALLY REVIEWS THE CONFLICT OF INTEREST POLICY AND DISCLOSES ANY POTENTIAL CONFLICT OF INTEREST. ALL SENIOR STAFF, OFFICERS AND HIGHLY COMPENSATED EMPLOYEES, SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY. THE SIGNED DOCUMENTS ARE REVIEWED BY THE EXECUTIVE DIRECTOR/CEO AND KEPT BY THE DIRECTOR OF OPERATIONS. THE COI POLICY IS ALWAYS TAKEN INTO CONSIDERATION WHEN THERE IS

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THE POTENTIAL FOR CONFLICT, PARTICULARLY WHEN SIGNING NEW CONTRACTS OR BEGINNING NEW RELATIONSHIPS. ANY POSSIBLE APPEARANCE OF CONFLICT OF INTEREST THAT ARISES IN THE COURSE OF BUSINESS IS RESEARCHED TO DETERMINE THE EXISTENCE OF A CONFLICT. IF A CONTRACT IS TO BE MADE WITH A RELATED PARTY, IT IS DISCLOSED TO THE BOARD AND A VOTE IS TAKEN. IF THE FOUNDATION'S STAFF MEMBERS IDENTIFY A CONFLICT OF INTEREST, THE FOUNDATION'S EXECUTIVE DIRECTOR/CEO AND ITS DIRECTOR OF OPERATIONS SHARE THIS INFORMATION WITH THE EXECUTIVE COMMITTEE OF THE BOARD FOR ITS ACTION.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION SURVEYS FOR EMPLOYEES IN SIMILAR POSITIONS WITH SIMILAR RESPONSIBILITIES IN THE NOT-FOR-PROFIT INDUSTRY ARE USED AS BENCHMARKS FOR DETERMINING COMPENSATION OF OFFICERS AND KEY EMPLOYEES. THE COMPENSATION FOR THE 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 IN EVALUATING 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 THE FOUNDATION BELIEVES THESE ARE PROPRIETARY IN NATURE. THE FOUNDATION'S FINANCIAL STATEMENTS AND FEDERAL FORM 990 ARE MADE AVAILABLE TO THE PUBLIC ON THE FOUNDATION'S WEB SITE.

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

COMPUTER SUPPORT:

PROGRAM SERVICE EXPENSES	64,727.
MANAGEMENT AND GENERAL EXPENSES	8,248.
FUNDRAISING EXPENSES	97,019.
TOTAL EXPENSES	169,994.

ASSISTANCE:

PROGRAM SERVICE EXPENSES	29,522.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	6,837.
TOTAL EXPENSES	36,359.

TEMPORARY SERVICES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	22,300.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	22,300.

DEVELOPMENT CONSULTANT:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	43,460.
TOTAL EXPENSES	43,460.

RESEARCH CONSULTANT:

PROGRAM SERVICE EXPENSES	0.
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MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	28,153.
TOTAL EXPENSES	28,153.

PR:

PROGRAM SERVICE EXPENSES	378,709.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	378,709.

SUBCONTRACTOR:

PROGRAM SERVICE EXPENSES	312,650.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	312,650.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	991,625.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON RETURNED CONTRIBUTIONS	-80,850.
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATIONS MISSION:

PUBLIC AND CLINICIAN AWARENESS, EDUCATION, ADVOCACY AND RESEARCH.

THE FOUNDATION'S GOAL IS TO EDUCATE THE PUBLIC AND HEALTH PROFESSIONALS ON WAYS TO PREVENT, DIAGNOSE AND TREAT OSTEOPOROSIS. WE UNDERSTAND IT TAKES DOCTORS, CAREGIVERS, FAMILY MEMBERS AND OTHER HEALTH PROFESSIONALS WORKING TOGETHER AS A TEAM TO EFFECTIVELY MANAGE THIS DISEASE. SINCE 1984, WE HAVE MADE GREAT STRIDES IN THE FIGHT AGAINST

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OSTEOPOROSIS, BUT WE MUST CONTINUE GROWING OUR TEAM TO TACKLE THE CHALLENGES THAT REMAIN AND CURB THE INCREASED INCIDENCE OF OSTEOPOROSIS AMONG OUR AGING POPULATION.

WITH THE SUPPORT OF THIS GROWING TEAM OF INDIVIDUALS, COMPANIES AND ASSOCIATIONS, WE WILL CONTINUE OUR EFFORTS TO PROVIDE THE LATEST OSTEOPOROSIS RESEARCH AND INFORMATION FOR PATIENTS, THE PUBLIC AND HEALTH PROFESSIONALS ALIKE IN ORDER TO ESTABLISH A STANDARD OF CARE FOR OSTEOPOROSIS MANAGEMENT AND ENSURE BETTER BONE HEALTH FOR ALL.

• 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).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions National Osteoporosis Foundation	Employer identification number (EIN) or 36-3350532
	Number, street, and room or suite no. If a P.O. box, see instructions. 1150 17th Street, NW, No. 850	Social security number (SSN)
	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)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	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.

DeAnn Shaffer

• The books are in the care of **1150 17th Street, NW, Suite 850 - Washington, DC 20036**
 Telephone No. **202-223-2237** 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, 2013.**

5 For calendar year **2012**, 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 must be completed for Part II only.

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 **DeAnn Shaffer** Title **CPA** Date **8-12-13**