

**Return of Organization Exempt From Income Tax**

**2011**

Department of the Treasury  
Internal Revenue Service

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

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

Open to Public Inspection

**A For the 2011 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> INTERNATIONAL OCD FOUNDATION, INC Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 112 WATER STREET 501 City or town, state or country, and ZIP + 4 BOSTON, MA 02109 <b>F Name and address of principal officer:</b> JEFFERY SZYMANSKI 112 WATER STREET, SUITE 501, BOSTON, MA 021	<b>D Employer identification number</b> 22-2894564  <b>E Telephone number</b> (617) 973-5801  <b>G Gross receipts \$</b> 1,413,702. <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.OCFOUNDATION.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1987 <b>M State of legal domicile:</b> MA

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF THE FOUNDATION IS TO EDUCATE THE PUBLIC AND PROFESSIONAL COMMUNITIES ABOUT OCD AND</u> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) ..... 3 12 4 Number of independent voting members of the governing body (Part VI, line 1b) ..... 4 12 5 Total number of individuals employed in calendar year 2011 (Part VI, line 2a) ..... 5 8 6 Total number of volunteers (estimate if necessary) ..... 6 16 7 a Total unrelated business revenue from Part VIII, column (C), line 12 ..... 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 ..... 7b 0.																
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) ..... 9 Program service revenue (Part VIII, line 2g) ..... 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">1,305,072.</td> <td style="text-align: right;">1,160,589.</td> </tr> <tr> <td style="text-align: right;">272,816.</td> <td style="text-align: right;">252,084.</td> </tr> <tr> <td style="text-align: right;">439.</td> <td style="text-align: right;">305.</td> </tr> <tr> <td style="text-align: right;">105.</td> <td style="text-align: right;">724.</td> </tr> <tr> <td style="text-align: right;">1,578,432.</td> <td style="text-align: right;">1,413,702.</td> </tr> </tbody> </table>	Prior Year	Current Year	1,305,072.	1,160,589.	272,816.	252,084.	439.	305.	105.	724.	1,578,432.	1,413,702.			
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<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... 14 Benefits paid to or for members (Part IX, column (A), line 4) ..... 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... 16 a Professional fundraising fees (Part IX, column (A), line 11e) ..... b Total fundraising expenses (Part IX, column (D), line 25) ▶ 112,572. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... 19 Revenue less expenses. Subtract line 18 from line 12 .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: right;">136,648.</td> <td style="text-align: right;">163,273.</td> </tr> <tr> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td style="text-align: right;">431,347.</td> <td style="text-align: right;">480,655.</td> </tr> <tr> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td style="text-align: right;">713,271.</td> <td style="text-align: right;">808,083.</td> </tr> <tr> <td style="text-align: right;">1,281,266.</td> <td style="text-align: right;">1,452,011.</td> </tr> <tr> <td style="text-align: right;">297,166.</td> <td style="text-align: right;">&lt;38,309.&gt;</td> </tr> </tbody> </table>	136,648.	163,273.	0.	0.	431,347.	480,655.	0.	0.	713,271.	808,083.	1,281,266.	1,452,011.	297,166.	<38,309.>	
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<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16) ..... 21 Total liabilities (Part X, line 26) ..... 22 Net assets or fund balances. Subtract line 21 from line 20 .....	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Beginning of Current Year</th> <th style="width:50%;">End of Year</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">1,059,720.</td> <td style="text-align: right;">1,008,699.</td> </tr> <tr> <td style="text-align: right;">276,887.</td> <td style="text-align: right;">264,175.</td> </tr> <tr> <td style="text-align: right;">782,833.</td> <td style="text-align: right;">744,524.</td> </tr> </tbody> </table>	Beginning of Current Year	End of Year	1,059,720.	1,008,699.	276,887.	264,175.	782,833.	744,524.							
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**Part II Signature Block**

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

Sign Here	Signature of officer: JEFFERY SZYMANSKI, EXECUTIVE DIRECTOR Type or print name and title	Date: 11-12-12
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Paid Preparer Use Only	Print/Type preparer's name MARK J. CONKLIN, CPA	Preparer's signature	Date 11/05/12	Check if self-employed <input type="checkbox"/>	PTIN P01454073
	Firm's name ▶ MILLER WACHMAN LLP		Firm's EIN ▶ 04-2211907		
	Firm's address ▶ 100 CAMBRIDGE STREET, 13TH FLOOR BOSTON, MA 02114-2548		Phone no. 617-338-6800		

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

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 MISSION OF THE FOUNDATION IS TO EDUCATE THE PUBLIC AND PROFESSIONAL COMMUNITIES ABOUT OCD AND RELATED DISORDERS, PROVIDE ASSISTANCE TO INDIVIDUALS WITH OCD AND RELATED DISORDERS AND THEIR FAMILY AND FRIENDS, AND TO SUPPORT RESEARCH INTO THE CAUSES AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,113,383. including grants of \$ 138,944. ) (Revenue \$ 252,808. ) INCREASE PUBLIC AWARENESS OF OBSESSIVE COMPULSIVE DISORDERS (OCD). ALSO PROVIDES INFORMATION AND REFERRALS TO TREATMENT PROVIDERS IN THE FORM OF PAMPHLETS, NEWSLETTERS, VIDEOTAPES, A WEB SITE, AND ITS ANNUAL CONFERENCE AND BTI FEES, ETC. OVER 40,000 INDIVIDUALS BENEFIT FROM OCF'S EFFORTS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 1,113,383.

**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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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; 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, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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

Check if Schedule O contains a response to any question in this Part VI [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 MA, AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI
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 [ ] Another's website [X] Upon request
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: THE ORGANIZATION - (617)973-5801 112 WATER STREET, BOSTON, MA 02109

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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) DIANE DAVEY PRESIDENT/DIRECTOR	3.00	X		X				0.	0.	0.
(2) CHIRSTINA VERTULLO VICE PRESIDENT/DIRECTOR	3.00	X		X				0.	0.	0.
(3) MICHAEL STACK TREASURER/DIRECTOR	3.00	X		X				0.	0.	0.
(4) DENISE EGAN STACK SECRETARY/DIRECTOR	3.00	X		X				0.	0.	0.
(5) JEFF BELL DIRECTOR	2.00	X						0.	0.	0.
(6) SUSAN B. DAILEY DIRECTOR	2.00	X						0.	0.	0.
(7) MICHAEL JENIKE DIRECTOR	2.00	X						0.	0.	0.
(8) JOY KANT DIRECTOR	2.00	X						0.	0.	0.
(9) THOMAS M. LAMBERTI DIRECTOR	2.00	X						0.	0.	0.
(10) PATRICIA PERKINS DIRECTOR	2.00	X						0.	0.	0.
(11) FRANCES SYDNEY DIRECTOR	2.00	X						0.	0.	0.
(12) THOMAS CARTER WADDELL DIRECTOR	2.00	X						0.	0.	0.
(13) JEFFREY SZYMANSKI EXECUTIVE DIRECTOR	40.00			X				135,030.	0.	10,648.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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			
<b>1b Sub-total</b> .....							135,030.	0.	10,648.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							135,030.	0.	10,648.	

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 1

	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
NONE		

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 0



**Part VIII** Statement of Revenue

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	49,109.				
	b	Membership dues	1b	194,595.				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	916,885.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	<b>Total.</b> Add lines 1a-1f		1,160,589.				
	Program Service Revenue	2 a	CONFERENCES	Business Code 541900	217,177.	217,177.		
b		BTI FEES	541900	31,575.	31,575.			
c		SALE OF LITERATURE	541900	3,332.	3,332.			
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f		252,084.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		305.			305.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	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				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b	Less: direct expenses	b				
		c	Net income or (loss) from fundraising events					
	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						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a	MISCELLANEOUS	900099	724.	724.				
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d		724.					
12	<b>Total revenue.</b> See instructions.		1,413,702.	252,808.	0.	305.		

**Part IX Statement of Functional Expenses**

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

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

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	163,273.	163,273.		
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	145,678.	94,692.	21,851.	29,135.
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	258,052.	180,883.	65,710.	11,459.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	7,894.	5,432.	2,034.	428.
9 Other employee benefits	32,206.	23,332.	7,747.	1,127.
10 Payroll taxes	36,825.	24,826.	8,751.	3,248.
11 Fees for services (non-employees):				
a Management				
b Legal	44,370.	30,504.	10,538.	3,328.
c Accounting	16,800.		16,800.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	76,710.	29,612.	7,897.	39,201.
12 Advertising and promotion				
13 Office expenses	14,522.	9,588.	3,750.	1,184.
14 Information technology				
15 Royalties				
16 Occupancy	61,817.	42,499.	14,682.	4,636.
17 Travel	2,529.	1,556.	973.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	254,326.	221,249.	33,077.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,868.	17,199.	2,801.	868.
23 Insurance	5,197.		5,197.	
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 <b>SPECIAL PROJECTS</b>	91,668.	91,668.		
b <b>PUBLIC RELATIONS</b>	68,607.	68,607.		
c <b>PRINTING AND PUBLICATIONS</b>	43,852.	30,341.	866.	12,645.
d <b>POSTAGE</b>	23,474.	16,138.	5,575.	1,761.
e All other expenses	83,343.	61,984.	17,807.	3,552.
25 Total functional expenses. Add lines 1 through 24e	1,452,011.	1,113,383.	226,056.	112,572.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing .....	178,861.	1	137,566.
	2	Savings and temporary cash investments .....	154,154.	2	214,019.
	3	Pledges and grants receivable, net .....	27,703.	3	2,120.
	4	Accounts receivable, net .....	28,417.	4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....		8	
	9	Prepaid expenses and deferred charges .....	15,494.	9	14,815.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 171,407.		
	b	Less: accumulated depreciation .....	10b 131,020.	10c	40,387.
	11	Investments - publicly traded securities .....	364,867.	11	365,026.
	12	Investments - other securities. See Part IV, line 11 .....	226,061.	12	229,523.
	13	Investments - program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....		14	
	15	Other assets. See Part IV, line 11 .....	5,243.	15	5,243.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,059,720.	16	1,008,699.	
Liabilities	17	Accounts payable and accrued expenses .....	45,286.	17	46,484.
	18	Grants payable .....	102,486.	18	104,208.
	19	Deferred revenue .....	122,730.	19	109,470.
	20	Tax-exempt bond liabilities .....		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....		23	
	24	Unsecured notes and loans payable to unrelated third parties .....		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	6,385.	25	4,013.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	276,887.	26	264,175.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets .....	411,366.	27	287,729.
	28	Temporarily restricted net assets .....	371,467.	28	456,795.
	29	Permanently restricted net assets .....		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds .....		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32	Retained earnings, endowment, accumulated income, or other funds .....		32	
33	<b>Total net assets or fund balances</b> .....	782,833.	33	744,524.	
34	<b>Total liabilities and net assets/fund balances</b> .....	1,059,720.	34	1,008,699.	

**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	1,413,702.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,452,011.
3	Revenue less expenses. Subtract line 2 from line 1	3	<38,309.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	782,833.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	744,524.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  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? \_\_\_\_\_
- b Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_
- c 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.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b 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. \_\_\_\_\_

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2011)

**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

**2011**

Open to Public Inspection

Name of the organization <b>INTERNATIONAL OCD FOUNDATION, INC</b>	Employer identification number <b>22-2894564</b>
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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 - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
  - (ii) A family member of a person described in (i) above? \_\_\_\_\_
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_
- h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
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 .....						
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) .....						
6 Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4 .....						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
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.) .....						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) .....					12	
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 2011 (line 6, column (f) divided by line 11, column (f)) .....	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14 .....	15	%
16a 33 1/3% support test - 2011. 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 type="checkbox"/>		
b 33 1/3% support test - 2010. 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 - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. 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**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1175838.	737,110.	863,368.	1305072.	1160589.	5241977.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	149,959.	241,683.	249,260.	272,816.	252,084.	1165802.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	1325797.	978,793.	1112628.	1577888.	1412673.	6407779.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8 Public support</b> (Subtract line 7c from line 6) .....						6407779.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....	1325797.	978,793.	1112628.	1577888.	1412673.	6407779.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	42,405.	19,892.	2,255.	439.	305.	65,296.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	42,405.	19,892.	2,255.	439.	305.	65,296.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	6,979.	2,866.	1,397.	105.	724.	12,071.
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.) .....	1375181.	1001551.	1116280.	1578432.	1413702.	6485146.

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

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

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	15	98.81 %
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	16	97.95 %

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) .....	17	1.01 %
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 .....	18	1.86 %

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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 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

2011

Open to Public Inspection

Name of the organization

INTERNATIONAL OCD FOUNDATION, INC

Employer identification number

22-2894564

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, value, and questions about donor informed status.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, and monitoring details.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.



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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

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

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIV.

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

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

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  %
  - 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)		
3a(ii)		
3b		

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

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

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

Description of 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		119,183.	104,908.	14,275.
e Other		52,224.	26,112.	26,112.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				40,387.

**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>BENEFICIAL INTEREST IN</b>		
(B) <b>CHARITABLE REMAINDER</b>		
(C) <b>TRUST</b>	229,523.	COST
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	229,523.	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>DEFERRED RENT</b>	4,013.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	4,013.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,413,702.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,452,011.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<38,309.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<38,309.>

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

1	Total revenue, gains, and other support per audited financial statements	1	1,514,816.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	101,114.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	101,114.
3	Subtract line 2e from line 1	3	1,413,702.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,413,702.

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

1	Total expenses and losses per audited financial statements	1	1,553,125.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	101,114.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	101,114.
3	Subtract line 2e from line 1	3	1,452,011.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,452,011.

**Part XIV Supplemental Information**

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

**UNCERTAIN TAX POSITIONS**

THE FOUNDATION ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS  
BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX  
POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION  
UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR  
POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE  
UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY  
ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN

Part XIV Supplemental Information (continued)

TAX POSITIONS. THE FOUNDATION HAS IDENTIFIED ITS TAX STATUS AS A TAX-EXEMPT ENTITY AS A TAX POSITION; HOWEVER, THE FOUNDATION HAS DETERMINED THAT SUCH A TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION. THE FOUNDATION IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION. THE FOUNDATION'S FEDERAL AND STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED.

Lined area for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

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

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

Name of the organization: **INTERNATIONAL OCD FOUNDATION, INC** Employer identification number: **22-2894564**

**Part I** General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASS GENERAL HOSPITAL PO BOX 41876 BOSTON, MA 02241			29,968.	0.			RESEARCH AWARD
UNIVERSITY OF SOUTH FLORIDA 800 6TH STREET SOUTH, 4TH FL ST. PETERSBURG, FL 33701			18,728.	0.			RESEARCH AWARD
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - AOB104 AIRPORT DRIVE, SUITE2200 - CHAPEL HILL, NC 27599			20,158.	0.			RESEARCH AWARD
MOUNT SINAI SCHOOL OF MEDICINE PO BOX 1230 NEW YORK, NY 10029			33,632.	0.			RESEARCH AWARD
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229			12,500.	0.			RESEARCH AWARD
TRUSTEES OF BOSTON UNIVERSITY 648 BEACON STREET, 6TH FLOOR BOSTON, MA 02215			9,650.	0.			RESEARCH AWARD

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **7.**

3 Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2011)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTAH STATE UNIVERSITY, DEPT. OF PSYCHOLOGY - 2810 OLD MAIN HILL - LOGAN UT 84322-2810			12,586.	0.			RESEARCH AWARD

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

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

SCHEDULE I, PART I, LINE 2: 1. RESEARCH AWARD RECIPIENTS WILL RECEIVE A RESEARCH AWARD LETTER FROM THE OCD FOUNDATION. IF THE RECIPIENTS ACCEPT THE OCD FOUNDATION RESEARCH AWARD UNDER CONDITIONS STATED IN THE LETTER, THEY SHOULD SIGN THE LETTER AND RETURN A SIGNED COPY OF THE COMPLETE LETTER TO THE FOUNDATION WITHIN 10 DAYS OF RECEIPT OF THE LETTER.

2. EACH RESEARCH AWARD RECIPIENT MUST SUBMIT A BRIEF SYNOPSIS OF HIS/HER PROJECT IN LANGUAGE SUITABLE FOR THE LAY READERS OF THE FOUNDATION NEWSLETTER.

**Part IV** Supplemental Information

3. TEN DAYS AFTER RECEIPT OF THE THIRD PAYMENT, EACH RECIPIENT MUST SEND A ONE-PAGE STATUS REPORT OF HIS/HER PROGRESS VIA E-MAIL.

4. WITHIN 30 DAYS OF RECEIPT OF THE FOURTH AND FINAL PAYMENT, EACH RECIPIENT MUST SEND A YEAR-END PROJECT REPORT. ONCE THE PROJECT IS COMPLETED, A 1,500 WORD ARTICLE WRITTEN BY THE PI WOULD BE INCLUDED IN A FUTURE ISSUE OF THE OCD FOUNDATION NEWSLETTER.

5. ALL RESEARCH AWARD WINNERS WILL BE ENCOURAGED TO PARTICIPATE IN A POSTER PRESENTATION OF THEIR RESEARCH. RESEARCHERS WILL ALSO BE ASKED TO PRESENT THEIR FINAL PROJECT RESULTS IN AS PART OF A PANEL AT A FUTURE OCD FOUNDATION CONFERENCE ONCE THEY HAVE COMPLETED PROJECTS.

6. AWARD RECIPIENTS WILL BE EXPECTED TO INCLUDE A CREDIT LINE ACKNOWLEDGING THE OCD FOUNDATION AS A FUNDING SOURCE ON ALL PUBLISHED MATERIALS ARISING FROM THE OCD-FUNDED RESEARCH.

7. ALL FUNDING FROM THE FOUNDATION WILL BE APPLIED ONLY TO THE PROJECT FOR WHICH THE RESEARCH AWARD WAS GIVEN. ANY UNUSED MONEY AVAILABLE AT THE END OF THE ONE-YEAR PROJECT MUST BE RETURNED TO THE OCD FOUNDATION RESEARCH FUND.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2011**

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 **INTERNATIONAL OCD FOUNDATION, INC** Employer identification number **22-2894564**

**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				
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				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( WEBSITE AND D )	X	1	91,165.	
26 Other ▶ ( SPECIAL PROJE )	X	26	6,241.	
27 Other ▶ ( CONFERENCE EX )	X	4	2,439.	
28 Other ▶ ( OFFICE EXPENS )	X	3	1,269.	

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.		

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

2011

Open to Public  
Inspection

Name of the organization

INTERNATIONAL OCD FOUNDATION, INC

Employer identification number

22-2894564

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

RELATED DISORDERS, PROVIDE ASSISTANCE TO INDIVIDUALS WITH OCD AND

RELATED DISORDERS AND THEIR FAMILY AND FRIENDS, AND TO SUPPORT RESEARCH

INTO THE CAUSES AND EFFECTIVE TREATMENTS OF OCD AND RELATED DISORDERS.

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

EFFECTIVE TREATMENTS OF OCD AND RELATED DISORDERS.

FORM 990, PART VI, SECTION A, LINE 2: MICHAEL AND DENISE EGAN STACK WERE

MARRIED. DIANE DAVEY AND MICHAEL JENIKE CURRENTLY WORK TOGETHER AT MCLEAN

HOSPITAL. JEFFREY SZYMANSKI AND DENISE EGAN STACK ALSO USED TO WORK WITH

DIANE DAVEY AND MICHAEL JENIKE AT MCLEAN HOSPITAL.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 WOULD BE SENT VIA EMAIL TO

THE BOARD OF DIRECTORS FOR REVIEW BEFORE THE NEXT BOARD MEETING. THE BOARD

TREASURER, MICHAEL STACK, WOULD INCLUDE FORM 990 IN HIS TREASURER'S REPORT

AND WOULD DISCUSS IT AS AN AGENDA ITEM AT THE NEXT BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION MONITORS COMPLIANCE

WITH ITS CONFLICT OF INTEREST POLICY AND BOARD MEMBERS AND KEY EMPLOYEES

ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICT ON AT LEAST AN ANNUAL

BASIS.

FORM 990, PART VI, SECTION B, LINE 15: THE FOUNDATION USED A SEARCH FIRM

TO HIRE THE EXECUTIVE DIRECTOR AND PROGRAM DIRECTOR POSITIONS. THE BOARD OF

DIRECTORS TOOK THE ADVICE AND GUIDANCE ON THE COMPENSATION FOR SIMILAR

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

Schedule O (Form 990 or 990-EZ) (2011)

132211  
01-23-12

Name of the organization <b>INTERNATIONAL OCD FOUNDATION, INC</b>	Employer identification number <b>22-2894564</b>
--	---

**POSITIONS IN BOSTON AREA FROM THE SEARCH FIRM AND DETERMINED THE COMPENSATION FOR OFFICERS. BEFORE HIRING EMPLOYEES, THE TREASURER OF THE BOARD DID RESEARCH ON RECRUITING WEBSITES AND DETERMINED EMPLOYEES' SALARIES TO ENSURE THAT SALARIES WERE IN LINE WITH SIMILAR DUTIES IN THE BOSTON AREA.**

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

**FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION WILL MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAIABLE TO THE PUBLIC UPON REQUEST.**

**FORM 990, PART XII, #2C  
THERE HAS BEEN NO CHANGE WITH THIS PROCEDURE FROM THE PRIOR YEAR.**

2011 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & FIXTURES											
2	TELEPHONE	120194SL		5.00	16	3,401.			3,401.	3,400.		0.
3	EQUIPMENT	120103SL		5.00	16	1,171.			1,171.	1,171.		0.
4	EQUIPMENT	120104SL		5.00	16	16,531.			16,531.	16,531.		0.
5	EQUIPMENT	120105SL		5.00	16	591.			591.	590.		0.
7	LAPTOP AND ACCESSORIES	071207SL		5.00	16	1,474.			1,474.	1,032.		295.
8	FURNITURE AND EQUIPMENT	012408SL		5.00	16	6,070.			6,070.	1,821.		1,214.
9	FURNITURE AND EQUIPMENT	021908SL		5.00	16	8,001.			8,001.	4,000.		1,600.
10	FURNITURE AND EQUIPMENT	031809SL		5.00	16	1,735.			1,735.	521.		347.
12	EQUIPMENT	011610SL		5.00	16	1,464.			1,464.	146.		293.
13	EQUIPMENT	021810SL		5.00	16	1,274.			1,274.	127.		255.
14	SOFTWARE	022410SL		3.00	16	1,912.			1,912.	319.		637.
15	CPU (APPLE)	083111SL		5.00	16	1,274.			1,274.			127.
16	CPU (MAC MINI)	040911SL		5.00	16	1,061.			1,061.			106.
	* 990 PAGE 10 TOTAL											
	FURNITURE & FIXTURES					45,959.		0.	45,959.	29,658.	0.	4,874.
	MACHINERY & EQUIPMENT											
1	TOUCHING FREE FILM	060193SL		20.00	16	57,000.			57,000.	51,300.		2,850.
6	EQUIPMENT	110106SL		5.00	16	16,224.			16,224.	13,527.		2,699.

128102  
05-01-11

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2011 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM OTHER					73,224.		0.	73,224.	64,827.	0.	5,549.
	11WEB SITE REDESIGN	070109SL		5.00	16	52,224.			52,224.	15,667.		10,445.
	* 990 PAGE 10 TOTAL OTHER					52,224.		0.	52,224.	15,667.	0.	10,445.
	* GRAND TOTAL 990 PAGE 10 DEPR					171,407.		0.	171,407.	110,152.	0.	20,868.

(D) - Asset disposed \* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

128102 05-01-11

• 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).

		<b>Enter filer's identifying number, see instructions</b>
<b>Type or print</b>	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	<b>INTERNATIONAL OCD FOUNDATION, INC</b>	<input checked="" type="checkbox"/> <b>22-2894564</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>112 WATER STREET, NO. 501</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BOSTON, MA 02109</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990	01
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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.**

**THE ORGANIZATION**

• The books are in the care of **▶ 112 WATER STREET - BOSTON, MA 02109**  
 Telephone No. **▶ (617) 973-5801** FAX No. **▶ (617) 973-5803**

• If the organization does not have an office or place of business in the United States, check this box  **X**

• 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, 2012.**
- 5 For calendar year **2011**, 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

**IMPORTANT INFORMATION NECESSARY TO FILE A FAIR AND ACCURATE RETURN IS NOT YET AVAILABLE.**

<b>8a</b> 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.	<b>8a</b>	\$	0.
<b>b</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.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	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 **▶**            Title **▶** **CPA** Date **▶**