Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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I OMB No. 1545-0047

A For the 2018 calendar year, or tax year beginning 2018, and ending D Employer identifi C Name of organization B Check if applicable INTERNATIONAL OCD FOUNDATION, INC. 22-28945 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 18 TREMONT STREET 308 (617) 973 -Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Amended BOSTON, MA 02108 G Gross receipts \$ Application pending H(a) Is this a group re F Name and address of principal officer: JEFFREY SZYMANSKI subordinates' 18 TREMONT STREET 308, BOSTON, MA 02108 H(b) Are all subordinate X | 501(c)(3) If "No." attach Tax-exempt status: 501(c) (4947(a)(1) or (insert no.) Website: ▶ WWW.IOCDF.ORG H(c) Group exemption L Year of formation: 1987 M Sta Form of organization: | X | Corporation Association Other > Summary Part I 1 Briefly describe the organization's mission or most significant activities: THE MISSION AND GOALS OF THE TO: EDUCATE THE PUBLIC AND PROFESSIONALS ABOUT OCD IN ORDER TO RAISE Governance AWARENESS AND IMPROVE THE QUALITY OF TREATMENT (SEE SCHEDULE O) if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Activities & Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 38 **Prior Year** Contributions and grants (Part VIII, line 1h) 1,507,152. 645,317. Program service revenue (Part VIII, line 2g) 2,642. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,155,111. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 133,265. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 888,347. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,030,945. 1,171,585. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,052,557. 2,402,782. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 707,841. 102,554. Revenue less expenses. Subtract line 18 from line 12 s or End of Year **Beginning of Current Year** 2,030,951. 1,343,869. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 241,086. 273,321. 21 1,102,783. 1,757,630. 22 Net assets or fund balances. Subtract line 21 from line 20. 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. 05/15/2019 Sign Signature of officer Date Here JEFFREY SZYMANSKI EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date Check Paid CHRISTOPHER GIALLONGO 08/15/2019 self-employed P01514264 Preparer Firm's name BDO USA, LLP Firm's EIN ▶ 13-5381590 **Use Only** Firm's address NONE INTERNATIONAL PLACE BOSTON, MA 02110 617-422-0700 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018)

Page 2 Form 990 (2018)

Pa		Service Accomplishments Itains a response or note to any line in this F	²art III	Х
1	1 Briefly describe the organization's ATTACHMENT 1	mission:		
2		ny significant program services during the		Yes X No
3	If "Yes," describe these new service			103 110
•				Yes X No
	expenses. Section 501(c)(3) and	ram service accomplishments for each of 501(c)(4) organizations are required to reany, for each program service reported.		
	INCREASE PUBLIC AWARENE (IOCDF). ALSO PROVIDES PROVIDERS IN THE FORM O	1,817,505. including grants of \$ SS OF OBSESSIVE COMPULSIVE DI INFORMATION AND REFERRALS TO F PAMPHLETS, NEWSLETTERS, VID. NFERENCE AND BTI FEES, ETC. O	SORDERS TREATMENT EOTAPES, A WEB	,770)
	INDIVIDUALS BENEFII INC	TIOCHT B EFFORIS.		
4b	4b (Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	4c (Code:) (Expenses \$	including grants of \$) (Revenue \$)
	4d Other program services (Describe (Expenses \$ inclu 4e Total program service expenses ▶	iding grants of \$) (Rever	nue \$)	

Form 990 (2018) Page **3**

Part IV **Checklist of Required Schedules** No Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, Х assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III , Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Х "Yes," complete Schedule D, Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II......... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х complete Schedule D, Part III 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 Х debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. Х 10 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? If "Yes," 11a Х b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII........... d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Х 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete b Was the organization included in consolidated, independent audited financial statements for the tax year? If Х "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... **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 Х foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Х for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Х Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)........... Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Х 19 Х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form 990 (2018) Page **4**

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	23	Х	
24 a	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 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
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>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	20a		
D		206		х
_	Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		х
00	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			Х
0.4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			.,
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			.,
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		.,	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			لـــا.
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Form **990** (2018)

Form 990 (2018) Page 5

Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note . If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of received on hand, [] [] [] [] [] [] [] [] [] [14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	טדי		
15	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

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 or note to any line in this Part VI

Sect	ion A. Governing Body and Management	• • •		
0000	ion A. Governing body and management		Yes	No
	Enter the number of voting members of the governing body at the end of the tay year 1a 10			
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
_	committee, explain in Schedule O. Enter the number of voting members included in line 1s, shows who are independent.			
b	Enter the number of voting members included in line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		Х	
	any other officer, director, trustee, or key employee?	2	Λ	-
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	_	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	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?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
b	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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		37	
	rise to conflicts?	12b	Х	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		37	
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
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?		37	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			77
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ MA r			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7	(Sec	tion 5	01(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 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	/, and
0.0	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record MATTHEW ANTONELLI 18 TREMONT STREET SUITE 308, MA 02108 617-973-5801	s 🕨		

Form **990** (2018)

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

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 compe	ensated any current officer, director, or trustee.
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(A) Name and Title	(B) Average hours per week (list any	(do r	not ch unles	Pos heck	c) sition more	e than o	one an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Indivi or dir	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)SUSAN BOAZ	3.00									
PRESIDENT/DIRECTOR	0.	Х		Х				0.	0.	0.
(2)DENIS ASSELIN	3.00									
VICE PRESIDENT/DIRECTOR	0.	Х		Х				0.	0.	0.
(3)RON PREVOST	3.00									
TREASURER/DIRECTOR	0.	Х		Х				0.	0.	0.
(4)DENISE EGAN STACK, LMHC	3.00									
SECRETARY/DIRECTOR	0.	Х		Х				0.	0.	0.
(5)DAVID CALUSDIAN	3.00									
DIRECTOR	0.	Х						0.	0.	0.
(6)DIANE B. DAVEY, RN	3.00									
DIRECTOR	0.	Х						0.	0.	0.
(7)MICHAEL JENIKE, MD	3.00									
DIRECTOR	0.	Х						0.	0.	0.
(8)PAUL A. MUELLER	3.00									
DIRECTOR	0.	Х						0.	0.	0.
(9)ELIZABETH MCINGVALE, PHD, LMSW	3.00									
DIRECTOR	0.	Х						0.	0.	0.
(10)PATRICIA PERKINS, JD	3.00									
EMERITUS/DIRECTOR	0.	Х						0.	0.	0.
(11)JO-ANN WINSTON	3.00									
DIRECTOR	0.	Х						0.	0.	0.
(12)JOY KANT	3.00									
EMERITUS/DIRECTOR	0.	Х						0.	0.	0.
(13)JEFF SZYMANSKI	40.00									
EXECUTIVE DIRECTOR	0.			Х				150,837.	0.	6,021.
(14)										

Form **990** (2018)

JSA

	n 990 (2018)	1/-	=	1 .			1 1	10			(age o
Ρê	art VII Section A. Officers, Directors, Tru		y En	ipic			and F	ııgı			yees (c			
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	Reporta compensati relate organiza	on from d	Est amo	(F) imated ount of other oensatio	f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		orga and	m the inization related nization	d
1b	Sub-total								150,837.		0.		6,0	21.
	Total from continuation sheets to Part VII, S	<u> </u>						>	150,837.	*	0.		6,0	0.
_	Total number of individuals (including but not reportable compensation from the organization			l	ed al	DOV	e) wno	re	eceived more than	\$100,000	OT		Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3	100	Х
4	For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	0,0	00?) If	"Yes	,"				4	Х	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "You	accrue co	mpen	sati	on 1	fron	n any	un				5		Х
	ection B. Independent Contractors						_							
1	Complete this table for your five highest comcompensation from the organization. Report of year.													
	(A) Name and business add	dress							(B) Description of se	rvices	C	(C) ompens	ation	

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

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to an	y line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	30,810. 283,519. 1,894,599.	2,208,928.			
Ξ			Business Code				
Program Service Revenue	2a b	CONFERENCES BTI FEES	541900 541900	645,241. 238,914.	645,241. 238,914.		
rvice	C	SALE OF LITERATURE	541900	615.	615.		
m Se	d						
gra	e f	All other program service revenue					
Pro	g	Total. Add lines 2a-2f		884,770.			
	3	Investment income (including divide and other similar amounts)	nds, interest,	16,858.	1,245.		15,613.
	4	Income from investment of tax-exempt bond	T T	0.	·		,
	5	Royalties	•	0.			
	6a b c d 7a	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other	0.			
	c d	Gain or (loss)		0.			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	0.				
U	c	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities. See Part IV, line 19	0.				
	b	Less: direct expenses					
	С	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances	0.				
	b c	Less: cost of goods sold	0 ▶	0.			
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS INCOME	900099	67.	67.		
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		67.	207 777		
	12	Total revenue. See instructions.	<u> ▶</u>	3,110,623.	886,082.		15,613.

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).

000	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	141,478.	141,478.							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.								
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign	25 260	25 260							
_	individuals. See Part IV, lines 15 and 16	35,369. 0.	35,369.							
4	Benefits paid to or for members	0.								
5	Compensation of current officers, directors, trustees, and key employees	156,828.	109,780.	21,956.	25,092.					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and	0.								
7	persons described in section 4958(c)(3)(B)	709,581.	464,216.	140,495.	104,870.					
	Other salaries and wages Pension plan accruals and contributions (include	,03,3011	101/2101	110,1331	101/0/00					
8	section 401(k) and 403(b) employer contributions	0.								
a	Other employee benefits	119,434.	79,125.	22,394.	17,915.					
10	Payroll taxes	68,507.	45,386.	12,845.	10,276.					
11										
а	Management	0.								
	Legal	568.	421.	61.	86.					
c	Accounting	21,800.	14,982.	4,571.	2,247.					
d	Lobbying	0.								
	Professional fundraising services. See Part IV, line 17.	0.								
1	Investment management fees	0.								
g	Other. (If line 11g amount exceeds 10% of line 25, column	5,980.	4,608.		1,372.					
10	(A) amount, list line 11g expenses on Schedule O.)	52,521.	42,355.	10,166.	1,372.					
13	Advertising and promotion	59,193.	17,691.	5,006.	36,496.					
14	Information technology	73,932.	25,323.	48,609.	•					
15	Royalties	0.								
16	Occupancy	139,500.	92,419.	26,156.	20,925.					
17	Travel	12,874.	8,529.	2,414.	1,931.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0.								
19	Conferences, conventions, and meetings	486,968.	472,120.	14,848.						
20	Interest	0.	20.264							
21	Payments to affiliates	30,264.	30,264.	2 000						
22	Depreciation, depletion, and amortization	2,890. 3,674.	2,434.	2,890.	551.					
23	Insurance	3,074.	2,434.	009.	551.					
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.)									
а	BANK MERCHANT FEES	38,217.	25,319.	7,166.	5,732.					
b	EQUIPMENT LEASE AND MAINTENA	11,282.	7,474.	2,116.	1,692.					
c	PUBLIC RELATIONS	21,610.		21,610.						
d	UTILITIES	11,327.	7,505.	2,123.	1,699.					
е	All other expenses	198,985.	190,707.	6,019.	2,259.					
_	Total functional expenses. Add lines 1 through 24e	2,402,782.	1,817,505.	352,134.	233,143.					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundariation collections.									
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.								
	Tollowing 501 30-2 (A3C 330-720)	0.			Form QQQ (2018)					

Form 990 (2018) Page **11**

Part X Balance Sheet

1 6	ILA	Bululio Cilot					
		Check if Schedule O contains a response o	r not	e to any line in this Pa	art X		<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			62,108.	1	1,111,254.
	2	Savings and temporary cash investments			137,807.	2	212,741.
	3	Pledges and grants receivable, net			0.	3	0.
	4	Accounts receivable, net			268,525.	4	0.
	5	Loans and other receivables from current and t					
		trustees, key employees, and highest co					
		O I . 4 . D 4 II 6 O . I I I	0.	5	0.		
	6	Loans and other receivables from other disqualified personal 4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu	and o	contributing employers			
40		organizations (see instructions). Complete Part II of Sche	0.	6	0.		
ets	7	Notes and loans receivable, net			0.	7	0.
Assets	8	Inventories for sale or use			0.	8	0.
^	9	Prepaid expenses and deferred charges			25,718.	9	116,982.
	10 a	Land, buildings, and equipment: cost or					
			10a	137,123.			
	b	Less: accumulated depreciation	10b	124,710.	9,512.	10c	12,413.
	11	Investments - publicly traded securities		ATCH 2	539,587.	11	243,482.
	12	Investments - other securities. See Part IV, line 11			300,612.	12	334,079.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.		
	14	Intangible assets	0.	14	0.		
	15	Other assets. See Part IV, line 11			0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal			1,343,869.	16	2,030,951.
	17	Accounts payable and accrued expenses			60,449.	17	76,918.
	18	Grants payable		0.	18	0.	
	19	Deferred revenue	128,853.	19	147,321.		
	20	Tax-exempt bond liabilities			0.	20	0.
	21	Escrow or custodial account liability. Complete Pa	rt IV	of Schedule D	0.	21	0.
S	22	Loans and other payables to current and for					
≝		trustees, key employees, highest compens	sated	employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule	L		0.	22	0.
=	23	Secured mortgages and notes payable to unrelate			0.	23	0.
	24	Unsecured notes and loans payable to unrelated to	hird p	arties	0.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines	17-2	4). Complete Part X			
		of Schedule D			51,784.	25	49,082.
	26	Total liabilities. Add lines 17 through 25			241,086.	26	273,321.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	checl 34.	k here ▶ X and			
<u>a</u>	27	Unrestricted net assets			622,772.	27	971,117.
Ba	28	Temporarily restricted net assets			480,011.	28	786,513.
Б	29	Permanently restricted net assets		0.	29	0.	
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here ▶ and			
	30	Capital stock or trust principal, or current funds				30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equ	ipmer	nt fund		31	
¥	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
Š	33	Total net assets or fund balances			1,102,783.	33	1,757,630.
	34	Total liabilities and net assets/fund balances	<u> </u>		1,343,869.	34	2,030,951.
				<u> </u>			Form 990 (2018)

Page **12** Form 990 (2018)

Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			10,6			
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,402,782.				
3	Revenue less expenses. Subtract line 2 from line 1	3			07,8			
4								
5								
6	Donated services and use of facilities	6				0.		
7	Investment expenses	7				0.		
8	Prior period adjustments	8				0.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10		1,7	57,6	30.		
Part	<u> </u>							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X 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?.			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or					
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	n a 📗					
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght					
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	nt?	2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	ı in					
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı in					
	the Single Audit Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b				

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INTERNATIONAL OCD FOUNDATION, INC.

Employer identification number 22-2894564

Pai	ťΙ	Reason for Public Cha	irity Status (All d	organizations must d	omplet	e this pa	art.) See instructions	-
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	I-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:	-				
5		An organization operated		a college or universit	y owne	d or ope	rated by a governme	ntal unit described in
	section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	Х	An organization that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)		_		-
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	l in conjunction with a	land-grant college
		or university or a non-land-	=			-	-	
		university:		,	,			J
10		An organization that norma receipts from activities rela support from gross investrr acquired by the organizatio	ited to its exempt facilities to its exempt for the second income and un	unctions - subject to on nrelated business tax	certain e able inco	xception me (les	s, and (2) no more tha s section 511 tax) from	n 331/3 % of its
11		An organization organized						
12		An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	arry out the purposes
		of one or more publicly su	pported organizati	ons described in sect	ion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).
		Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.
а		$oxedsymbol{oxed}$ Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
		supporting organization. \	You must complet	e Part IV, Sections A	and B.			
b	L	Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management o	of the supporting o	organization vested in	the sam	e persor	s that control or man	age the supported
		organization(s). You must	complete Part IV	, Sections A and C.				
С	L		grated. A supporti	ng organization opera	ited in c	onnectio	n with, and functional	ly integrated with,
	_	its supported organizatior	n(s) (see instruction	is). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d	L	Type III non-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated. The orgar	nization generally mus	t satisfy	a distrib	ution requirement and	d an attentiveness
		requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е	L	Check this box if the orga	anization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type I	I, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion.	
f	En	ter the number of supported	l organizations					
g	Pr	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No	,	,
(A)								
(,								
(B)								
(C)								
(D)								
(E)								
Tota								

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

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,404,683.	1,318,205.	1,448,379.	1,507,152.	2,208,928.	7,887,347.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,404,683.	1,318,205.	1,448,379.	1,507,152.	2,208,928.	7,887,347.
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)						418,399.
6	Public support. Subtract line 5 from line 4						7,468,948.
	tion B. Total Support		I I				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,404,683.	1,318,205.	1,448,379.	1,507,152. 2,642.	2,208,928.	7,887,347.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						7,907,527.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	3,087,637.
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup		_				94.45%
14	Public support percentage for 2018 (li		-			14	91.14%
15	Public support percentage from 2017	•	•			15	
16a	331/3% support test - 2018. If the org	-					
h	box and stop here . The organization q 331/3% support test - 2017. If the org						• • • • • • • • • • • • • • • • • • • •
D	this box and stop here . The organization						
172	10%-facts-and-circumstances test - 2	-		_			
174	10% or more, and if the organization	_					
	Part VI how the organization meets t					•	•
	organization			•	•		
b	10%-facts-and-circumstances test - 2						
_	15 is 10% or more, and if the orga	-					
	Explain in Part VI how the organizati						
18	supported organization						▶ □
. •	instructions						

Page 3 Schedule A (Form 990 or 990-EZ) 2018

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			, I	<u>'</u>	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
r	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		•	•	•	•	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	Sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Supp	ort Percenta	ige				
15	Public support percentage for 2018 (line 8,	column (f), divid	ded by line 13, colu	mn (f))		. 15	%
16	Public support percentage from 2017 Sche					16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2018 (lin			13, column (f))		17	%
18	Investment income percentage from 2017					18	%
19 a	331/3% support tests - 2018. If the org					re than 331/3 %, a	and line
	17 is not more than 331/3%, check thi						. \square
b	331/3% support tests - 2017. If the orga		_				
	line 18 is not more than 331/3 %, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	zation ▶
20	Private foundation. If the organization of		="	•			

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Schedule A (Form 990 or 990-EZ) 2018 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

		Yes	No
ng <i>by</i>			
	1		
us <i>ed</i>			
	2		
er	3a		
nd <i>he</i>			
	3b		
B)			
	3с		
If	4a		
gn <i>on</i>			
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Schedule A (Form 990 or 990-EZ) 2018

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Part	IV Supporting Organizations (continued)				
			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110			
h	below, the governing body of a supported organization?	11a 11b			
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c			
	on B. Type I Supporting Organizations	110			
0001.	on b. Typo I oupporting Organizations		Yes	No	
				110	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the				
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or				
	controlled the organization's activities. If the organization had more than one supported organization,				
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported				
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part				
VI how providing such benefit carried out the purposes of the supported organization(s) that operated,					
	supervised, or controlled the supporting organization.	2			
Secti	on C. Type II Supporting Organizations				
			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed				
	the supported organization(s).	1			
Secti	on D. All Type III Supporting Organizations	<u>'</u>			
	On 217 iii 1) po iii oupporting organizations		Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of				
	the organization's governing documents in effect on the date of notification, to the extent not previously				
	provided?	1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how				
	the organization maintained a close and continuous working relationship with the supported organization(s).	2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a				
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's				
	supported organizations played in this regard.	_			
Casti		3			
	on E. Type III Functionally Integrated Supporting Organizations		'ana)		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below.	ucu	OHS).		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>				
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	ı.	
_				No	
2	Activities Test. Answer (a) and (b) below.				
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,				
	how the organization was responsive to those supported organizations, and how the organization determined				
	that these activities constituted substantially all of its activities.	2a			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more				
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the				
	reasons for the organization's position that its supported organization(s) would have engaged in these				
	activities but for the organization's involvement.	2b			
3	Parent of Supported Organizations. Answer (a) and (b) below.				
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or				
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	٥.			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b			

Schedule A (Form 990 or 990-EZ) 2018 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		(A) I Hol Teal	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Dries Vees	(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ited Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Schedule A (Form 990 or 990-EZ) 2018 Page **7**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish ex	cempt purposes				
2	Amounts paid to perform activity that directly furthers exer	ed				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpo	zations				
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2018 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018		
1	Distributable amount for 2018 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2018					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2018					
а	From 2013					
b	From 2014					
С	From 2015					
d	From 2016					
е	From 2017					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2018 distributable amount					
i	Carryover from 2013 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2018 from					
	Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2018 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2018, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI . See instructions.					
6	Remaining underdistributions for 2018. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2019. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2014					
b	Excess from 2015					
С	Excess from 2016					
d	Excess from 2017					

Schedule A (Form 990 or 990-EZ) 2018

Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

INTERNATIONAL OCD I	22-2894564							
Organization type (check o	ganization type (check one):							
Filers of:	ilers of: Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private for	oundation						
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private found	ation						
	501(c)(3) taxable private foundation							
•	s covered by the General Rule or a Special Rule.	0 1101 0						
Note: Only a section 501(c) instructions.	(7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See						
General Rule								
or more (in mone	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules								
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 and that received from any one contributor, during the year, total contribution of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1.	O or 990-EZ), Part II, line ns of the greater of (1)						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year								
990-EZ, or 990-PF), but it m	at isn't covered by the General Rule and/or the Special Rules doesn't file Sch tust answer "No" on Part IV, line 2, of its Form 990; or check the box on line to certify that it doesn't meet the filing requirements of Schedule B (Form 99	H of its Form 990-EZ or on its						

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) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization INTERNATIONAL OCD FOUNDATION, INC.

Employer identification number 22-2894564

art I	Contributors	(see instructions).	Use duplicate copies of	f Part I if additional space is needed.
-------	--------------	---------------------	-------------------------	---

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JEWISH COMMUNAL FUND 575 MADISON AVE., SUITE 703 NEW YORK, NY 10022	\$1,101,667.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ANDERSON FAMILY 12733 PARKYNS STREET LOS ANGELES, CA 90049	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	THE ESTATE OF BRUCE HYMAN 10625 NW 47TH CT CORAL SPRINGS, FL 33076	\$334,700.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PAYNE FAMILY 3616 JACKSON STREET SAN FRANCISCO, CA 94118	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THE SCHWAB CHARITABLE FUND P.O. BOX 628298 ORLANDO, FL 32862	\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization INTERNATIONAL OCD FOUNDATION, INC.

Employer identification number 22-2894564

Part II	Noncash Property	(see instructions)	Lise duplicate co	nies of Part II if additi	onal space is needed.
	INDITIONAL INDICATOR	(SCC IIISH GCHOIIS	i. Osc auplicate col		orial space is riccucu.

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

Employer identification number

Name of organization INTERNATIONAL OCD FOUNDATION, INC.

				22-2894564
Part III	(10) that total more than \$1,000 for the the following line entry. For organizations contributions of \$1,000 or less for the y	e year from any or s completing Part II ear. (Enter this info	ne contributor. Com I, enter the total of <i>e</i> rmation once. See i	plete columns (a) through (e) and xclusively religious, charitable, etc.
(a) No	Use duplicate copies of Part III if addition	al space is needed		
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
Part I				
		(e) Transfer	of gift	
		(c) Transier	or gint	
	Transferee's name, address, and Z	IP + 4	Relationship	o of transferor to transferee
		-		
		-		
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
Part I	(b) Fulpose of gift	(c) Use of	giit	(a) Description of now girt is field
		(e) Transfer	of gift	
	Transferee's name, address, and Z	IP + 4	Relationship	o of transferor to transferee
		-		
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
		(e) Transfer	of aift	
		(e) Hansier	or girt	
	Transferee's name, address, and Z	IP + 4	Relationship	o of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
- uiti				
		, , - -		
		(e) Transfer	от діп	
	Transferee's name, address, and Z	IP + 4	Relationshi	o of transferor to transferee
	and a second sec	-		
		-		

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

INAIII	e of the organization	Employer identification number
IN	TERNATIONAL OCD FOUNDATION, INC.	22-2894564
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year.	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
P	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		a historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	ne form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a
b		2b
C	-	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
u		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	<u> </u>
•	tax year ►	iod by the organization during the
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	n handling of
•	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	
•	•	wranen easemente aannig me year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
	▶\$	g
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	
	organization's accounting for conservation easements.	
Pá	organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re works of art, historical treasures, or other similar assets held for public exhibition, education	venue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, educa public service, provide, in Part XIII, the text of the footnote to its financial statements that described to the footnote to its financial statements.	ition, or research in furtherance of
h		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev works of art, historical treasures, or other similar assets held for public exhibition, educations and the similar assets held for public exhibition, educations are similar assets.	
	public service, provide the following amounts relating to these items:	, or recognoring farmorance of
	(i) Revenue included on 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 as	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	3 , 1
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990 Part X	• ¢

Page 2 Schedule D (Form 990) 2018

Pa	rt III Organizations Maintaini	ng Colle	ections of	Art, Histo	rical Tre	asures,	or Other	Similar Assets	(continued)	rage =
3	Using the organization's acquisition	n, acces	sion, and	other recor	ds, checl	k any of t	he follow	ing that are a si	gnificant use	of its
	collection items (check all that app	ly):			_					
а	Public exhibition			d		or exchan	ge progra	ms		
b	Scholarly research			e	Other					
С	Preservation for future gene									
4	Provide a description of the organ	nization's	collections	s and expla	ain how t	hey furth	er the or	ganization's exem	pt purpose i	in Part
_	XIII.									
5	During the year, did the organization									
De	assets to be sold to raise funds rath			ained as pa	rt of the c	organizati	on's collec	ction?	Yes	No
Pa	rt IV Escrow and Custodial A Complete if the organiza			es" on For	m 990, F	Part IV, lir	ne 9, or r	eported an amo	unt on Form	า
	990, Part X, line 21.									
1 a	Is the organization an agent, truste									_
	included on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement i	n Part XII	ll and comp	olete the fo	lowing tab	ole:				
								Amou	nt	
C	Beginning balance									
	Additions during the year									
e	Distributions during the year									
f 20	Ending balance Did the organization include an am							account liability?	Yes	No
	If "Yes," explain the arrangement i							•		
	rt V Endowment Funds.	II FAIL AII	II. CHECK II	ere ii tile e.	хріанаціон	nas been	provided	OII FAIL AIII		
Га	Complete if the organiza	ation ans	wered "Ye	es" on For	m 990. F	Part IV. lir	ne 10.			
			rrent year	(b) Prio		(c) Two y		(d) Three years back	(e) Four yea	ırs back
1.	Paginning of year balance	.,,		(-)		.,,,,		(-, ,		
1a	Beginning of year balance Contributions									
b										
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
E	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage	of the cu	rrent vear	end halanc	e (line 1a	column (a	a)) held as		'	
a	Board designated or quasi-endown		mont your	%	o (o .g,	oolallii (e	.,, noid do	•		
b	Permanent endowment ▶	%		_						
С	Temporarily restricted endowment	▶	%							
	The percentages on lines 2a, 2b, a	and 2c sh	ould equal	100%.						
3a	Are there endowment funds not in	the poss	ession of th	ne organiza	ition that	are held a	and admir	nistered for the	-	
	organization by:								Yes	s No
	(i) unrelated organizations									
	(ii) related organizations									
b	If "Yes" on line 3a(ii), are the relate	Ū		•					3b	
4	Describe in Part XIII the intended u	ises of th	ne organiza	tion's endo	wment fur	nds.				
Pa	rt VI Land, Buildings, and Equ Complete if the organize	lipment. ation ans	swered "Y	es" on Fo	m 990. l	Part IV. li	ne 11a. S	See Form 990. F	Part X. line 1	10.
	Description of property		(a) Cost or	other basis	(b) Cost	or other basis	(c) Ac	cumulated	(d) Book value	
			(inves	tment)	(0	ther)	depr	eciation		
1a	Land									
b	Buildings									
۲ C	Leasehold improvements				1	37,123	1	24,710.	12	,413.
d e	Equipment					.51,125	+	21,110.	12	, 113.
	I. Add lines 1a through 1e. <i>(Column</i>		t equal Forr	n 990. Part	X. columi	n (B). line	10c.)	•	12	,413.

Schedule D (Form 990) 2018 Page 3

Part VII Investments - Other Securities. Complete if the organization answered	I "Yes" on Form 990	Part IV. line 11b. See Form 990	. Part X. line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	tion:
(1) Financial derivatives		-	
(2) Closely-held equity interests			
(3) Other			
(A) BENEFICIAL INT CHARITABLE TRST	334,079.	COST	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	334,079.		
Part VIII Investments - Program Related. Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11c. See Form 990	, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valua	
		Cost or end-of-year mark	ket value
(1)			
(2)			
(3)			
_ (4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990	, Part X, line 15.
. ,	scription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) I	lino 15)		
Part X Other Liabilities. Complete if the organization answered line 25.			m 990, Part X,
1. (a) Description of liability	(b) Book valu	е	
(1) Federal income taxes			
(2) DEFERRED RENT	49,0	082.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 49,0	082.	

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

Schedule D (Form 990) 2018 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Returnation Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	3,158,644.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	48,021.
3	Subtract line 2e from line 1	3	3,110,623.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	3,110,623.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Irn	3,110,023.
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,503,797.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	101,015.
3	Subtract line 2e from line 1	3	2,402,782.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	2,402,782.
Provid 2; Par	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		

JSA 8E1271 1.000

Part XIII Supplemental Information (continued)

PART X, LINE 2:

THE FOUNDATION IS A NONPROFIT ORGANIZATION AND IS EXEMPT FROM INCOME

TAXES UNDER THE PROVISIONS OF SECTION 501 (C)(3) OF THE INTERNAL REVENUE

CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE

ACCOMPANYING STATEMENTS OF ACTIVITIES.

THE FOUNDATION ANNUALLY EVALUATES ITS TAX STATUS AND TAX POSITIONS TAKEN WITH RESPECT TO ITS OPERATIONS AND FINANCIAL POSITIONS. TAX YEARS FROM 2015 THROUGH THE CURRENT TAX YEAR REMAIN OPEN FOR EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

INTERNATIONAL OCD FOUNDATION, INC. 22-2894564 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the X Yes grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total of offices in employees, region (by type) (such as, a program service, expenditures for fundraising, program services, describe specific type of the region agents, and and investments investments, grants to recipients located in the region) independent service(s) in the region in the region contractors in the region (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)(12)(13)(14)(15)(16)

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

Subtotal

Total from continuation sheets to Part I

Totals (add lines 3a and 3b)

Schedule F (Form 990) 2018

(17)

За

Page 2

Schedule F (Form 990) 2018

Part II	Grants and Other Assist Part IV, line 15, for any							red "Yes" on	Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)				RESEARCH - D	25,673.				ACCRUAL BASE
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
	er total number of recipient or	ganizations listed above	re that are recognized as	charities by the	foreign country re-	cognized as tax	x-exempt	1	
by t	he IRS, or for which the grante	e or counsel has provi	ded a section 501(c)(3) e	quivalency lette	r		▶		1.
3 Ent	er total number of other organ	izations of entitles						_	

Schedule F (Form 990) 2018

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (c) Number of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of (f) Amount of (g) Description (h) Method of noncash assistance valuation (book, FMV, recipients cash grant cash of noncash disbursement assistance appraisal, other) (1) (2) (3) _(4) (5) (6) (7) (8) _(9) (10)(11) (12)(13)(14)(15)(16)(17)

Schedule F (Form 990) 2018

(18)

Schedule F (Form 990) 2018 Page 4

Part	V Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X	No

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

FORM 990, SCHEDULE F, 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 COMPLETED LETTER TO THE FOUNDATION WITHIN
 10 DAYS OF THE 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.
- 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 AN END OF YEAR 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 NEWSLETTER.
- 5. ALL RESEARCH AWARD WINNERS WILL BE ENCOURAGED TO PARTICIPATE IN A
 POSTER PRESENTATION OF THEIR RESEARCH AT THE NEXT ANNUAL IOCDF
 CONFERENCE. RESEARCHERS WILL ALSO BE INVITED TO PRESENT THEIR FINAL
 PROJECT RESULTS IN AS PART OF A PANEL AT A FUTURE IOCDF CONFERENCE ONCE
 THEY HAVE COMPLETED PROJECTS.

Schedule F (Form 990) 2018 Page **5**

Down V

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

6. AWARD RECIPIENTS WILL BE EXPECTED TO INCLUDE A CREDIT LINE

ACKNOWLEDGING THE INTERNATIONAL OCD FOUNDATION AS A FUNDING SOURCE ON ALL

PUBLISHED MATERIALS ARISING FROM THE IOCDF-FUNDED RESEARCH.

7. ALL FUNDING FROM THE IOCDF 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 IOCDF RESEARCH FUND.

FORM 990, SCHEDULE F, PART II, LINE 1(1):

NAME OF ORGANIZATION: KAROLINSKA INSTITUTET

PURPOSE OF GRANT: RESEARCH - DR. DE LA CRUZ - HOW OCD INFLUENCES

EDUCATIONAL ATTAINMENT AND LABOR MARKET PARTICIPATION

GRANT AMOUNT: \$25,673

SCHEDULE I (Form 990)

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

OMB No. 1545-0047 2018

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for the latest information. **Employer identification number** Name of the organization INTERNATIONAL OCD FOUNDATION, INC. 22-2894564 **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 No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (if applicable) or government cash assistance noncash assistance or assistance (1) YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 06508 32,431. ACCRUAL BASIS DR. ADAMS - TRANSCRA (2) MASSACHUSETTS GENERAL HOSPITAL DR. JACOBY - HOW OCD P.O. BOX 414876 BOSTON, MA 02241 23,359. ACCRUAL BASIS (3) MCLEAN HOSPITAL P.O. BOX 414248 BOSTON, MA 02241 ACCRUAL BASIS DR. FALKENSTEIN - RE 13,255. (4) BARNARD COLLEGE 3009 BROADWAY NEW YORK, NY 10027 16,667. ACCRUAL BASIS DR. WHEATON - ROLE O (5) UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL 235 E. CAMERON AVENUE, CB# 3270 8,609. ACCRUAL BASIS DR. WILLIS - THE ROL (6) UNIVERSITY OF PITTSBURGH 500 ROSS STREET, 154-0455 41,667. ACCRUAL BASIS DR. AHMARI - ANALYSI (7) MASSACHUSETTS GENERAL HOSPITAL P.O. BOX 414876 BOSTON, MA 02241 14,952. ACCRUAL BASIS DR. SUMMERS - COGNIT (8) (9) (10)(11)(12)7.

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

Schedule I (Form 990) (2018)

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

(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
1					
2					
3					
_4					
_ 5					
_ 6					
_7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

FORM 990, SCHEDULE I, PART I, LINE 2:

- 1. RESEARCH AWARD RECIPIENTS WILL RECEIVE A RESEARCH AWARD LETTER FROM
 THE OCY 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 COMPLETED LETTER TO THE FOUNDATION WITHIN
 10 DAYS OF THE 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.

Schedule I (Form 990) (2018)

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

(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
1					
2					
3					
4					
5					
5					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional 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 RECEIPIENT 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

Schedule I (Form 990) (2018)

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

(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
i.					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

POSTER PRESENTATION OF THEIR RESEARCH. RESEARCHERS WILL ALSO BE ASKED TO

PRESENT THEIR FINAL PROJECT RESULTS 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

22-2894564

Schedule I (Form 990) (2018)

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

(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
1					
_2					
_3					
_4					
_5					
_6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

END OF THE ONE YEAR PROJECT MUST BE RETURNED TO THE OCD FOUNDATION

RESEARCH FUND.

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" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

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

Part	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 on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as 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	4 6		
2	explain	1b		
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
		2		
_	1a?			
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			17
a	The organization?	5a		X
b	Any related organization?	5b		Х
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the net earnings of:	60		Х
a	The organization?	6a 6b		X
b	Any related organization?	OD		Λ
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	۵		1

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

Schedule J (Form 990) 2018

INTERNATIONAL OCD FOUNDATION, INC.

Schedule J (Form 990) 2018 Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
JEFF SZYMANSKI	(i)	150,837.	0.		4,525.	1,496.	156,858.		
1EXECUTIVE DIRECTOR	(ii)	0.	0.	0.					
	(i)								
_ 2	(ii)								
	(i)								
3	(ii)								
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
_10	(ii)								
	(i)								
_11	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
_15	(ii)								
	(i)								
16	(ii)								

Schedule J (Form 990) 2018

Part | Supplemental Information

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.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

gov/form990. Inspection
Employer identification number

22-2894564

INTERNATIONAL OCD FOUNDATION, INC.

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

PROVIDED; SUPPORT RESEARCH INTO THE CAUSE OF, AND EFFECTIVE TREATMENTS

FOR, OCD AND RELATED DISORDERS; IMPROVE ACCESS TO RESOURCES FOR THOSE

WITH OCD AND THEIR FAMILIES; AND ADVOCATE AND LOBBY FOR THE OCD

COMMUNITY.

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 RON PREVOST, WOULD

INCLUDE THE 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 AN ANNUAL BASIS AT THE LEAST.

FORM 990, PART VI, SECTION B, LINE 15:

THE FOUNDATION USED A SEARCH FIRM WHEN HIRING THE DEVELOPMENT DIRECTOR

POSITION. THE BOARD OF DIRECTORS TOOK THE ADVICE AND GUIDANCE ON THE

COMPENSATION FOR SIMILAR POSITIONS IN THE BOSTON AREA FROM THE SEARCH

FIRM AND DETERMINED THE COMPENSATION FOR THE OFFICER. BEFORE HIRING THIS

EMPLOYEE, THE TREASURER OF THE BOARD DID RESEARCH ON RECRUITING WEBSITES

AND DETERMINED EMPLOYEES' SALARIES TO ENSURE THAT SALARIES WERE IN LINE

Schedule O (Form 990 or 990-EZ) 2018 Page 2

Name of the organization

INTERNATIONAL OCD FOUNDATION, INC.

Employer identification number

22-2894564

WITH SIMILAR DUTIES IN THE BOSTON AREA.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION WILL MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THERE HAS BEEN NO CHANGE WITH THIS PROCEDURE FROM THE PRIOR YEAR.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE MISSION AND GOALS OF THE IOCDF ARE TO: EDUCATE THE PUBLIC AND PROFESSIONALS ABOUT OCD IN ORDER TO RAISE AWARENESS AND IMPROVE THE QUALITY OF TREATMENT PROVIDED; SUPPORT RESEARCH INTO THE CAUSE OF, AND EFFECTIVE TREATMENTS FOR, OCD AND RELATED DISORDERS; IMPROVE ACCESS TO RESOURCES FOR THOSE WITH OCD AND THEIR FAMILIES; AND ADVOCATE AND LOBBY FOR THE OCD COMMUNITY.

ATTACHMENT 2

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION ENDING COST
BOOK VALUE OR FMV

INVESTMENTS 243,482. FMV

TOTALS 243,482.