# Form **990**

(Rev. January 2020)

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

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

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.

Open to Public

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OMB No. 1545-0047

Q

		e 2019 calendar year, or tax year beginning , 2019	, and endin				, 20	ispeci	ion	
	or ui	C Name of organization	, and chuill		D Employer ider	ntificatio	,	er		
B	Check if a	applicable: INTERNATIONAL OCD FOUNDATION, INC.			22-2894					
	Addr				22 209	1001				
-	chan	e change Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone number					
-	-	al return 18 TREMONT STREET	308		(617) 973-5801					
		I return/ City or town, state or province, country, and ZIP or foreign postal code	000		(017) 57		0 1			
	termi Amer	inated			Gross receipts	\$	3.	573	,646.	
		ication <b>F</b> Name and address of principal officer TEFEREY SZYMANSKT			(a) Is this a grou		<u> </u>	Yes	X No	
	pend	18 TREMONT STREET 308, BOSTON, MA 02108			subordinates (b) Are all subord			Yes	No	
	Tay-ey	xempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1)	or 5	27	If "No," att					
		$\operatorname{interval}(2)$ $\operatorname{interval}(2)$ $\operatorname{interval}(2)$ $\operatorname{interval}(2)$ $\operatorname{interval}(2)$ $\operatorname{interval}(2)$ $\operatorname{interval}(2)$	01 5		H(C) Group exem		-	10(10110)		
		of organization: X Corporation Trust Association Other ►	I Voor		n: 1987 <b>M</b> :				MA	
	art I	Summary					legal uui	ncile.	1.11.1	
		Briefly describe the organization's mission or most significant activities: THE $M$	INCIEN	AND CO	ALS OF T	НЕ Т(		ARE		
0	1	TO: EDUCATE THE PUBLIC AND PROFESSIONALS ABOUT C					JCDI			
nce		AWARENESS AND IMPROVE THE QUALITY OF TREATMENT (								
erne	2				•					
Governance	2	Check this box  if the organization discontinued its operations or dispose Number of veting members of the gaugering bady (Det) (Line 1a)				1 1			11.	
		Number of voting members of the governing body (Part VI, line 1a)				3			11.	
Activities &	4	Number of independent voting members of the governing body (Part VI, line 1b)				4			18.	
viti	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)				5			87.	
Acti	6	Total number of volunteers (estimate if necessary)				6			0.	
		Total unrelated business revenue from Part VIII, column (C), line 12				7a			0.	
	a	Net unrelated business taxable income from Form 990-T, line 39				7b	0			
					Prior Year 2,208,92	<u> </u>		ent Ye	291.	
ne	8	Contributions and grants (Part VIII, line 1h)		•	884,77					
Revenue	9	Program service revenue (Part VIII, line 2g)			16,85		1,157,534			
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)				57.			132.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,110,62		3		646.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12),	•	176,84				525.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			1/0,04/.			505,	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			1,054,35		1	065		
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10),		•	1,034,33	0.	1,065,130			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ► 235,265		-		0.	0			
Ĕ					1,171,58	5	1 452 100			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		•	2,402,78		1,452,109			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		•	707,84				882.	
- 0	19	Revenue less expenses. Subtract line 18 from line 12			ng of Current Y			of Yea		
Net Assets or Fund Balances				Beginni	2,030,95				427.	
Bala	20	Total assets (Part X, line 16)		•	2,030,93				836.	
, Tet	21	Total liabilities (Part X, line 26)		•	1,757,63				591.	
		Net assets or fund balances. Subtract line 21 from line 20		•	1,757,05	0.	21	JU4,	551.	
	art II	Signature Block								
true	aer pe e, corre	enalties of perjury, I declare that I have examined this return, including accompanying scheor ect, and complete. Declaration of preparer (other than officer) is based on all information of wh	lules and state	ements, and has any kno	a to the best of wledge.	ту кпс	owieage	and be	liet, it is	
					10/1	5/201	2.0			
Sig	ın 🛛	Signature of officer			Date	J/ Z 0 Z	2.0			
He		-	'IVE DIR		Duit					
		JEFFREY SZYMANSKI EXECUT Type or print name and title	IVE DIR	LCIUR						
		Print/Type preparer's name Preparer's signature	Date			;f PTI	N			
Paid	d			5/2020	Check		P0054	1065	0	
Pre	parer			5/2020	self-employ				<u> </u>	
Use	only	Firm's name BDO USA, LLP		Firm's EIN ► 13-5381590 Phone no 617-422-0700						
N # -		Firm's address SONE INTERNATIONAL PLACE BOSTON, MA 021				⊥/ <b>-</b> 4.				
		IRS discuss this return with the preparer shown above? (see instructions	)		<u></u>	<u> </u>	X Ye		<u>No</u>	
ror	Раре	erwork Reduction Act Notice, see the separate instructions.					Form	390	(2019)	

JSA

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**Electronic filing** (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

# Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification number (TIN)				
print	INTERNATIONAL OCD FOUNDATION,	INC.						
File by the	Number, street, and room or suite no. If a P.O. bo		ctions.					
due date for filing your	18 TREMONT STREET 308							
return. See instructions.	City, town or post office, state, and ZIP code. For BOSTON, MA 02108	a foreign ac	dress, see instructions.					
Enter the R	eturn Code for the return that this application	is for (file	a separate application f	or each return)	01			
Application	I	Return	Application		Return			
ls For		Code	ls For		Code			
Form 990 c	or Form 990-EZ	01	Form 990-T (corporat	orporation)				
Form 990-E	3L	02	Form 1041-A		08			
Form 4720	(individual)	03	Form 4720 (other that	an individual)	09			
Form 990-P	'F	04	Form 5227		10			
Form 990-1	(sec. 401(a) or 408(a) trust)	05	Form 6069		11			
Form 990-1	(trust other than above)	06	Form 8870	·				
<ul> <li>The bool</li> </ul>	MATTHEW ANTONEL (s are in the care of ) 18 TREMONT STREE		E 308 MA 02108					
Telephor	ne No. ▶ 617 973-5801		Fax No. 🕨					
	anization does not have an office or place of		the United States, che	ck this box				
	for a Group Return, enter the organization's for							
for the who	le group, check this box	f it is for pa	art of the group, check	this box and at	tach			
	e names and TINs of all members the extension							
1 I requ	est an automatic 6-month extension of time u	ntil	11/16 , <b>20</b>	20, to file the exempt organizat	ion return			
for the	e organization named above. The extension is	for the or	ganization's return for:					
► X	calendar year 20 $19$ or							
	tax year beginning	20	and ending	20				
		, 20	, and enuing	, 20				

 2
 If the tax year entered in line 1 is for less than 12 months, check reason:
 Initial return
 Final return

 3a
 If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.
 3a
 \$

 b
 If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and
 3a
 \$

estimated tax payments made. Include any prior year overpayment allowed as a credit.3b0.Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS<br/>(Electronic Federal Tax Payment System). See instructions.3c%0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

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INTERNATIONAL OCD FOUNDATION, INC.	INTERNATIONAL	OCD	FOUNDATION,	INC.
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Check if Schedule O contains a response or note to any line in this Part III		(2019) Page
Shefty describe the organization's mission: ATTACHMENT 1  Duble the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ7,	Part	
Did the organization undertake any significant program services during the year which were not listed on the		fly describe the organization's mission:
Code:       ) (Expenses \$	A	TACHMENT 1
Code:       ) (Expenses \$		
Code:       ) (Expenses \$		
<pre>1"Ves." describe these new services on Schedule 0. Dot the organization cases conducting, or make significant changes in how it conducts, any program </pre>		
Did the organization cease conducting, or make significant changes in how it conducts, any program services?,		
<pre>if 'tes,' describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by sexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, he total expenses, and revenue, if any, for each program service reported. Code:</pre>		
Describe the organization's program service accomplishments for each of its three largest program services, as measured by syneness. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  Code:		
<pre>sxpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.</pre> Code:		
Code:       )(Expenses \$0.313,970_ including grants of \$963,025_ )(Revenue \$1.355,666_ ))         INCREASE PUBLIC AMARENESS OF OBSESSIVE COMPULSIVE DISORDERS       (INCREASE PUBLIC AMARENESS OF OBSESSIVE COMPULSIVE DISORDERS         (INCREASE PUBLIC AMARENESS OF OBSESSIVE COMPULSIVE DISORDERS       (INCREASE PUBLIC AMARENESS OF OBSESSIVE COMPULSIVE DISORDERS         (INCREASE PUBLIC AMARENESS OF OBSESSIVE COMPULSIVE DISORDERS       (INCREASE PUBLIC AMARENESS OF OBSESSIVE COMPULSIVE DISORDERS         (INCREASE PUBLIC AMARENESS OF OBSESSIVE COMPULSIVE DISORDERS       (INCREASE PUBLIC AMARENESS OF OBSESSIVE COMPULSIVE DISORDERS         (INCLUSION OF PAMPHLETS, NEWSLETTERS, A WEB SITE, AND       (INCLUSION OF PAMPHLETS, NEWSLETTERS, A WEB SITE, AND         (INDIVIDUALS BENEFIT FROM IOCDEF'S EFFORTS.       (INCLUSING grants of \$)(Revenue \$)         (Code:      )(Expenses \$ including grants of \$)(Revenue \$)         (Code:      )(Expenses \$ including grants of \$)(Revenue \$)         (Code:      )(Expenses \$)         (Code:		
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	a To	
		D00 Form <b>990</b> (2019 3412ME 600K 10/7/2020 10:02:25 AM PAGE

INTERNATIONAL OCD FOUNDATION, INC.

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
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	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			[
-	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		[
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	Í

Form 9	90 (2019)		F	Page <b>4</b>
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		Х	
	employees? If "Yes," complete Schedule J.	23	Δ	
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	240		Х
h	through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
L	to defease any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	27U		
200	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	200		
~	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or I// and Part I// line 1	24		Х
25 0	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
, D	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	000		
	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? <b>Note:</b> 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			
			Yes	No
1a	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 1b 0.			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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Par	t 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. <b>2a</b>			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	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 on Schedule O</i>	3b		
	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		Х
	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?	7c		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
g	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		L
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10				
а	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			
11				
а	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	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 reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			3.7
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes" complete Form 4720. Schedule O.	16		X

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Part	<b>VI</b> Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management	<u></u>		1
0000			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year $1a$ 11			
Ta	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			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent <b>1b</b> 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			3.7
	supervision of officers, directors, 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		Х
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	Х	
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 on 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
	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		
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	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
		40		Х
13	Did the organization have a written whistleblower policy?	13		Х
13 14	Did the organization have a written whistleblower policy?	13		
	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	-		
14	Did the organization have a written document retention and destruction policy? 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?	14	v	
14	Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	14 15a	X	
14 15	Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	14	X X	
14 15 a b	Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	14 15a		
14 15 a b	Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	14 15a		X
14 15 a b 16a	Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	14 15a 15b		X
14 15 a b 16a	Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	14 15a 15b 16a		X
14 15 b 16a b	Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	14 15a 15b		X
14 15 b 16a b <u>Sect</u>	Did the organization have a written document retention and destruction policy?	14 15a 15b 16a		X
14 15 b 16a b	Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	14 15a 15b 16a 16b	X	

 X
 Own website
 Another's website
 X
 Upon request
 Other (explain on Schedule O)

- **19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► MATTHEW ANTONELLI 18 TREMONT STREET SUITE 308, MA 02108 617-973-5801

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Part VII	Compensation Independent Co			Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Check if Schedule O contains a response or note to any line in this Part VII										
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

(**a**)

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

					C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					e than c is both		Reportable	Reportable	Estimated amount
	hours per week					tor/trust		compensation from the	compensation from related	of other compensation
	(list any						, <u>´</u>	organization	organizations	from the
	hours for	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related organizations	dual ecto	ution	4	mplo	st q	e,			related organizations
	below	r trus	altr		byee	duc				
	dotted line)	tee	trustee			ensa				
			e			ated				
(1) JEFF SZYMANSKI	40.00									
EXECUTIVE DIRECTOR	0.			Х				153,854.	0.	14,266.
(2) SUSAN BOAZ	3.00									
PRESIDENT/DIRECTOR	0.	Х		Х				0.	0.	0.
(3) DENIS ASSELIN	3.00									
VICE PRESIDENT/DIRECTOR	0.	Х		Х				0.	0.	0.
(4) RON PREVOST	3.00									
TREASURER/DIRECTOR	0.	Х		Х				0.	0.	0.
(5) DENISE EGAN STACK, LMHC	3.00									
SECRETARY/DIRECTOR	0.	Х		Х				0.	0.	0.
(6) DAVID CALUSDIAN	3.00	-								
DIRECTOR	0.	Х						0.	0.	0.
(7) DIANE B. DAVEY, RN	3.00									
DIRECTOR	0.	Х						0.	0.	0.
(8)MICHAEL JENIKE, MD	3.00	-						_	_	_
DIRECTOR	0.	Х						0.	0.	0.
(9) ELIZABETH MCINGVALE, PHD, LMSW	3.00	-						_	_	_
DIRECTOR	0.	Х						0.	0.	0.
(10) PAUL A. MUELLER	3.00									0
DIRECTOR	0.	X						0.	0.	0.
(11) CAROL W. TAYLOR	3.00									0
DIRECTOR	0.	X						0.	0.	0.
(12) JO-ANN WINSTON	3.00							_	_	
DIRECTOR	0.	Х						0.	0.	0.
(13) JOY KANT	3.00								_	_
EMERITUS/DIRECTOR	0.	Х						0.	0.	0.
<u>(14)</u>										

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Average

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

(C)

Position

(D)

Reportable

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(A)

Name and title

Part VII

(E)

Reportable

		hours per week (list any hours for related organizations below dotted line)	box,	unles	ss pe d a d	rson irect	e than c is both or/trust Highest compensated	an	compensation from the organization (W-2/1099-MISC)	compensati relate organiza (W-2/1099	ed tions	comp frc orga and	ount of other pensatio om the anization I related nizatior	on n I
			-											
			-											
			-											
			-											
			-											
			-											
c Total from	continuation sheets to Part VII, S	ection A							153,854.		0.		14,2	0.
2 Total numb	lines 1b and 1c) er of individuals (including but not compensation from the organizatio	limited to t		liste				► o re	153,854. ceived more than	\$100,000	0 . of		14,2	266.
	rganization list any <b>former</b> offic on line 1a? <i>If "Yes," complete Sched</i>											3	Yes	No X
organizatio	dividual listed on line 1a, is the n and related organizations gr	eater than	\$15	50,0	00?	. If	"Yes	s," (	complete Schedu			4	Х	
5 Did any performed for services	erson listed on line 1a receive or rendered to the organization? If "Y ependent Contractors	accrue co	mpen	sati	on f	fron	n any	uni	related organizatio			5		Х
1 Complete t	his table for your five highest com ion from the organization. Report of													
	(A) Name and business add	dress							<b>(B)</b> Description of se	rvices	С	<b>(C)</b> Compens	ation	
more than	per of independent contractors (i \$100,000 in compensation from th				niteo	d to		se li	sted above) who	received				
JSA 9E1055 1.000 8412	2ME 600K 10/7/2020 10:	02:25 AN	M										<b>990</b> ( Page	

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(F)

Estimated

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to any	line in this Part V	111		
		· ·		(A) Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	315,882.				
ษิธี	c	Fundraising events	010,002.				
fts,		Related organizations					
ilaı	d	•					
ins,	e	Government grants (contributions) 1e					
r S	t	All other contributions, gifts, grants,					
but		and similar amounts not included above 1	2,082,409.				
ĞŢ	g	Noncash contributions included in					
		lines 1a-1f					
0.0	h	Total. Add lines 1a-1f		2,398,291.			
•			Business Code				
/ice	2a	CONFERENCES	541900	731,547.	731,547.		
ъ е	b	BTI FEES	541900	425,488.	425,488.		
n S eni	с	SALE OF LITERATURE	541900	499.	499.		
ran	d						
Program Service Revenue	е						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,157,534.			
	3	Investment income (including dividends,					
		other similar amounts).		15,689.			15,689.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
		Gross amount from (i) Securities	(ii) Other				
	7a						
		other than inventory <b>7a</b>					
evenue	b	Less: cost or other basis					
vel		and sales expenses 7b					
Re	C	Gain or (loss) 7c		0			
er	a	Net gain or (loss)	<u> P</u>	0.			
Other	8a	Gross income from fundraising					
Ŭ		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses	0.				
	С	Net income or (loss) from fundraising events	<u> ▶</u>	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses	0.				
	с	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	0.				
	b	Less: cost of goods sold	0.				
	c	Net income or (loss) from sales of inventory		0.			
S			Business Code				
e 30U	11a	MISCELLANEOUS INCOME	900099	2,132.	2,132.		
ane	b						
elle	c						
Miscellaneous Revenue	d	All other revenue					1
Σ	-	Total. Add lines 11a-11d		2,132.			
	12	Total revenue. See instructions	•	3,573,646.	1,159,666.		15,689.

## Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 245,418. 245,418. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 118,107 individuals. See Part IV, lines 15 and 16 118,107. Ω 4 Benefits paid to or for members 5 Compensation of current officers, directors, 168,120. 117,684. 23,537 26,899. trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 413,582. 268,228. 84,855 60,499. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 65,323. 436,423. 288,595. 82,505 9 Other employee benefits 47,005. 31,141. 8,813. 7,051. Payroll taxes 10 11 Fees for services (nonemployees): 0 a Management 6,937. 4,608 1,294 1,035. b Legal 19,636. 13,044. 3,662. 2,930. c Accounting 0 d Lobbying 0. e Professional fundraising services. See Part IV, line 17. 0. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 9,447. 6,075. 1,706. 1,666. (A) amount, list line 11g expenses on Schedule O.) 67,431. 54,725. 12,706 12 Advertising and promotion 24,372. 65,185. 6,898. 33,915. 13 Office expenses 65,746. 47,812. 17,934. 14 Information technology 0 15 Royalties 149,621. 99,123. 28,055 22,443. Occupancy 16 16,213. 4,588. 24,472. 3,671. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 542,812. 533,056. 9,756 Conferences, conventions, and meetings 19 0 Interest 20 33,235. 33,235. 21 Payments to affiliates Depreciation, depletion, and amortization 3,469. 3,469 22 6,544. 4,335. 1,227. 982. Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) BANK MERCHANT FEES 7,040. 37,544. 24,873. 5,631. **PUBLIC RELATIONS** 29,084. 29,084 984. cSTATE REGISTRATION EXPENSE 5,249. 3,477. 788. dQUIPMENT LEASE AND MAINTENAN 8,232. 12,427. 2,331 1,864. e All other expenses ATCH373,270. 371,617. 1,085. 568. -2 2,880,764. 2,313,970. 331,529 235,265. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

0.

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following SOP 98-2 (ASC 958-720)

Form	n 990 (	INTERNATIONAL OCD FOUNDATION, INC. (2019)			2894564 Page <b>11</b>
Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	art X		
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,111,254.	1	1,453,272.
	2	Savings and temporary cash investments	212,741.	2	388,184.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net.	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ä	9	Prepaid expenses and deferred charges	116,982.	9	277,374.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 137, 123.			
	b	Less: accumulated depreciation	12,413.		8,944.
	11	Investments - publicly traded securities	243,482.		260,411.
	12	Investments - other securities. See Part IV, line 11	334,079.	12	429,242.
	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 line 33)	2,030,951.	16	2,817,427.
	17	Accounts payable and accrued expenses	76,918.	17	75,900.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	147,321.	19	147,890.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to any current or former officer, director,			
iliti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	49,082.	25	29,046.
	26	Total liabilities. Add lines 17 through 25	273,321.	26	252,836.
nces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	971,117.	27	1,471,749.
d B	28	Net assets with donor restrictions.	786,513.	28	1,092,842.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
10 \$	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et ,	32	Total net assets or fund balances	1,757,630.	32	2,564,591.
z	33	Total liabilities and net assets/fund balances	2,030,951.	33	2,817,427.
			· ·		Earm 990 (201)

INTERNATIONAL OCD FOUNDATION, INC.

Form 99	90 (2019)			Pa	age <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		-
1	Total revenue (must equal Part VIII, column (A), line 12)	1		573 <b>,</b>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	880,	
3	Revenue less expenses. Subtract line 2 from line 1	3		692 <b>,</b>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		757,	
5	Net unrealized gains (losses) on investments	5		114,	
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 on Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		0		E 0 1
_	32, column (B))	10	2,	564,	591.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				T
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		<del>.</del>		
	If the organization changed its method of accounting from a prior year or checked "Other," e	xpiain	in		
-	Schedule O.		0-		X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.				
	If "Yes," check a box below to indicate whether the financial statements for the year were cor reviewed on a separate basis, consolidated basis, or both:	npiled	or		
			2b	X	
b	Were the organization's financial statements audited by an independent accountant?		••		
	If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both:	tea on	a		
	X       Separate basis       Consolidated basis       Both consolidated and separate basis				
_		roight	of		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accounta	-		X	
	If the organization changed either its oversight process or selection process during the tax year, e		•••		
	Schedule O.				
3 -	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in th			
Jd	Single Audit Act and OMB Circular A-133?		3a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lerao ti			
5	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a				
			.   C		(0040)

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.

OMB No. 1545-0047 6

		nt of the Treasury evenue Service		Go to www.irs.gov	//Form990 for instructio	ons and t	he latest i	nformation.	Inspection		
Nam	e of t	he organization	ł					Employer identifi	cation number		
_		NATIONAL O		,				22-28945			
	rt I				organizations must c	•		,			
	orga	1	•		is: (For lines 1 throug			,			
1					tion of churches desc						
2					. (Attach Schedule E						
3					rganization described i						
4			-	•	conjunction with a hos	spital de	scribed ir	section 1/0(b)(1)(A)	(III). Enter the		
F		hospital's nam					d ar ana	rated by a gaverome	ental unit described in		
5		-	-		a college of universit	y owned	u or ope	aled by a governme			
6		-		Complete Part II.)	rnmental unit describe	d in soct	ion 170/	b)(1)(A)(y)			
7	X			•					om the general public		
'	21	-		(1)(A)(vi). (Compl		pport in	oni a go		on the general public		
8					o)(1)(A)(vi). (Complete	Part II )					
9		-		-	ed in section 170(b)(1	-		in conjunction with a	land-grant college		
•		-		-	riculture (see instruct		-	-			
		university:		g. a coogo o. ag							
10			on that norma	Illy receives: (1) m	ore than 331/3 % of its	support	from co	ntributions, membersl	nip fees, and gross		
		receipts from	activities rela	ted to its exempt f	unctions - subject to on nrelated business tax	certain e	xception	s, and (2) no more tha	n 331/3% of its		
		acquired by th	ne organizatio	n after June 30, 1	975. See <b>section 509</b>	(a)(2).	Complete	Part III.)	DUSINESSES		
11					usively to test for publi						
12		An organizatio	on organized	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	carry out the purposes		
									See section 509(a)(3).		
	_	Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete li	nes 12e, 12f, and 12g.		
а			Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving								
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the									
			-	-	e Part IV, Sections A						
b				-	ed or controlled in co						
			-		rganization vested in	the sam	e persor	is that control or man	age the supported		
~			. ,		, Sections A and C. ng organization opera	tod in a	onnoctio	n with and functional	lly intograted with		
С				- · ·	ng organization operations). You must comple				ny integrateu with,		
d			-		porting organization of				ted organization(s)		
			-		nization generally mus	-					
			-		omplete Part IV, Sect	-		-			
е					a written determinatio				II, Type III		
		functionally	integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion.			
f				-							
g			-		orted organization(s).						
	(i) N	ame of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	• •	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
					above (see instructions))	docu	ment?	instructions)	instructions)		
						Yes	No				
(A)											
(B)											
(C)											
(D)											
(E)											
Tota	al										

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 9E1210 1.000 8412ME 600K 10/7/2020 10:02:25 AM

# Schedule A (Form 990 or 990-EZ) 2019

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,318,205.	1,448,379.	1,507,152.	2,208,928.	2,398,291.	8,880,955.
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	1,318,205.	1,448,379.	1,507,152.	2,208,928.	2,398,291.	8,880,955.
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)						378,034.
6	Public support. Subtract line 5 from line 4						8,502,921.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4.	1,318,205.	1,448,379.	1,507,152.	2,208,928.	2,398,291.	8,880,955.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	216.	300.	2,642.	16,858.	15,689.	35,705.
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						8,916,660.
12	Gross receipts from related activities, etc. (s	ee instructions)				12	3,799,613.
13	First five years. If the Form 990 is for organization, check this box and stop here.	<u> </u>					
Sec	tion C. Computation of Public Supp	port Percenta	ge				
14	Public support percentage for 2019 (lin	• • • • • • • • • • • • • • • • • • • •	· •			14	95.36%
15	Public support percentage from 2018					15	94.45%
16a	331/3% support test - 2019. If the org	anization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, cl	
	box and stop here. The organization qu						
b	331/3% support test - 2018. If the org						
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					-	
	Part VI how the organization meets the			-			
	organization						
b	10%-facts-and-circumstances test - 2	-	•				
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organization				•		
	supported organization						
18	Private foundation. If the organization						
	instructions						<u> ► ∟</u>

Page 3

# Schedule A (Form 990 or 990-EZ) 2019

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

 (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							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20	19 <b>(f)</b>	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							
7 a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disgualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
	line 6.)							
	tion B. Total Support	() 0045	(1) 0040	() 0047	( 1) 00 ( 0)	() 00		<b>T</b> . ( .)
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20	<u>19 (f)</u>	Total
9	Amounts from line 6							
10 a	Gross income from interest, dividends, payments received on securities loans,							
	rents, royalties, and income from similar							
L								
D	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
11 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	<b>Total support.</b> (Add lines 9, 10c, 11,							
	and 12.)							
14	First five years. If the Form 990 is f		tion's first, seco	nd, third, fourth	, or fifth tax y	earasa	section 501(c	;)(3)
	organization, check this box and stop here	-						
Sec	tion C. Computation of Public Sup							
15	Public support percentage for 2019 (line 8	, column (f), divid	led by line 13, colu	ımn (f))		15		%
16	Public support percentage from 2018 Sche	edule A, Part III, lir	ne 15			16		%
Sec	tion D. Computation of Investmen	It Income Perc	centage					
17	Investment income percentage for 2019 (li	ne 10c, column (	f), divided by line	13, column (f))		17		%
18	Investment income percentage from 2018					18		%
19 a	331/3% support tests - 2019. If the or					ore than 3	31/3 %, and li	ne
	17 is not more than 331/3%, check th							
b	331/3% support tests - 2018. If the org	anization did not	t check a box on	line 14 or line	19a, and line 16	is more th	1an 331/3%, a	nd
	line 18 is not more than 331/3 %, check	this box and <b>s</b>	top here. The or	ganization qualifi	es as a publicly	supported	organization	
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,				
JSA 9F122	1 1 000				:	Schedule A	(Form 990 or 99	0-EZ) 2019

# 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

- 1 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.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b | Schedule A (Form 990 or 990-EZ) 2019

JSA

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

-	e A (Form 990 or 990-EZ) 2019		I	Page 5
Part	<b>Supporting Organizations</b> (continued)			
	Lies the exception eccented a gift or contribution from any of the following persons?		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations			
			Yes	No
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 <b>Part VI</b> 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	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>	2		
Section	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)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Casti	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		Vaa	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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	163	
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization</i> (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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	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. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		,	
			Yes	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 <b>Part VI identify those supported organizations and explain</b> 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? <i>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.</i>	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
b	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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# Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See
 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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)       7         7 Other expenses (see instructions)       7       8         8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Section B - Minimum Asset Amount       (A) Prior Year         1 Aggregate fair market value of all non-exempt-use assets (see instructions)       1a         b Average monthly value of securities       1a         b 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 (splain in detail in Part V):       2         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).       6<	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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         8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8       (A) Prior Year         9 Section B - Minimum Asset Amount       (A) Prior Year       (B) Current 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):       1         a Average monthly value of securities       1a       0         b Average monthly cash balances       1b       0         c Fair market value of other non-exempt-use assets       1c       1d         e Discount claimed for blockage or other factors (explain in detail in Part VI):       2       2         2 Acquisition indebtedness applicable to non-exempt-use assets       2       3         3 Subtract line 2 from line 14.       3       4         e Tait market value of all or exempt-use assets       2       3         3 Subtract line 2 from line 16.       3       5         a Case deemed hel	1 Net short-term capital gain	1		
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         8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8       (B) Current 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):       1a       (A) Prior Year         a Average monthly value of securities       1a       (b) Current Year (optional)         1 Aggregate fair market value of other non-exempt-use assets       1c       1d         c Fair market value of other non-exempt-use assets       1c       1d         c Pairour claimed for blockage or other factors (explain in detail in Part VI):       2       2         2 Acquisition indebtedness applicable to non-exempt-use assets       2       3       3         3 Subtract line 2 from line 10.       3       4       5         4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).       6       7         5 Net value of non-exempt-use assets (see final time 4, both the 6)       8       6       7         7 Recoveries of	2 Recoveries of prior-year distributions	2		
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) Prior Year       (B) Current Year (optional)         1       Aggregate fair market value of all non-exempt-use assets (see linstructions for short tax year or assets held for part of year):       1a         a       Average monthly value of securities       1a         b       Average monthly use of securities       1a         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         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).       6         7       Recoveries of prior-year distributions       7       8	3 Other gross income (see instructions)	3		
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         8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8       (A) Prior Year         Section B - Minimum Asset Amount       (A) Prior Year       (B) Current Year (optional)         1 Aggregate fair market value of all non-exempt-use assets (see linstructions for short tax year or assets held for part of year):       1a       (D) Prior Year         a Average monthly value of securities       1a       (D) Prior Year       (D) Prior Year         d Total (add lines 1a, 1b, and 1c)       1d       (D) Prior Year       (D) Prior Year         a Average monthly value of securities       1a       (D) Prior Year       (D) Prior Year         d Total (add lines 1a, 1b, and 1c)       1d       (D) Prior Year       (D) Prior Year         a Zuerage in the value of other chast of the part VI):       (D) Prior Year       (D) Prior Year       (D) Prior Year         2 Acquisition indebtedness applicable to non-exempt-use assets       2       2       2       2         3 Subtract line 2 from line 1d.       3       (D) Prior Year       (D) Prior Year       (D) Prior Year         4 Cash deemed held for exempt use. Enter 1-1/2% o	4 Add lines 1 through 3.	4		
collection of gross income or for management, conservation, or       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) Prior Year         1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a         a Average monthly value of securities       1a         b Average monthly value of securities       1a         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       1a         factors (explain in detail in Part VI):       2         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       2         1 Adjusted net income for prior year (from Section A, line 8, Column A)       1         2 Enter 85% of line 1. <t< td=""><td>5 Depreciation and depletion</td><td>5</td><td></td><td></td></t<>	5 Depreciation and depletion	5		
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         1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a         a Average monthly value of securities       1a       0         b Average monthly cash balances       1b       0         c Fair market value of other non-exempt-use assets       1c       1d         e Discount claimed for blockage or other factors (explain in detail in Part VI):       1d       0         2 Acquisition indebtedness applicable to non-exempt-use assets       2       2         3 Subtract line 2 from line 1d.       3       4       4         4 Cash deemed held for exempt-use assets (subtract line 4 from line 3)       5       6         6 Multiply line 5 by .035.       6       7       7         7 Minimum Asset Amount (add line 7 to line 6)       8       5       5         3 Minimum Asset Amount for prior year (from Section A, line 8, Column A)       1       2       2         3 Minimum Asset amount for prior year (from Section A, line 8, Column A)       3       4       5         6 In	6 Portion of operating expenses paid or incurred for production or			
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) Prior Year       (B) Current 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):       1a       (B) Current Year (optional)         a Average monthly cash balances       1b       1a       (C) Prior Year       (D) Prior Year (optional)         c Fair market value of other non-exempt-use assets       1c       1d       (D) Prior Year (optional)       (D) Prior Year (optional)         c Fair market value of other non-exempt-use assets       1c       1d       (D) Prior Year (optional)       (D) Prior Year (optional)         c Fair market value of other non-exempt-use assets       1c       1d       (D) Prior Year (optional)       (D) Prior Year (optional)         c Fair market value of other non-exempt-use assets       1c       1d       (D) Prior Year (optional)       (D) Prior Year (optional)         2       Acquisition indebtedness applicable to non-exempt-use assets       2       2       2       2         3       Subtract line 2 from line 1d.       3       (D) Prior Year (S)       4       5       5       6       (D) Prior Year (D) Prior Year (D) Prior Year (Isom Section	collection of gross income or for management, conservation, or			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Section B - Minimum Asset Amount         1 Aggregate fair market value of all non-exempt-use assets (see linstructions for short tax year or assets held for part of year):       (A) Prior Year       (B) Current Year (optional)         a Average monthly value of securities       1a       (D) Prior Year       (D) Current Year         a Average monthly cash balances       1b       (D) Current Year       (D) Current Year         c Fair market value of other non-exempt-use assets       1c       (D) Current Year       (D) Current Year         d Total (add lines 1a, 1b, and 1c)       1d       1d       (D) Current Year       (D) Current Year         2 Acquisition indebtedness applicable to non-exempt-use assets       1c       1d       (D) Current Year       (D) Current Year         3 Subtract line 2 from line 1d.       3       (D) Current Year       (D) Current Year       (D) Current Year         4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).       5       6       (Current Year         5 Net value of non-exempt-use assets (subtract line 4 from line 3)       5       6       (Current Year         7 Recoveries of prior-year distributions       7       8       8       (Current Year         1 Adjusted net income for prior year (from Section A, line	maintenance of property held for production of income (see instructions)	6		
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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):       1d         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       4	1 Aggregate fair market value of all non-exempt-use assets (see			
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):       1d         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       4	instructions for short tax year or assets held for part of year):			
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       1d         factors (explain in detail in Part VI):       2         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       5	a Average monthly value of securities	1a		
d Total (add lines 1a, 1b, and 1c)       1d         e Discount claimed for blockage or other       1d         factors (explain in detail in Part VI):       2         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       5	<b>b</b> Average monthly cash balances	1b		
e Discount claimed for blockage or other factors (explain in detail in Part VI):       2         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       5	c Fair market value of other non-exempt-use assets	1c		
factors (explain in detail in Part VI):2 Acquisition indebtedness applicable to non-exempt-use assets23 Subtract line 2 from line 1d.34 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).45 Net value of non-exempt-use assets (subtract line 4 from line 3)56 Multiply line 5 by .035.67 Recoveries of prior-year distributions78 Minimum Asset Amount (add line 7 to line 6)8Section C - Distributable AmountCurrent Year1 Adjusted net income for prior year (from Section A, line 8, Column A)12 Enter 85% of line 1.23 Minimum asset amount for prior year (from Section B, line 8, Column A)34 Enter greater of line 2 or line 3.45 Income tax imposed in prior year56 Distributable Amount. Subtract line 5 from line 4, unless subject to5	d Total (add lines 1a, 1b, and 1c)	1d		
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       5				
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8 Minimum Asset Amount (add line 7 to line 6)8Section C - Distributable AmountCurrent Year1 Adjusted net income for prior year (from Section A, line 8, Column A)12 Enter 85% of line 1.23 Minimum asset amount for prior year (from Section B, line 8, Column A)34 Enter greater of line 2 or line 3.45 Income tax imposed in prior year56 Distributable Amount. Subtract line 5 from line 4, unless subject to1	6 Multiply line 5 by .035.	6		
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       1	7 Recoveries of prior-year distributions	7		
1 Adjusted net income for prior year (from Section A, line 8, Column A)12 Enter 85% of line 1.23 Minimum asset amount for prior year (from Section B, line 8, Column A)34 Enter greater of line 2 or line 3.45 Income tax imposed in prior year56 Distributable Amount. Subtract line 5 from line 4, unless subject to4	8 Minimum Asset Amount (add line 7 to line 6)	8		
2 Enter 85% of line 1.23 Minimum asset amount for prior year (from Section B, line 8, Column A)34 Enter greater of line 2 or line 3.45 Income tax imposed in prior year56 Distributable Amount. Subtract line 5 from line 4, unless subject to4	Section C - Distributable Amount			Current Year
2 Enter 85% of line 1.23 Minimum asset amount for prior year (from Section B, line 8, Column A)34 Enter greater of line 2 or line 3.45 Income tax imposed in prior year56 Distributable Amount. Subtract line 5 from line 4, unless subject to4	1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
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       4		2		
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       4	3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
5 Income tax imposed in prior year     5       6 Distributable Amount. Subtract line 5 from line 4, unless subject to     6		4		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	· · · · · · · · · · · · · · · · · · ·	5		
		6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Sect	Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions		, ,	Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt 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	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
•	(provide details in <b>Part VI</b> ). See instructions.	and organization to roop		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
10			(!!)	(!!!)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
Ŭ	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
0	-			
	and 4b from line 1. For result greater than zero, explain in			
7	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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 D	
(Form 990)	

# Supplemental Financial Statements

OMB No. 1545-0047

(Form 990)		► Complete if Part IV, line 6, 7,	2019					
	artment of the Treasury nal Revenue Service	► Go to www.irs.gov	Attach to Form 990. //Form990 for instructions an	nation.	Open to Public Inspection			
	e of the organization				Employer identifica	tion number		
INT	TERNATIONAL OC	CD FOUNDATION, INC.			22-28945	64		
Pa	rt Organiza	tions Maintaining Donor Adv	vised Funds or Other Sin	milar Funds or	r Accounts.			
		e if the organization answered	l "Yes" on Form 990, Pa	rt IV, line 6.				
	•	<b>U</b>	(a) Donor advised		(b) Funds and	other accounts		
1	Total number at e	nd of year						
2		of contributions to (during year)						
3		of grants from (during year)						
4		at end of year						
5		ion inform all donors and donor	r advisors in writing that	the assets held	in donor advised			
-	•	anization's property, subject to the	•			Yes No		
6	-	ion inform all grantees, donors, a	-	-				
	-	e purposes and not for the bene						
	•	nissible private benefit?				Yes No		
Pa		ation Easements.						
	Complete	e if the organization answered	"Yes" on Form 990, Pa	rt IV, line 7.				
1	Purpose(s) of con	nservation easements held by the	e organization (check all tha	t apply).				
	Preservatio	on of land for public use (for example	e, recreation or education)	Preservation	of a historically im	portant land area		
	Protection of	of natural habitat		Preservation	of a certified histo	ric structure		
	Preservatio	n of open space						
2	Complete lines 2a	a through 2d if the organization h	eld a qualified conservatio	on contribution ir	the form of a con	servation		
	easement on the	last day of the tax year.			Held at the	End of the Tax Year		
а	Total number of c	onservation easements			2a			
b	Total acreage res	tricted by conservation easement	s		2b			
с	Number of conser	rvation easements on a certified	historic structure included	in (a)	2c			
d	Number of conse	rvation easements included in (	c) acquired after 7/25/06,	and not on a				
	historic structure I	listed in the National Register			2d			
3	Number of conse	ervation easements modified, tra	ansferred, released, exting	uished, or term	inated by the orga	anization during the		
	tax year 🕨							
4	Number of states	where property subject to conse	ervation easement is located	d ▶				
5	-	zation have a written policy re	• • •	•	-			
	violations, and enf	forcement of the conservation ea	sements it holds?			🗀 Yes 📖 No		
6	Staff and volunteer	hours devoted to monitoring, insp	pecting, handling of violation	s, and enforcing	conservation easem	ents during the year		
	▶							
7		ses incurred in monitoring, inspec	ting, handling of violations,	, and enforcing c	onservation easem	ients during the year		
_	►\$							
8		vation easement reported on line						
-		n)(4)(B)(ii)?				└── Yes └── No		
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the							
		counting for conservation easeme	5	nization's financ	tial statements that	uescribes the		
D٩		tions Maintaining Collections		sures or Otha	r Similar Assots			
- 6		e if the organization answered			- Jiiiiai Assels.	•		
1a	If the organization of art, historical	n elected, as permitted under F/ treasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to repo	ort in its revenution, education,	or research in fu	palance sheet works irtherance of public		
b		n elected, as permitted under F				ance sheet works of		

provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:
а	Revenue included on Form 990, Part VIII, line 1

a	
b	Assets included in Form 990. Part X

▶ \$

INTERNATIONAL OCD FOUNDATION, INC.

Scheo	lule D (Form 990) 2019				-							Page	<u>2</u>
Ра	rt III Organizations Maintaini	ng Colle	ctions of	<sup>-</sup> Art, Histo	orical Tre	easure	s, or	Other	Similar Asse	ets (co	ntinued	d)	_
3	Using the organization's acquisition collection items (check all that app		sion, and	other reco	ds, chec	k any c	of the	follow	ing that make	e signif	icant us	se of i	ts
а	Public exhibition	· <b>y</b> /·		d	loan	or exch	ande	progra	m				
b	Scholarly research			e	Other		unge	progra					
c	Preservation for future gene	rations		e									-
4	Provide a description of the organ		collection	s and expl	ain how t	they fu	rther	the or	ganization's ex	kempt	purpose	in Pa	ırt
	XIII.												
5	During the year, did the organization										-		
	assets to be sold to raise funds rath			ained as pa	art of the	organiz	ation'	s colle	ction?		Yes	N	0
Pa	rt IV Escrow and Custodial A	•											
	Complete if the organiza 990, Part X, line 21.	ition ans	wered "Ye	es" on For	m 990, F	Part IV,	, line	9, or r	eported an a	mount	on For	m	
1a	Is the organization an agent, truste	e, custo	dian or oth	er intermed	liary for c	contribu	tions	or othe	r assets not				_
	included on Form 990, Part X?									🗌	Yes		lo
b	If "Yes," explain the arrangement i	n Part XII	I and com	plete the fo	llowing tal	ble:					-		
					Ū				Am	nount			_
с	Beginning balance						1c						—
d	Additions during the year												—
6	Distributions during the year						1e						—
f	Ending balance						16 1f						—
2a	Did the organization include an am							leihota	account liability	12	Yes		lo
	If "Yes," explain the arrangement i								-			H.	U
	rt V Endowment Funds.	II F alt All	I. CHECK H		Apianation		en pi	ovided					—
Га	Complete if the organiza	ation and	worod "V	es" on For	m 000 E	Dart IV	lina	10					
			rent year	(b) Pric		-	, mic vo year		(d) Three years	haak	(e) Four y	ooro hoo	
		(a) Cui	Territ year	(0) PIIC	ji yeai	(0) 1 %	io year	5 Dack	(u) Three years	Dack	(e) Four y		<u>к</u>
1a	Beginning of year balance												
b	Contributions												
С	Net investment earnings, gains,												
	and losses												
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance												
2	•	of the cu	rrent vear	end balanc	e (line 1a.	. columr	n (a))	held as	:				
а													
b	Permanent endowment 🕨	%											
С	Term endowment	%											
	The percentages on lines 2a, 2b, a	and 2c sh	ould equal	100%.									
3a	Are there endowment funds not in	the posse	ession of t	he organiza	ation that	are hel	ld and	d admir	nistered for the				
	organization by:										Y	es N	0
	(i) Unrelated organizations										3a(i)		_
	(ii) Related organizations										3a(ii)		_
b	If "Yes" on line 3a(ii), are the relate										3b		_
4	Describe in Part XIII the intended u	-											_
	rt VI Land, Buildings, and Equ	Jipment.											_
	Complete if the organization	ation and	swered "Y	'es" on Fo	rm 990,	Part IV	<u>′, line</u>	11a. S	See Form 99				
	Description of property			r other basis stment)	(b) Cost	or other b other)	asis		cumulated eciation	(d)	Book valu	е	
1a	Land		(11763		, (C			depi					—
b	Buildings												—
c	Leasehold improvements												—
d	Equipment				1	137,12	23	1	28,179.			8,944	1.
		1				/			-,			-,	-
Tota	Other I. Add lines 1a through 1e. (Column	(d) must	equal For	m 990 Part	X colum	n (R) lii	ne 10	<u></u>				8,944	1
1010		(u) must	Squar i Oli	m 990, Fail	A, COIUITI	ווו , <i>(</i> ם) יי		··/				~, ) 4.	••

Schedule D (Form 990) 2019

Schedule D (F	Form 990) 2019			Page <b>3</b>
Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	Part IV line 11b See Form 990 F	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	1:
(1) Financia	al derivatives			
	held equity interests			
(3) Other _				
	EFICIAL INT CHARITABLE TRST	429,242.	COST	
(B)				
(C)				
(D) (E)				
(E) (F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨	429,242.		
Part VIII	Investments - Program Related.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, F	Part X, line 13.
	(a) Description of investment	(b) Book value	<b>(c)</b> Method of valuatior Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, F	
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See Form	990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Feder	al income taxes			
(2) DEFE	RRED RENT			29,046.
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
. ,	nn (b) must equal Form 990, Part X, col. (B) line 25.)		· · · · · · · · · · · · · · · · · · ·	29,046.
	r uncertain tax positions. In Part XIII, provide the		•	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

Schedu	ile D (Form 990) 2019		Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur 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	3,691,176.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	117,530.
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,573,646.
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.) 4b		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )	5	3,573,646.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,884,215.
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	1	
c	Other losses		
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	3,451.
3	Subtract line 2e from line 1	3	2,880,764.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
·a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ).	5	2,880,764.
Part	XIII Supplemental Information.		
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F		
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforn	nation.	

see page 5

## 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 AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE ACCOMPANYING STATEMENTS OF ACTIVITIES.

UNDER ASC 740, AN ORGANIZATION MUST RECOGNIZE THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN FOR TAX RETURN PURPOSES IF IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. THE FOUNDATION DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS, AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS.

SCHEDULE F	Statement of Activities Outside the United St	ates 🛓	OMB No. 1545-0047				
(Form 990)	► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1 ► Attach to Form 990.	5, or 16.	2019				
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection				
Name of the organization		Employer ider	ntification number				
INTERNATIONAL OC	CD FOUNDATION, INC.	22-289	94564				
Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" Form 990, Part IV, line 14b.							
•	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	0					

- 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.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	<u>g</u>	(-) Number of			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
_(1)					
_(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
<u>(14)</u>					
(15)					
(16)					
(17)					
3a Subtotal					
<b>b</b> Total from continuation					
sheets to Part I					
<b>c</b> Totals (add lines 3a and 3b)					
E Potalo (add mice od and ob)		- few Element 000			- E (E

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 9E1274 1.000 8412ME 600K 10/7/2020 10:02:25 AM

# Schedule F (Form 990) 2019

Schedule F (	Schedule F (Form 990) 2019											
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States.	ance to Organizat	tions or Entities Outsi	de the Unite	d States. Co	mplete	if the or	Complete if the organization answered "Yes" on Form 990	answer	ed "Ye	es" or	٦Fc
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated	ecipient who receive	/ed more than \$5,000. F	Part II can be		addition	al space	if additional space is needed.				
•										;		)

Fait iv, line 13, for any recipient who received more than \$3,000. Fait if can be sublicated if additional space is freeded.	cipient who recen				Shace is	needed.		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> 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)			DR. WESTWELL	8,260.				
(2)			DR. WOOTTON	97,347.				
(3)			DR. ZAI YOUN	12,500.				
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
	nizations listed abo	ve that are recognized as o	charities by the	foreign country, rec	ognized as tax	(-exempt		
3 Enter total number of other organizations or entities	ations or entities						,	

9E1275 1.000 8412ME 600K 10/7/2020 10:02:25 AM

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PAGE 34

# Schedule F (Form 990) 2019

# Part III Page 3 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 can be duplicated if additional space is needed.

	(18)	(17)	(16)	(15)	(14)	(13)	(12)	(11)	(10)	(9)	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)	(a)
																			(a) Type of grant or assistance (b) Region
																			(c) Number of recipients
																			<b>(d)</b> Amount of cash grant
																			<b>(e)</b> Manner of cash disbursement
																			(f) Amount of noncash assistance
Scl																			(g) Description of noncash assistance
Schedule F (Form 990) 2019																			<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

JSA

INTERNATIONAL OCD FOUNDATION, INC.

Sched	ule F (Form 990) 2019	Page <b>4</b>
Part	IV 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)	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)	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)	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) 2019

Page 5

Schedule F (Form 990) 2019

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.

Page 5

Schedule F (Form 990) 2019

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:

NAME OF ORGANIZATION: UNIVERSITY OF BRITISH COLUMBIA

PURPOSE OF GRANT: RESEARCH - DR. WESTEWLL ROPER YOUNG - CELECOXIB AS AN

ADJUNCT TO TREATMENT AS USUAL IN CHILDHOOD.

FORM 990, SCHEDULE F, PART II, LINE 2: NAME OF ORGANIZATION: UNIVERSITY OF TECHNOLOGY, SYDNEY PURPOSE OF GRANT: RESEARCH - DR. WOOTTON - TOWARDS OPTIMAL USE OF INTERNET DELIVERED INTERVENTIONS FOR OCD

FORM 990, SCHEDULE F, PART II, LINE 3: NAME OF ORGANIZATION: THE CENTRE FOR ADDICTION AND MENTAL HEALTH PURPOSE OF GRANT: DR. ZAI YOUNG - IDENTIFICATION OF PERIPHERAL BOIMARKERS...

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# Schedule I (Form 990) (2019)

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	Act
	Notice,
	see
	the
	Paperwork Reduction Act Notice, see the instructions for Form 990.
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	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	nat received	more than \$5	,000. Part II can l	be duplicated if a	additional space is n	mplete if the organization answered "Yes" on Form 990, f additional space is needed.	es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MASSACHUSETTS GENERAL HOSPITAL							
P.O. BOX 414876 BOSTON, MA 02241			99,673.		ACCRUAL BASIS		DR. WILLIAMS - ASSES
(2) MCLEAN HOSPITAL							
P.O. BOX 414248 BOSTON, MA 02241			29,825.		ACCRUAL BASIS		DR. FALKENSTEIN - RE
(3) BARNARD COLLEGE							
3009 BROADWAY NEW YORK, NY 10027			37,500.		ACCRUAL BASIS		DR. WHEATON - ROLE C
(4) UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL							
235 E. CAMERON AVENUE, CB# 3270			19,370.		ACCRUAL BASIS		DR. WILLIS - THE ROI
(5) UNIVERSITY OF PITTSBURGH							
500 ROSS STREET, 154-0455			166,667.		ACCRUAL BASIS		DR. AHMARI - ANALYSI
(6) MASSACHUSETTS GENERAL HOSPITAL							
P.O. BOX 414876 BOSTON, MA 02241			33,642.		ACCRUAL BASIS		DR. SUMMERS - COGNIT
(7) MCLEAN HOSPITAL							
P.O. BOX 414248 BOSTON, MA 02241			12,486.		ACCRUAL BASIS		DR. NOTA YOUNG - CIF
(8)	1						
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government	organizations lis	sted in the line 1 tat	ble		•	7.
	ed in the line	Utable	· · · ·	•	· · · · · · · · · · · · · · · · · · ·	▼	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 9	90.				Sche	Schedule I (Form 990) (2019)

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

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

► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

2019

OMB No. 1545-0047

**Open to Public** Inspection

22-2894564

 $\times$ 

Yes

N N

Employer identification number

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

the selection criteria used to award the grants or assistance?

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

Part I General Information on Grants and Assistance

Department of the Treasury Internal Revenue Service

INTERNATIONAL OCD FOUNDATION, INC.

Name of the organization

SCHEDULE I (Form 990)

Schedule I (Form 990) (2019)					22-2894564 Page 2
Part III         Grants and Other Assistance to Domestic Individuals.           Part III can be duplicated if additional space is needed.	°.	Complete if th	ne organization	i answered "Yes" on F	Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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<b>Part IV</b> Supplemental Information. Provide the information required in Part I, line information.	information req	uired in Part I,	line 2, Part III, colu	column (b); and any other additional	ther additional
FORM 990, SCHEDULE I, PART I, LINE Z:					
THE OCD FOUNDATION. IF THE RECIPIENTS	ACCEPT THE C	OCD FOUNDATION	ION RESEARCH	н	
AWARD UNDER CONDITIONS STATED IN THE I	LETTER, THEY	SHOULD SIGN	N THE LETTER	R	
AND RETURN A SIGNED COPY OF THE COMPLETED	LETTER	TO THE FOUNI	FOUNDATION WITHIN	IN	
10 DAYS OF THE RECEIPT OF THE LETTER.					
2. EACH RESEARCH AWARD RECIPIENT MUST	SUBMIT A BRIEF	EF SYNOPSIS	S OF HIS/HER	77	
PROJECT IN LANGUAGE SUITABLE FOR THE I	LAY READERS C	OF THE FOUNI	FOUNDATION		
NEWSLETTER.					
					Schedule I (Form 990) (2019)
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Schedule I (Form 990) (2019) Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	tic Individuals. ce is needed.	. Complete if t	he organization	answered "Yes" on F	Page 2 Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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3. TEN DAYS AFTER RECEIPT OF THE THIRD	PAYMENT, E.	EACH RECIPIENT	NT MUST SEND	D	
A ONE-PAGE STATUS REPORT OF HIS/HER PR	PROGRESS VIA :	E-MAIL.			
4. WITHIN 30 DAYS OF RECEIPT OF THE FO	FOURTH AND FI	FINAL PAYMENT,	, EACH		
RECEIPIENT MUST SEND A YEAR-END PROJECT	REPORT.	ONCE THE PRO	PROJECT IS		
COMPLETED, A 1,500 WORD ARTICLE WRITTEN	N BY THE PI	WOULD BE I	INCLUDED IN ;	A	
FUTURE ISSUE OF THE OCD FOUNDATION NEWSLETTER.	SLETTER.				
5. ALT, RESEARCH AWARD WINNERS WITL, RE	FNCOURAGED	το ραφττατρατε	ate tn a		

INTERNATIONAL OCD FOUNDATION, INC. Schedule I (Form 990) (2019)				22-2894364 Page 2	<b>N</b> 4
Part III         Grants and Other Assistance to Domestic Individuals.           Part III can be duplicated if additional space is needed.		te if the organization	answered "Yes" on F	Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	I
(a) Type of grant or assistance	(b) Number of (c) Amount of recipients cash grant	nt non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
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Part IV Supplemental Information. Provide the information required in Part I, line information.	information required in F		2, Part III, column (b); and any other additional	ther additional	I
PRESENT THEIR FINAL PROJECT RESULTS AS	PART OF A PANEL A	T 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 1	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.	N. ANY UNUSED MONEY	AVAILABLE AT THE	ΉE		
				Schedule I (Form 990) (2019)	9
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# Schedule I (Form 990) (2019)

# 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>(b)</b> Number of recipients	( <b>c)</b> Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	nformation re	quired in Part I,	line 2, Part III, c	olumn (b); and any of	ther additional
	information.					

RESEARCH FUND.

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

Schedule I (Form 990) (2019)

(Forr	EDULE J m 990) nent of the Treasury Revenue Service	For certain Officers, Dire Cor ► Complete if the organizatio ►	Astion Information ectors, Trustees, Key Employees, and Highest mpensated Employees on answered "Yes" on Form 990, Part IV, line 2 Attach to Form 990. 990 for instructions and the latest information.	23.	DMB No. 20 Dpen te	19	olic
	of the organization			Employer identification			
		OCD FOUNDATION, INC.		22-2894564		-	
Part		ns Regarding Compensation		22 200 100			
i arc						Yes	No
	990, Part VII, First-cla Travel fo Tax inde Discretion If any of the or reimburse explain Did the orga directors, trus 1a? Indicate which organization's related organ	Section A, line 1a. Complete Part III to plass or charter travel or companions emnification and gross-up payments onary spending account boxes on line 1a are checked, did the ement or provision of all of the ex- anization require substantiation prior stees, and officers, including the CEC h, if any, of the following the organization is CEO/Executive Director. Check all the ization to establish compensation of the nsation committee	by vided any of the following to or for a person provide any relevant information regarding Housing allowance or residence for Payments for business use of person Health or social club dues or initiation Personal services (such as maid, ch ne organization follow a written policy responses described above? If "No," com to reimbursing or allowing expenses D/Executive Director, regarding the items on used to establish the compensation of at apply. Do not check any boxes for method e CEO/Executive Director, but explain in P Written employment contract Compensation survey or study	these items. personal use nal residence on fees auffeur, chef) egarding payment plete Part III to incurred by all checked on line the uds used by a	<u>1b</u>		
	Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       X         Approval by the board or compensation committee       Image: Compensation survey or study						
4 a	During the ye organization of Receive a se	ar, did any person listed on Form 990, or a related organization: verance payment or change-of-control pa	Part VII, Section A, line 1a, with respect to ayment?	o the filing	4a		X
b	-		ntal nonqualified retirement plan?		4b		Х
С						X	
5	compensation	n contingent on the revenues of:	ion A, line 1a, did the organization pa	5			
-					5a		X
b	-	rganization? le 5a or 5b, describe in Part III.			5b		X
6 a	For persons compensation	listed on Form 990, Part VII, Secti n contingent on the net earnings of:	ion A, line 1a, did the organization pa		6a		X
b					6b		X
U	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7			on A, line 1a, did the organization provescribe in Part III		7		Х
8	Were any am to the initia	ounts reported on Form 990, Part VII, I contract exception described in I	paid or accrued pursuant to a contract the Regulations section 53.4958-4(a)(3)?	at was subject F "Yes," describe			X
9			low the rebuttable presumption proced				
					9		

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Schedule J (Form 990) 2019

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Individual.					-		-	
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C 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	Ξ	153,854.	0.	0.	4,553.	9,713.	168,120.	0.
1EXECUTIVE DIRECTOR	<b>I</b>	0.	0.	0.	0.	0.	0.	0.
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22-2894564

Page 2

Schedule J (Form 990) 2019

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.

Page 3

# Schedule J (Form 990) 2019 Part III Supplemental Information

for any additional 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

PART II, COLUMN C:

EMPLOYEES. THE FOUNDATION MAKES AN ANNUAL SAFE-HARBOR CONTRIBUTION BASED THE INTERNAL REVENUE CODE THAT COVERS SUBSTANTIALLY ALL FULL-TIME THE FOUNDATION MAINTAINS A QUALIFIED 401(K) PLAN UNDER SECTION 401(K) OF ON 3% OF EACH ELIGIBLE EMPLOYEE'S COMPENSATION. ADDITIONAL MATCHING

CONTRIBUTIONS ARE MADE AT THE DISCRETION OF THE BOARD OF TRUSTEES.

PART II, COLUMN D:

THE AMOUNTS REPORTED IN THIS COLUMN ARE FOR HEALTH INSURANCE.

Schedule J (Form 990) 2019

# 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.



 

 Department of the Treasury Internal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

 Name of the organization
 Employer ide

 INTERNATIONAL OCD FOUNDATION, INC.
 22-28

Employer identification number

22-2894564

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 DIRECTOR OF OPERATIONS DID RESEARCH ON RECRUITING WEBSITES AND COMPARED THIS TO THEIR EXTERNAL HR REPRESENTATIVES AT PAYCHEX TO

Schedule O (Form 990 or 990-EZ) 2019	Page 2
Name of the organization	Employer identification number
INTERNATIONAL OCD FOUNDATION, INC.	22-2894564

DETERMINED EMPLOYEES' SALARIES TO ENSURE THAT SALARIES WERE IN LINE WITH SIMILAR DUTIES IN THE BOSTON AREA. ONCE DETERMINED THESE EMPLOYEE SALARIES ARE RECOMMENDED TO THE TREASURER OF THE BOARD WHO REVIEWS AND APPROVES EACH EMPLOYEES' SALARIES.

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.

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.

FORM 990, PART IX - OTHER EXPENSES

DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
SPECIAL PROJECTS	371,324.	371,324.		
ALL OTHER EXPENSES	1,946.	293.	1,085.	568.
TOTALS	373,270.	371,617.	1,085.	568.

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ATTACHMENT 1

ATTACHMENT 2

Schedule O (Form 990 or 990-EZ) 2019	Page 2
Name of the organization	Employer identification number
INTERNATIONAL OCD FOUNDATION, INC.	22-2894564
	ATTACHMENT 3

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# FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION		ENDING BOOK VALUE	COST OR FMV
INVESTMENTS		260,411.	FMV
	TOTALS	260,411.	