



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Amended

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2007 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☒ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**OBSESSIVE COMPULSIVE FOUNDATION, INC.** *INTE*

Number and street (or P.O. box if mail is not delivered to street address)

112 WATER STREET

City or town, state or country, and ZIP + 4

BOSTON, MA 02109

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trust must attach a completed Schedule A (Form 990 or 990-EZ).

D Employer identification number**22-2894564****E** Telephone number**(617) 973-5801****F** Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶I am not applicable to section 527 organizations. Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(e)** Are all affiliates included? **N/A** ☐ Yes ☐ No (If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☒ Yes ☐ No**I** Group Exemption Number ▶ **9211****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: **WWW.OCFOUNDATION.ORG****J** Organization type (check only one) ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,375,181.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances****1** Contributions, gifts, grants, and similar amounts received.**a** Contributions to donor advised funds**b** Direct public support (not included on line 1a)**c** Indirect public support (not included on line 1a)**d** Government contributions (grants) (not included on line 1a)**e** Total (add lines 1a through 1d) (cash \$ **959,466.** noncash \$)**2** Program service revenue including government fees and contracts (from Part VII, line 93)**3** Membership dues and assessments**4** Interest on savings and temporary cash investments**5** Dividends and interest from securities**6 a** Gross rents**b** Less: rental expenses**c** Net rental income or (loss). Subtract line 6b from line 6a**7** Other investment income (describe ▶)**8 a** Gross amount from sales of assets other than inventory**b** Less: cost of goods sold and sales expenses**c** Gain or (loss) from sales of assets (combine columns (A) and (B))**9** Special events and activities (attach schedule). If any amount is from gaming, check here ☐**a** Gross revenue from special events (of contributions reported on line 1b)**b** Less: direct and indirect fundraising expenses**c** Net income or (loss) from special events. Subtract line 9b from line 9a**10 a** Gross sales of inventory, less returns and allowances**b** Less: cost of goods sold**c** Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a**11** Other revenue (from Part VII, line 103)**12** Total revenue. Add lines 1a, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11**13** Program services (from line 44, column (B))**14** Management and general (from line 44, column (C))**15** Fundraising (from line 44, column (D))**16** Payments to affiliates (attach schedule)**17** Total expenses. Add lines 16 and 44, column (A)**18** Excess or (deficit) for the year. Subtract line 17 from line 12**19** Net assets or fund balances at beginning of year (from line 73, column (A))**20** Other changes in net assets or fund balances (attach explanation)**21** Net assets or fund balances at end of year. Combine lines 18, 19, and 20

1a	
1b	862,687.
1c	96,779.
1d	

1e	959,466.
2	149,959.
3	216,372.
4	18,824.
5	23,581.

6a	
6b	
6c	
7	
8a	
8b	
8c	

(A) Securities	(B) Other
8a	
8b	
8c	

9a	
9b	
9c	

10a	
10b	
10c	

11	6,979.
12	1,375,181.
13	804,290.
14	374,859.
15	70,453.
16	11,136.
17	1,260,738.
18	114,443.
19	910,593.
20	<40,981.>
21	984,055.

SEE STATEMENT 2

SEE STATEMENT 3

725001
12-27-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

0172

SEP 23 '14

No statute issue

SCANNED SEP 24 2008

SCANNED SEP 29 2014

Rec in Batching/
Expires Ogden