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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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.

OMB No 1545-0047

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning****and ending****B** Check if applicable

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

Please use IRS label or print or type
See Specific Instructions**C Name of organization****INTERNATIONAL OCD FOUNDATION, INC**

Doing Business As

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

112 WATER STREET

Room/suite

501

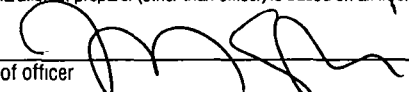
City or town, state or country, and ZIP + 4

BOSTON, MA 02109**F Name and address of principal officer: JEFFERY SZYMANSKI****112 WATER STREET, SUITE 501, BOSTON, MA 021****D Employer identification number****22-2894564****E Telephone number****(617) 973-5801****G Gross receipts \$ 1,338,743.****H(a) Is this a group return for affiliates?** ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list. (see instructions)**H(c) Group exemption number ▶****I Tax-exempt status:** ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website: WWW.OCFOUNDATION.ORG****K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation: 1987 M State of legal domicile: MA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE MISSION OF THE FOUNDATION IS TO EDUCATE THE PUBLIC AND PROFESSIONAL COMMUNITIES ABOUT OCD AND		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of employees (Part V, line 2a)	5	4
	6	Total number of volunteers (estimate if necessary)	6	0
	Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8		Contributions and grants (Part VIII, line 1a)	Prior Year	Current Year
9		Program service revenue (Part VIII, line 2g)	737,110.	863,368.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	241,683.	249,260.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,921.	2,958.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,866.	1,397.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,005,580.	1,116,983.
14		Benefits paid to or for members (Part IX, column (A), line 4)	228,309.	217,809.
Expenses		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	315,723.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 55,860.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	801,087.	656,868.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,345,119.	1,224,663.
	19	Revenue less expenses. Subtract line 18 from line 12	<339,539.>	<107,680.>
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	852,244.	721,184.
	22	Net assets or fund balances. Subtract line 21 from line 20	258,897.	235,517.
			593,347.	485,667.

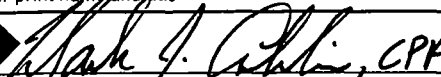
Part II Signature Block

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

Signature of officer:  Date: **11-3-10**

JEFFERY SZYMANSKI, EXECUTIVE DIRECTOR

Type or print name and title

Preparer's signature:  Date: **11/01/10** Check if self-employed ☐ Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: **MILLER WACHMAN LLP**
10 ST. JAMES AVENUE, 16TH FLOOR
BOSTON, MA 02116

EIN ▶ **22-2894564** Phone no. ▶ **617-338-6800**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

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

Form **990** (2009)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

SCANNED DEC 6 2010

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Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission. **SEE SCHEDULE O FOR CONTINUATION**
THE MISSION OF THE FOUNDATION IS TO EDUCATE THE PUBLIC AND PROFESSIONAL COMMUNITIES ABOUT OCD AND RELATED DISORDERS, PROVIDE ASSISTANCE TO INDIVIDUALS WITH OCD AND RELATED DISORDERS AND THEIR FAMILY AND FRIENDS, AND TO SUPPORT RESEARCH INTO THE CAUSES AND
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,008,209. including grants of \$ 217,809.) (Revenue \$ 250,657.)
INCREASE PUBLIC AWARENESS OF OBSESSIVE COMPULSIVE DISORDERS (OCD). ALSO PROVIDES INFORMATION AND REFERRALS TO TREATMENT PROVIDERS IN THE FORM OF PAMPHLETS, NEWSLETTERS, VIDEOTAPES, A WEB SITE, AND ITS ANNUAL CONFERENCE AND BTI FEES, ETC. OVER 40,000 INDIVIDUALS BENEFIT FROM OCF'S EFFORTS.

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

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

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

4e Total program service expenses ► \$ 1,008,209.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• 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.		
• 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.		
• 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.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• 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? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes	No
12A		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
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		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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 employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? 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	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38 X	

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 4		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a 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		X
b If "Yes," enter the name of the foreign country. <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a 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?	6a		X
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).			
a 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		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a 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		

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	12	
b Enter the number of voting members that are independent	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?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► MA, AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
THE ORGANIZATION - (617)973-5801
112 WATER STREET, BOSTON, MA 02109

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

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

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DIANE DAVEY PRESIDENT/DIRECTOR	3.00	X		X				0.	0.	0.
CHIRSTINA VERTULLO VICE PRESIDENT/DIRECTOR	3.00	X		X				0.	0.	0.
JANET EMMERMAN SECRETARY/DIRECTOR	3.00	X		X				0.	0.	0.
MICHAEL STACK TREASURER/DIRECTOR	3.00	X		X				0.	0.	0.
JEFF BELL DIRECTOR	2.00	X						0.	0.	0.
MICHAEL JENIKE DIRECTOR	2.00	X						0.	0.	0.
JOY KANT DIRECTOR	2.00	X						0.	0.	0.
THOMAS M. LAMBERTI DIRECTOR	2.00	X						0.	0.	0.
FRANCES SYDNEY DIRECTOR	2.00	X						0.	0.	0.
THOMAS CARTER WADDELL DIRECTOR	2.00	X						0.	0.	0.
DENISE EGAN STACK DIRECTOR	2.00	X						0.	0.	0.
JEFFREY SZYMANSKI EXECUTIVE DIRECTOR	40.00	X		X				124,205.	0.	6,781.

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	72,100.			
	b	Membership dues	1b	189,195.			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	602,073.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		863,368.			
Program Service Revenue	2 a	CONFERENCES	Business Code 541900	187,100.	187,100.		
	b	BTI FEES	541900	33,600.	33,600.		
	c	REFUND OF RESEARCH GRA	541900	25,349.	25,349.		
	d	SALE OF LITERATURE	541900	3,211.	3,211.		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		249,260.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,255.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross Rents	(i) Real (ii) Personal				
b		Less: rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	222,463.			
b		Less: cost or other basis and sales expenses		221,760.			
c		Gain or (loss)		703.			
d		Net gain or (loss)		703.			703.
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
b		Less: direct expenses	b				
c		Net income or (loss) from fundraising events					
9 a		Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities					
10 a		Gross sales of inventory, less returns and allowances	a				
b		Less: cost of goods sold	b				
c		Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	MISCELLANEOUS	Business Code 900099	1,397.	1,397.		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		1,397.			
	12	Total revenue. See instructions.		1,116,983.	250,657.	0.	2,958.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	162,559.	162,559.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	55,250.	55,250.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	133,373.	100,030.	20,006.	13,337.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	178,770.	130,721.	38,976.	9,073.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,631.	1,602.	964.	65.
9 Other employee benefits	11,350.	7,912.	2,674.	764.
10 Payroll taxes	23,862.	16,437.	5,637.	1,788.
11 Fees for services (non-employees):				
a Management				
b Legal	20,853.	14,336.	4,953.	1,564.
c Accounting	15,875.		15,875.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	16,976.	11,671.	4,032.	1,273.
14 Information technology				
15 Royalties				
16 Occupancy	63,098.	43,380.	14,986.	4,732.
17 Travel	3,583.	2,205.	1,378.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	212,789.	191,252.	21,537.	
20 Interest				
21 Payments to affiliates	11,073.	11,073.		
22 Depreciation, depletion, and amortization	15,764.	12,992.	2,116.	656.
23 Insurance	4,599.		4,599.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PUBLIC RELATIONS	70,685.	70,685.		
b PRINTING AND PUBLICATIONS	59,373.	40,398.	1,216.	17,759.
c SPECIAL PROJECTS	56,115.	56,115.		
d POSTAGE	29,899.	20,556.	7,101.	2,242.
e RESEARCH EXPENSES	13,416.	13,416.		
f All other expenses	62,770.	45,619.	14,544.	2,607.
25 Total functional expenses. Add lines 1 through 24f	1,224,663.	1,008,209.	160,594.	55,860.
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	147,717.	1	149,623.
	2 Savings and temporary cash investments	157,375.	2	81,997.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,595.	4	55.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	8,640.	9	15,372.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 164,422.		
	b Less: accumulated depreciation	10b 90,112.	36,115.	10c 74,310.
	11 Investments - publicly traded securities	472,314.	11	394,584.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	28,488.	15	5,243.
16 Total assets. Add lines 1 through 15 (must equal line 34)	852,244.	16	721,184.	
Liabilities	17 Accounts payable and accrued expenses	18,597.	17	27,998.
	18 Grants payable	132,277.	18	121,393.
	19 Deferred revenue	103,827.	19	79,559.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	4,196.	25	6,567.
	26 Total liabilities. Add lines 17 through 25	258,897.	26	235,517.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		556,592.	27	485,667.
28 Temporarily restricted net assets		36,755.	28	0.
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		593,347.	33	485,667.
34 Total liabilities and net assets/fund balances		852,244.	34	721,184.

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2009)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1165731.	831,421.	1175838.	737,110.	863,368.	4773468.
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	214,969.	227,495.	149,959.	241,683.	249,260.	1083366.
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	1380700.	1058916.	1325797.	978,793.	1112628.	5856834.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						5856834.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	1380700.	1058916.	1325797.	978,793.	1112628.	5856834.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,945.	50,143.	42,405.	19,892.	2,255.	144,640.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	29,945.	50,143.	42,405.	19,892.	2,255.	144,640.
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 IV.)			6,979.	2,866.	1,397.	11,242.
13 Total support (Add lines 9, 10c, 11, and 12)	1410645.	1109059.	1375181.	1001551.	1116280.	6012716.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	97.41 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	96.40 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	2.41 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	2.58 %

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- ▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

INTERNATIONAL OCD FOUNDATION, INC

Employer identification number

22-2894564

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		112,198.	84,890.	27,308.
e Other		52,224.	5,222.	47,002.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				74,310.

Schedule D (Form 990) 2009

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,116,983.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,224,663.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<107,680.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<107,680.>

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

1	Total revenue, gains, and other support per audited financial statements	1	1,201,980.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	110,346.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	110,346.
3	Subtract line 2e from line 1	3	1,091,634.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	25,349.
c	Add lines 4a and 4b	4c	25,349.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,116,983.

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

1	Total expenses and losses per audited financial statements	1	1,309,660.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	110,346.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	110,346.
3	Subtract line 2e from line 1	3	1,199,314.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	25,349.
c	Add lines 4a and 4b	4c	25,349.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,224,663.

Part XIV Supplemental Information

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

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REFUND OF PRIOR YEAR RESEARCH GRANT: 25349.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

REFUND OF PRIOR YEAR RESEARCH GRANT: 25349.

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

INTERNATIONAL OCD FOUNDATION, INC

22-2894564

Part I	General Information on Activities Outside the United States. Complete if the organization answered "Yes"
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to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Totals	0	0			0

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

Schedule F (Form 990) 2009

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

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

2. EACH RESEARCH AWARD RECIPIENT MUST SUBMIT A BRIEF SYNOPSIS OF HIS/HER PROJECT IN LANGUAGE SUITABLE FOR THE LAY READERS OF THE OCD 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 A YEAR-END PROJECT REPORT. ONCE THE PROJECT IS COMPLETED, A 1,500 WORD ARTICLE WRITTEN BY THE PI WOULD BE INCLUDED IN A FUTURE ISSUE OF THE OCD NEWSLETTER.

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

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

7. ALL FUNDING FROM THE OCF WILL BE APPLIED ONLY TO THE PROJECT FOR WHICH THE RESEARCH AWARD WAS GIVEN. ANY UNUSED MONEY AVAILABLE AT THE END OF

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

THE ONE-YEAR PROJECT MUST BE RETURNED TO THE OCF RESEARCH FUND.

Lined area for supplemental information.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

INTERNATIONAL OCD FOUNDATION, INC

Employer identification number
22-2894564

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASS GENERAL HOSPITAL 185 CAMBRIDGE STREET, 2ND FLOOR BOSTON, MA 02114			34,644.	0.			RESEARCH AWARD
THE ZUCKER HILLSIDE HOSPITAL 5-59 263RD STREET GLEN OAKS, NY 11004			40,855.	0.			RESEARCH AWARD
JHU PSYCHIATRY RESEARCH 1629 THAMES STREET, SUITE 401 BALTIMORE, MD 21231			49,660.	0.			RESEARCH AWARD
UNIVERSITY OF PENNSYLVANIA, DEPT. OF PSYCHIATRY - 3535 MARKET STREET, #630 - PHILADELPHIA, PA 19104			37,400.	0.			RESEARCH AWARD

2 Enter total number of section 501(c)(3) and government organizations **4.**
3 Enter total number of other organizations **0.**

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

Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

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

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

SCHEDULE I, PART I, LINE 2: 1.RESEARCH AWARD RECIPIENTS WILL RECEIVE A

RESEARCH AWARD LETTER FROM THE OCF FOUNDATION. IF THE RECIPIENTS ACCEPT THE OCF RESEARCH AWARD UNDER CONDITIONS STATED IN THE LETTER, THEY SHOULD SIGN THE LETTER AND RETURN A SIGNED COPY OF THE COMPLETE LETTER TO THE OCF WITHIN 10 DAYS OF RECEIPT OF THE LETTER.

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

Part IV Supplemental Information

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

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

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

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

7. ALL FUNDING FROM THE OCF 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 OCF RESEARCH FUND.

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

► Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

INTERNATIONAL OCD FOUNDATION, INC

Employer identification number

22-2894564**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>WEBSITE AND D</u>)	X	1	101,296.	
26 Other ► (<u>CONFERENCE PH</u>)	X	1	4,800.	
27 Other ► (<u>DONATED MEETI</u>)	X	3	2,250.	
28 Other ► (<u>CONFERENCE NO</u>)	X	1	2,000.	

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II

Yes No

30a

X

31

X

32a

X

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

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

INTERNATIONAL OCD FOUNDATION, INC

Employer identification number
22-2894564

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

RELATED DISORDERS, PROVIDE ASSISTANCE TO INDIVIDUALS WITH OCD AND
RELATED DISORDERS AND THEIR FAMILY AND FRIENDS, AND TO SUPPORT RESEARCH
INTO THE CAUSES AND EFFECTIVE TREATMENTS OF OCD AND RELATED DISORDERS.

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

EFFECTIVE TREATMENTS OF OCD AND RELATED DISORDERS.

FORM 990, PART VI, SECTION A, LINE 2: MICHAEL AND DENISE EGAN STACK ARE
MARRIED. DIANE DAVEY, DENISE EGAN STACK AND MICHAEL JENIKE ALL WORK
TOGETHER AT MCLEAN HOSPITAL. JEFFREY SZYMANSKI ALSO USED TO WORK WITH THE
ABOVE THREE AT MCLEAN HOSPITAL.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 WOULD BE SENT VIA EMAIL TO
BOARD OF DIRECTORS FOR REVIEW BEFORE THE NEXT BOARD MEETING. THE BOARD
TREASURER, MICHAEL STACK, WOULD INCLUDE FORM 990 IN HIS TREASURER'S REPORT
AND WOULD DISCUSS IT AS AN AGENDA ITEM AT THE NEXT BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION MONITORS COMPLIANCE
WITH ITS CONFLICT OF INTEREST POLICY AND BOARD MEMBERS AND KEY EMPLOYEES
ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICT ON AT LEAST AN ANNUAL
BASIS.

FORM 990, PART VI, SECTION B, LINE 15: THE FOUNDATION USED A SEARCH FIRM
TO HIRE THE EXECUTIVE DIRECTOR AND PROGRAM DIRECTOR POSITIONS. THE BOARD OF
DIRECTORS TOOK THE ADVICE AND GUIDANCE ON THE COMPENSATION FOR SIMILAR

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

INTERNATIONAL OCD FOUNDATION, INC

Employer identification number

22-2894564

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

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

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

PART XI FINANCIAL STATEMENTS AND REPORTING, LINE 3C
THE AUDIT COMMITTEE IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT OF
FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. NO
CHANGES HAVE BEEN TAKEN ON THE OVERSIGHT PROCESS SINCE THE PRIOR YEAR.

FORM 990, PART VI LINES 13 AND 14
THE FOUNDATION'S BOARD OF DIRECTORS IS IN THE PROCESS OF DRAFTING AND
IMPLEMENTING WRITTEN WHISTLEBLOWER AND DOCUMENT RETENTION AND
DESTRUCTION POLICIES.

Office of the Secretary of the State

DELIVERY ADDRESS:
Commercial Recording Division
Connecticut Secretary of the State
30 Trinity Street
Hartford, CT 06106
860-509-6003

04/01/2009 WED 11:54 [TX/RX NO 6506] 002

Space For Office Use Only

FILING #0003899073 PG 02 OF 02 VOL B-01268
FILED 04/01/2009 11:30 AM PAGE 01785
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

4. VOTE INFORMATION (check A, B or C.)

☐ A. The Amendment was duly approved by the members in the manner required by sections 33-1140 to 33-1147 of the Connecticut General Statutes, and by the Certificate of Incorporation.

☐ B. The Amendment was duly approved by the incorporators and member approval was not required.

☒ C. The Amendment was duly approved by the board of directors and member approval was not required.

5. EXECUTION

Dated this 25th day of March, 20 09.

Diane Baney Davey	President	<i>Diane Baney Davey</i>
Print or type name of signatory	Capacity of signatory	Signature

REV. 02/23/2007

STATE OF CONNECTICUT

OFFICE OF THE SECRETARY OF THE STATE } SS. HARTFORD

I hereby certify that this is a true copy of record
in this Office

In Testimony whereof, I have hereunto set my hand,
and affixed the Seal of said State, at Hartford,

this 30th day of April A.D. 2009



SECRETARY OF THE STATE

F
FPC

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED

Certificate of Amendment

FORM MUST BE TYPED

(General Laws Chapter 156D, Section 15.04; 950 CMR 113.49)

(1) Exact name of corporation: OBSESSIVE COMPULSIVE FOUNDATION, INC.
(as contained in the Division's records)

(2) Registered office address: 112 Water Street, Suite 501, Boston, MA 02109
(number, street, city or town, state, zip code)

(3) This amendment shall change:

(check appropriate box(es))

☒ the corporation's name to: International OCD Foundation, Inc.

☐ the period of the corporation's duration to: _____

☐ the state or country of its incorporation to: _____

☐ the street address of its principal office to: _____

☐ the fiscal year end to: _____

☐ the activities conducted by the foreign corporation in the commonwealth _____

☐ its officers and directors: _____

☐ other: _____

The filer must satisfy the requirements of G.L. Chapter 156D, Section 15.06.

If the amendment includes a change of its corporate name, or the state or country of its incorporation, attach a certificate evidencing the changes duly authenticated by the secretary of state or other official having custody of the corporate records in the state or country under whose law it is incorporated. If the certificate is in a foreign language, a translation thereof under oath of the translator shall be attached.

P.C.

MASSACHUSETTS DIVISION

APR. 8. 2009 4:02PM

NO. 6133 P. 3

This certificate is effective at the time and on the date approved by the Division, unless a later effective date not more than 90 days from the date of filing is specified: _____

Signed by: Diane Baney Davey
Diane Baney Davey (signature of authorized individual)

- ☐ Chairman of the board of directors,
☒ President,
☐ Other officer,
☐ Court-appointed fiduciary.

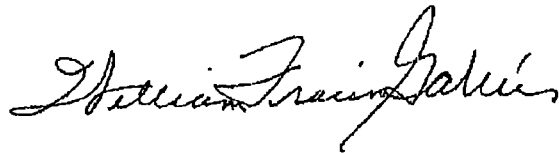
on this 25th day of March, 2009.

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are

deemed to have been filed with me on:

April 08, 2009 4:13 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive, flowing style.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

APR 8 2009 4:02PM

NO. 6133 P. 5

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that the certificate of incorporation of

INTERNATIONAL OCD FOUNDATION, INC.

a domestic NONSTOCK corporation, was filed in this office on June 23, 1987. The following is a list
of all documents filed in this office:

Filing Type:	File Date/Time:	Effective Date/Time:
CERTIFICATE OF INCORPORATION	June 23, 1987 12:00 AM	
ORGANIZATION AND FIRST REPORT	July 06, 1989 12:00 AM	
CEASE PRINCIPAL	March 15, 1990 12:00 AM	
CHANGE OF AGENT ADDRESS	March 15, 1990 12:00 AM	
REPORT (1994)	January 21, 1999 02:17 PM	January 21, 1999 02:17 PM
REPORT (1996)	January 21, 1999 02:17 PM	January 21, 1999 02:17 PM
REPORT (1997)	January 21, 1999 02:17 PM	January 21, 1999 02:17 PM
REPORT (1998)	January 21, 1999 02:17 PM	January 21, 1999 02:17 PM
REPORT (1999)	March 07, 2000 03:24 PM	March 07, 2000 03:24 PM
REPORT (2000)	January 29, 2001 02:42 PM	January 29, 2001 02:42 PM
INTERIM NOTICE	March 23, 2001 04:18 PM	
REPORT (2001)	June 11, 2001 08:30 AM	June 11, 2001 08:30 AM

Business ID: 0202682

Longform

Certificate Number: 2009086379001

Note: To verify this certificate, visit the web site <http://www.sos.ct.gov>

APR 8. 2009 4:03PM

NO. 6133 P. 6

Office of the Secretary of the State of Connecticut

CHANGE OF AGENT FOR SERVICE OF PROCESS	August 07, 2001 10:11 AM	August 07, 2001 10:11 AM
REPORT (2002)	September 19, 2002 01:37 PM	September 19, 2002 01:37 PM
REPORT (2003)	October 07, 2003 03:00 PM	October 07, 2003 03:00 PM
REPORT (2004)	August 15, 2005 08:30 AM	
REPORT (2005)	August 15, 2005 08:30 AM	
REPORT (2006)	July 11, 2006 08:30 AM	
REPORT (2007)	May 11, 2007 09:24 AM	
CHANGE OF AGENT FOR SERVICE OF PROCESS	January 29, 2008 12:00 PM	January 29, 2008 12:00 PM
REPORT (2008)	June 11, 2008 12:27 PM	
CERTIFICATE OF AMENDMENT	April 01, 2009 11:30 AM	April 01, 2009 11:30 AM

with name change from: OBSESSIVE COMPULSIVE FOUNDATION, INC.
to: INTERNATIONAL OCD FOUNDATION, INC.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.



Secretary of the State

Date Issued: April 08, 2009

Business ID: 0202682

Longform

Certificate Number: 2009086379001

Note: To verify this certificate, visit the web site <http://www.concord.sots.ct.gov>

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization	Employer identification number
	OBSESSIVE COMPULSIVE FOUNDATION, INC.	22-2894564
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 112 WATER STREET, NO. 501	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02109	

Check type of return to be filed (file a separate application for each return).

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

THE ORGANIZATION

- The books are in the care of ▶ **112 WATER STREET - BOSTON, MA 02109**
Telephone No ▶ **(617) 973-5801** FAX No. ▶ **(617) 973-5803**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☒ calendar year **2009** or
▶ ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)			
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	INTERNATIONAL OCD FOUNDATION, INC		22-2894564
	Number, street, and room or suite no. If a P.O. box, see instructions 112 WATER STREET, NO. 501		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. BOSTON, MA 02109		

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION

- The books are in the care of ☒ 112 WATER STREET - BOSTON, MA 02109
 Telephone No ☒ (617) 973-5801 FAX No. ☒ (617) 973-5803
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until NOVEMBER 15, 2010
- 5 For calendar year 2009, or other tax year beginning _____, and ending _____.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension _____

ADDITIONAL INFORMATION IS NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☒ Title ☒ EXECUTIVE DIRECTOR Date ☒

Form **8868** (Rev. 4-2009)