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Change of Accounting Period Short Form
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.

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning 2013, and ending 12/31

Open to Public Inspection

B_	Check	f applicable C	mployer identification numb					
	Address	s change						
	Name o		36-4297167 elephone number					
	Initial re	eturn FO24 MIODOLICIPDED TANE A	·					
	Termina	BRENTWOOD, TN 37027	615-324-2365					
Щ	Amend	F G	Froup Exemption					
Ш			lumber . •					
G		[**]	If the organization i					
ı			attach Schedule B (F	orm				
J	Tax-ex	empt status (check only one) — X 501(c)(3)	Z, or 990-PF).					
ĸ	Form of organization Corporation Trust Association Other							
L	Add I asset	ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	al ▶\$ 55	,710.				
Pa		Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct						
		Check if the organization used Schedule O to respond to any question in this Part L		X				
	1	Contributions, gifts, grants, and similar amounts received	1 51	,573.				
	1	Program service revenue including government fees and contracts .		,126.				
	3	Membership dues and assessments	3	<u>,</u>				
	4	Investment income	4	11.				
	l '	Gross amount from sale of assets other than inventory 5a	· · · · · · · · · · · · · · · · · · ·					
	l	Less. cost or other basis and sales expenses	1					
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c					
		Gaming and fundraising events						
R	· ·	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a						
E	I	Gross income from fundraising events (not including \$ of contributions	1					
R E V E N	"	from fundraising events reported on line 1) (attach Schedule G if the sum						
Ē		of such gross income and contributions exceeds \$15,000) . 6b]					
	C	Less: direct expenses from gaming and fundraising events 6 c	4					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d					
	7 a	Gross sales of inventory, less returns and allowances	_					
	b	Less: cost of goods sold 7b						
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c					
	8	Other revenue (describe in Schedule O)	8					
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 55	,710.				
	10	Grants and similar amounts paid (list in Schedule O)	10					
	11	Benefits paid to or for members	11					
E	12	Salaries, other compensation, and employee benefits VIII	12					
P	13	Professional fees and other payments to independent contractors in	13 32	,072.				
Ñ	14	Occupancy, rent, utilities, and main Plance ANY 1 9 2014.	14					
E N S E S	15	Professional fees and other payments to independent contractors of the	15 2	,588.				
2	16	Other expenses (describe in Schedule 0).	16 62	,909.				
2	17	Total expenses. Add lines 10 through 16 () (1)	17 97	,569.				
<u> </u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -41	<u>,859.</u>				
NOTESTANA	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	r					
ËË	'	figure reported on prior year's return)	19 119	,050.				
Ş	20	Other changes in net assets or fund balances (explain in Schedule O)	20					
	21	Net assets or fund balances at end of year Combine lines 18 through 20 .		,191.				
	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.	Form 990-EZ	(2013)				

	990-EZ (2013) ORGANIZATION OF		ATION	36	-429	7167 Page 2
Par	Balance Sheets (see the inst Check if the organization used Sche	ructions for Part II)	estion in this Part II			
	onoun in organization about our	auto o to respond to any qu	00,1011 111 1110 11111	(A) Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments .	••		119,050) . 22	77,191.
23	Land and buildings .	• •	.,		23	
24	Other assets (describe in Schedule O) .				24	
25	Total assets	•		119,050		77,191.
26	Total liabilities (describe in Schedule O)	· · · · · · · · · · · · · · · · · · ·				0.
	Net assets or fund balances (line 27 of			119,050	27	77,191.
Par	t III Statement of Program Service Ac Check if the organization used Sci	complishments (see the inst	ructions for Part III)	III . X	Reg	Expenses uired for section 501
What	s the organization's primary exempt purpose? See		destion in this rait	<u>''' · </u>	4 (c)(3)) and 501(c)(4)
Desc	ribe the organization's program service a	ccomplishments for each of i	ts three largest pro-	gram services, as	orgar 4947	nizations and section (a)(1) trusts, optional
meas	ribe the organization's program service as sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the service ach program title	ces provided, the nu	imber of persons	for o	thers.)
28	See Schedule O	acii program tito			+	
	Dec Deuterate A				1	
					1	
	(Grants \$) If th	is amount includes foreign gi	rants, check here		28 a	97,569.
29						
			,,,			
	(Grants \$) If th	is amount includes foreign g	rants, check here		29 a	
30					-	
					┨	
	(Grants \$) If th	is amount includes foreign gi	rants check here	·]]] 30 a	
31	Other program services (describe in Sch		rants, check here	•	300	
31	• •	is amount includes foreign gi	rants, check here	` ▶ [] 31 a	
32	Total program service expenses (add lin		· ·		32	97,569.
	t IV List of Officers, Directors,		lovees (list each one	even if not compensated -	see the	
<u> </u>	Check if the organization used Sc					, , _
	170	(b) Average hours per	(c) Reportable compensa	(d) Health benef	its, olovee	(e) Estimated amount of
	(a) Name and Title	week devoted to position	(Forms W-2/1099-MISO (If not paid, enter -0-	// I hanafit along and di	eferred	other compensation
AT.	ROMEO			· · · · · · · · · · · · · · · · · · ·		
MEN	MBER	0		0.	0.	0.
	OLE GREER					
Exe	cutive Dir.	0		0.	0.	0.
LOF	RI WOLFE					
	ST PRESIDENT	0		0.	0.	0.
	IA ROBERTSON	_			•	_
	easurer	0		0.	0.	0.
	BERT_FELIX	_		0.	0.	0.
	MBER INETH JONES	0		<u> </u>	<u> </u>	
	esident	0		0.	0.	_0.
	TH CONOVER				<u> </u>	
	cretary	0	,	0.	0.	0.
	RAH OBICAN					
	MBER	0)	0.	0.	0.
			1			
						
			 			
BAA		TEEA0812L	11/27/13			Form 990-EZ (2013)

	m 990-EZ (2013) ORGANIZATION OF TERATOLOGY INFORMATION 36-429716			age 3
<u> Pa</u>	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	ule 		X
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	r -	Yes	No
	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect	33	ļ	X
•	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	1	X
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities		<u> </u>	 :
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a	<u> </u>	X
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Ιx
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			
	b Did the organization file Form 1120-POL for this year?	37 b		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter.	1	1	
	a Initiation fees and capital contributions included on line 9	1		
	b Gross receipts, included on line 9, for public use of club facilities N/A	1	}	
40	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.]]
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported			
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b	ļ	X
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	ł	}	
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization 0.	ļ		
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41		400	<u> </u>	
	Hote			
42	a The organization's	04.0	265	
	books are in care of ► RONNIE_D. WILKINS Located at ► 5034 THOROUGHBRED LANE SUITE A BRENTWOOD TN Telephone no ► 615-3 ZIP + 4 ► 37027	24-2	365	
			Yes	No
	b 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)?	42 b		Х
	If 'Yes,' enter the name of the foreign country:▶	<u> </u>		
				{
		:		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	40		X
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		
	If 'Yes,' enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		▶ □	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year > 43		سا	N/A
			Yes	
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	ļ <u>.</u>	
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed		 	Х
	instead of Form 990-EZ	44 b		X
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	100		ļ
	a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	44 d 45 a		X
-	a are the order-remaining a solutioned entity of the order-remaining and appropriate (1977)		J	<u>, ^\ </u>

45 b

Form 990-E	Z (2013) ORGANIZATION OF TE	RATOLOGY INFORM	ATION	36-429	7167	Pa	age 4
	ne organization engage, directly or indired dates for public office? If 'Yes,' complet			of or in opposition to	46	Yes	No X
Pari VI	Section 501(c)(3) organization All section 501(c)(3) organizati for lines 50 and 51.	s only ons must answer q	uestions 47-49b and	d 52, and complete	the table	s	
	Check if the organization used Schedu	ile O to respond to any	question in this Part VI.				
	e organization engage in lobbying activities	s or have a section 501(h)	election in effect during	the tax year? If 'Yes,'	47	Yes	No
	e organization a school as described in s ne organization make any transfers to a			dule E .	48 49 a		X
50 Comp	s,' was the related organization a section lete this table for the organization's five his eyees) who each received more than \$100,000.	hest compensated emplo	yees (other than officers, the organization. If there	directors, trustees and ke is none, enter 'None '	. _49 b ∤ ey		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp		
None							
		4					
51 Comp	number of other employees paid over \$ slete this table for the organization's five his sensation from the organization. If there	hest compensated indep	endent contractors who ea	ach received more than \$	100,000 of		
	(a) Name and business address of each independent		(b) Type	of service	(c) Comp	ensation	1
None							
					_		 .
52 Did th	number of other independent contractor ne organization complete Schedule A? I table trusts must attach a completed Sc	Note. All section 501(c)		47(a)(1) nonexempt	X		
Under penaltie	es of perjury, I declare that I have examined this returned complete. Declaration of preparer (other than office	n, including accompanying sche	dules and statements, and to the which preparer has any know	e best of my knowledge and be ledge	lief, it is		
	Lamoth Jone	2		5 - 12 -14 Date			<u> </u>
Sign Here	KENNETH JONES Type or print name and title			President		_	
	Print/Type preparer's name	Preparer's signature	to CPA 5-1-	Check 🗀 if	TIN	1	
Paid Preparer	Jerry W. Eastup Firm's name ► Hankins, Eastu	Deaton, Tonn	& Seay, PC, CF		<u> 20000275</u>	4	
Preparer Use Only	Firm's address ► PO BOX 977			Firm's EIN	75-1333		
A4. 11 1=		02-0977	wations	Phone no (94	<u>- 387 (0)</u> - X Yes		No
may the IR	S discuss this return with the preparer	Shown above? See instr	uctions		Form 99		

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.

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

OMB No. 1545 0047

Open to Public , Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ORGANIZATION OF TERATOLOGY INFORMATION SPECIALISTS

Employer identification number

36-4297167

Part	_			(All organizations					See II	<u>nstruct</u>	ions.		
The o	rga	nization is not a prival	te foundation because	e it is. (For lines 1 thro	ugh 11,	check o	nly one	box.)					
1		A church, convention	of churches or assoc	ciation of churches desc	cribed in	section	170(b)((1)(A)(i).					
2	П	A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ)								
3	П	A hospital or a coope	rative hospital service	e organization describe	d in sec	tion 170)(b)(1)(A)(iii).					
4	П	A medical research o	rganization operated	in conjunction with a h	ospital c	describe	d ın sec	tion 170)(Ь)(1)(А	XX iii). Er	nter the hos	pital's	5
	_	name, city, and state	:										
5		An organization operat 170(b)(1)(A)(iv). (Cor	ed for the benefit of a complete Part II)	college or university own	ed or ope	erated by	a gover	nmental	unit des	scribed in	section		
6		· · ·	-	vernmental unit descri									
7		in section 170(b)(1)(A	\)(vi). (Complete Par	•		-	ental uni	t or from	the ger	eral pub	lic described	i	
8	Ц	•		' 0(b)(1)(A)(vi) . (Complet		-							
9	X	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10	Ш		,	xclusively to test for pu		-							
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.											
		a ∏Type I b	Type II c	Type III - Function	nally inte	grated	c	1 🗍 t	Гуре III	- Non-fi	unctionally	ıntegr	ated
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)												
f		. , . ,	eived a written determin	nation from the IRS that i	ѕ а Туре	I, Type	II or Typ	e III sup	porting c	organızatı	on,		
g		Since August 17, 200	6, has the organization	on accepted any gift o	r contrib	ution fro	om any	of the fo	llowing	persons	3?		
_												Yes	No
		(i) A person who d below, the gove	lirectly or indirectly co erning body of the sup	ontrols, either alone or opported organization?	together	with pe	ersons d	escribe	d in (ii)	and (III)	11 g (i)		
		(ii) A family member	er of a person describ	oed in (i) above?							11 g (ii)		
		(iii) A 35% controlle	ed entity of a person of	described in (i) or (ii) a	bove?						11 g (iii)		
h		Provide the following	information about the	e supported organization	on(s)								
		(I) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organiz column (i your go	s the ation in) listed in overning ment?	(v) Did yo the organi column (supp	zation in	organiz colur organiz	is the cation in mn (i) ed in the S?	(vii) Amoun sup	t of mor	netary
					Yes	No	Yes	No	Yes	No			
(A)													
<u>,,,</u>					 	 				 			
(B)							<u> </u>						
(C)											l		
	_												
(D)					ļ			-				_	
(E)	_												
Total													

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.)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 activ	rities, etc (see ins	tructions)	• • • • • • • • • • • • • • • • • • • •	• •	12	
	First five years. If the Form 990 is organization, check this box and	stop here		nird, fourth, or fifth t	tax year as a section	on 501(c)(3)	▶ 🗍
	tion C. Computation of Pu						
	Public support percentage for 20 Public support percentage from	•		ne 11, column (1))	•	14	<u>%</u> %
				hay an line 12 -	nd the line 14 is		
	16a 33-1/3% support test — 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
ŀ	b 33-1/3% support test — 2012. 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						
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part	Ⅳ how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test The organiz	s' test, check this ation qualifies as	box and stop he a publicly support	re. Explain in Part ed organization	lV how the . ▶ □
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	ructions
BΔΔ					Sci	nedule A (Form 99)	or 990 F7\ 2013

36-4297167

Part III. Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Gifts, grants, contributions and membership fees						
received. (Do not include any 'unusual grants.')					54 570	1 010 676
	146,982.	244,436.	412,514.	158,171.	51,573.	1,013,676.
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	16,754.	38,423.	27,721.	18,529.	4,126.	105,553.
3 Gross receipts from activities	10,734.	30,423.	21,121.	10,323.	3,120.	103,333.
that are not an unrelated trade or business under section 513						0.
 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or 						0.
facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	163,736.	282,859.	440,235.	176,700.	55,699.	1,119,229.
7 a Amounts included on lines 1,	103,730.	202/0031	110,200.	210,1001		
2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	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.	0.	0.	0.	0.	0.
c Add lines 7a and 7b .	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6)		4 12 14	*		, , ,	1,119,229.
Section B. Total Support						
Calendar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	163,736.	282,859.	440,235.	176,700.	55,699.	1,119,229.
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511		3,177.		26.	11.	3,214.
taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b	0.	3,177.	0.	26.	11.	3,214.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			256.	7,285.		7,541.
13 Total Support. (Add Ins 9,10c, 11 and 12)	163,736.	286,036.	440,491.	184,011.	55,710.	1,129,984.
14 First five years. If the Form 990 organization, check this box and	is for the organiza					
Section C. Computation of Pu						
15 Public support percentage for 20	013 (line 8. column	(f) divided by lin	e 13, column (fl)		15	99.05 %
16 Public support percentage from			,	·	16	99.13 %
Section D. Computation of Inv	,,		<u> </u>			33.13
				mn (fl)	. 17	0.28 %
				····· (1))	18	0.26 %
19 a 33-1/3% support tests - 2013. I	f the organization	did not check the	box on line 14, a	and line 15 is mor	 e than 33-1/3%, a	and line 17
is not more than 33-1/3%, check b 33-1/3% support tests — 2012. I line 18 is not more than 33-1/3%	this box and stop	p here. The organ	ization qualifies a	as a publicly supp	orted organizatioi	
line 18 is not more than 33-1/39 20 Private foundation. If the organi						

	(Form 990 or 990-EZ) 2013	ORGANIZATION	OF TERATOLOGY	INFORMATION	36-4297167	Page 4
PariN ,	Supplemental Informati or 17b; and Part III, line (See instructions).	ion. Provide the 2 12. Also comple	explanations requete this part for any	ired by Part II, line additional inform	10; Part II, line 17a atıon.	
						
						
				·		
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		-				

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• 5	Section 501(c)(4), (5), or (6) o	rganizations: Complete Part III.		•	
Name	of organization			Employer identifica	ation number
	ANIZATION OF TERAT			36-429716	
Par	t I-A Complete if the or	rganization is exempt under section	on 501(c) or is a s	ection 527 organiz	zation.
1	Provide a description of the	organization's direct and indirect political o	ampaign activities in	Part IV	
2	Political expenditures			\$	<u> </u>
3	Volunteer hours	·			
Par	t I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	•	ise tax incurred by the organization under		. ▶\$	0.
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	▶\$	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?				. Yes No
b	If 'Yes,' describe in Part IV.				
Par	t I-C Complete if the o	rganization is exempt under section	on 501(c), except	section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt functio	n activities > \$	
2	Enter the amount of the filing of function activities .	organization's funds contributed to other organ	izations for section 527	' exempt ► \$	
3	Total exempt function expen	ditures Add lines 1 and 2. Enter here and	on Form 1120-POL,	. ►\$	
4	Did the filing organization file	e Form 1120-POL for this year?.	• •		Yes No
5	organization made navments	and employer identification number (EIN) For each organization listed, enter the ailure section of the ailure section of the ailure section committee (PAC) If additional spanning the section committee (PAC) If additional spanning section of the	mount paid from the f	iling organization's fund	ds. Also enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Schedule C (Form 990 or 990-EZ) 2013	OPCANT ZATTON	OF	TERATOLOGY	TNFORMATTON
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36-4297167

Page 2

section 501(h		is exempt under sect	tion 501(c)(3) and t	iled Form 5/68 (ele	ction under
A Check ► ☐ if the filing	organization belongs	to an affiliated group (and li	st in Part IV each affiliate	ed group member's name,	
address, l	EIN, expenses, and	share of excess lobbying e	expenditures).		
B Check ► if the filing	g organization check	ed box A and 'limited conf	trol' provisions apply.		
(The term '	Limits on Lobbyir	ng Expenditures s amounts paid or incurre	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence pub	ic opinion (grass roots lob	bying)		
b Total lobbying expenditu	•		· ·		
c Total lobbying expenditu				0.	0.
d Other exempt purpose ex	xpenditures.	••			
e Total exempt purpose ex	penditures (add line	s 1c and 1d)		0.	0.
f Lobbying nontaxable amboth columns	ount. Enter the amo	unt from the following tabl	e in		
If the amount on line 1e, colu	mn (a) or (b) is 7	he lobbying nontaxable a	mount is		
Not over \$500,000	2	0% of the amount on line 1e.			
Over \$500,000 but not over \$1,0	000,000 \$	100,000 plus 15% of the excess o	ver \$500,000.		
Over \$1,000,000 but not over \$1	,500,000 \$	175,000 plus 10% of the excess o	ver \$1,000,000.		
Over \$1,500,000 but not over \$1	17,000,000 \$	225,000 plus 5% of the excess ov	er \$1,500,000		
Over \$17,000,000	<u> </u>	1,000,000			
g Grassroots nontaxable a	<u> </u>	0.	0.		
h Subtract line 1g from line 1a. If zero or less, enter -0-				0.	0.
i Subtract line 1f from line	·		٠ ـ ـ	0.	0.
j If there is an amount other section 4911 tax for this	r than zero on either li year?	ne 1h or line 1i, did the orga	inization file Form 4720 r	eporting	Yes No
(Some	e organizations that	-Year Averaging Period U made a section 501(h) ele below. See the instructio	ction do not have to co		
	Lobby	ing Expenditures During	1-Year Averaging Perio	d	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2 a Lobbying non-taxable amount	53,534	. 69,757.	44,015.		167,306.
b Lobbying ceiling amount (150% of line 2a, column (e))					250,959.
c Total lobbying expenditures .	51,750	80,500.	32,500.		164,750.
d Grassroots nontaxable amount	13,339	17,439.	11,004.		41,782.
e Grassroots ceiling amount (150% of line 2d, column (e))					62,673.
f Grassroots lobbying expenditures .					0.
BAA				Schedule C (Form	990 or 990-EZ) 2013

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
•	(election under section 501(h)).

	(á	a)	(b)
For each 'Yes' response to lines 1a through 1ı below, provide in Part IV a detailed description of the lobbying activity		No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.			
a Volunteers?			į
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			i
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			· · · · · · · · · · · · · · · · · · ·
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>		
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	or	· · · · · · · · · · · · · · · · · · ·
section 501(c)(6).	(-)(-)	,	
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			. 1
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	. or s	ection 501(c)
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) i	Part I	Íl-A, Ī	ine 3, is
answered 'Yes.'			
1 Dues, assessments and similar amounts from members .		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a Current year		2 a	
b Carryover from last year		2 b	
c Total		2 c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Part IV Supplemental Information			
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou Part II-B, line 1. Also, complete this part for any additional information.	p list);	; Part	II-A, line 2; and

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

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.

Open to Public Inspection

Name of the organization ORGANIZATION OF TERATOLOGY INFORMATION	Employer Identification number
SPECIALISTS	36-4297167
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
THE ORGANIZATION OF TERATOLOGY INFORMATION SPECIALISTS (OTIS) I	S DEDICATED TO
PROVIDING ACCURATE EVIDENCE-BASED, CLINICAL INFORMATION TO PATI	ENTS AND HEALTH
CARE PROFESSIONALS ABOUT EXPOSURES DURING PREGNANCY AND LACTATI	ON. THE
ORGANIZATION SERVES TO PROVIDE EDUCATION, TO CONDUCT RELEVANT F	RESEARCH AND TO
SUPPORT TERATOLOGY INFORMATION SERVICES THROUGHOUT NORTH AMERIC	<u>ZA.</u>
Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments	
TO PROVIDE COUNSELING TO PATIENTS AND HEALTH CARE PROFESSIONALS	ABOUT EXPOSURES
RELATED TO PREGNANCY AND BREASTFEEDING, SO THEY CAN MAKE INFORM	MED TREATMENT
CHOICES; TO REDUCE RISKS AND DECREASE THE NUMBER OF PREVANTABLE	BIRTH DEFECTS BY
EDUCATING THE PUBLIC AND HEALTH CARE PROFESSIONALS ABOUT SPECIF	FIC AGENTS OF
CONERN; TO EMPOWER PATIENTS WITH ACCURATE INFORMATION ABOUT THE	E TRUE RISKS OF AN
EXPOSURE, THEREBY PREVENTING UNNECESSARY TERMINATIONS OF WANTED	PREGNANCIES; TO
FACILITATE COMMUNICATIONS AND COLLABERATION BETWEEN TERATOLOGY	INFORMATION
SERVICES; AND TO CONTRIBUTE COLLECTIVELY TO RESEARCH AND WORLD	VIDE LITERATURE IN
THE FIELD OF TERATOLOGY.	
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Co	ontracts
(a) Did the organization, during the year, receive any funds,	directly or
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, direct	ctly or
indirectly, on a personal benefit contract?	No

2013

Schedule A, Part IV - Supplemental Information ORGANIZATION OF TERATOLOGY INFORMATION SPECIALISTS

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2013	ORGANIZATION OF TERATOLOGY INFORMATION				
		SPECIALISTS		36-4297167	
Form 990-EZ, Part I, Lin	e 16				
Other Expenses					
Advertising and Pro	omotion				
			•	618. 34,094.	
CONTETENCES, CONVER	ntions, and Meetings	S	•	34,094. 69.	
EDUCATION		•••••		125.	
Information Technol	logy .	•	•	468.	
				119.	
LICENSE & FEES OFFICE PHONE				39. 86.	
		• •		21,050.	
AUDRITEA				39.	
			Total	\$ 62,909.	

••