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CLIENT'S COPY

CONFIDENTIAL

RENNER AND COMPANY, CPA, P.C.
700 NORTH FAIRFAX STREET, SUITE 400
ALEXANDRIA, VIRGINIA, 22314
703-535-1200 703-535-1205 (FAX)

CLIENT: 200077.001
February 8, 2021

OSTEOGENESIS IMPERFECTA FOUNDATION
804 W. DIAMOND AVENUE, 210
GAITHERSBURG, MD 20878
301-947-0083
THART@OIF.ORG

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2019
EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX	54.25
SCHEDULE A, PUBLIC CHARITY STATUS AND PUBLIC SUPPORT	2.90
SCHEDULE B, SCHEDULE OF CONTRIBUTORS	2.90
SCHEDULE D, SUPPLEMENTAL FINANCIAL STATEMENT	2.90
SCHEDULE G, SUPPL INFO FUNDRAISING/GAMING ACT	2.90
SCHEDULE I, GRANTS AND ASSIST ORG, GOV, AND IND	2.90
SCHEDULE J, COMPENSATION INFORMATION	2.90
SCHEDULE O, SUPPLEMENTAL INFORMATION	2.90
FORM 8868, APPLICATION FOR AUTOMATIC FILING EXTENSION	2.90
FORM 8879-EO, E-FILE SIGNATURE AUTHORIZATION	2.90
TOTAL FEE	<hr/> \$ 80.35

RENNER AND COMPANY, CPA, P.C.
700 NORTH FAIRFAX STREET, SUITE 400
ALEXANDRIA, VIRGINIA, 22314
703-535-1200 703-535-1205 (FAX)

FEBRUARY 8, 2021

OSTEOGENESIS IMPERFECTA FOUNDATION
804 W. DIAMOND AVENUE NO. 210
GAITHERSBURG, MD 20878

OSTEOGENESIS IMPERFECTA FOUNDATION:

ENCLOSED IS THE ORGANIZATION'S 2019 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

RENNER AND COMPANY, CPA, P.C.

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RENNER AND COMPANY, CPA, P.C.
700 NORTH FAIRFAX STREET, SUITE 400
ALEXANDRIA, VIRGINIA, 22314
703-535-1200 703-535-1205 (FAX)

FEBRUARY 8, 2021

OSTEOGENESIS IMPERFECTA FOUNDATION
804 W. DIAMOND AVENUE NO. 210
GAITHERSBURG, MD 20878

OSTEOGENESIS IMPERFECTA FOUNDATION:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2019 EXEMPT ORGANIZATION RETURN,
AS FOLLOWS...

2019 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING
INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,

RENNER AND COMPANY, CPA, P.C.

CONFIDENTIAL

Filing Instructions

Prepared for:

OSTEOGENESIS IMPERFECTA FOUNDATION
804 W. DIAMOND AVENUE NO. 210
GAITHERSBURG, MD 20878

Prepared by:

RENNER AND COMPANY CPA, P.C.
700 NORTH FAIRFAX STREET SUITE 400
ALEXANDRIA, VA 22314

2019 FORM 990

ELECTRONIC FILING:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

CONFIDENTIAL

IRS e-file Signature Authorization for an Exempt Organization

Form 8879-EO

For calendar year 2019, or fiscal year beginning JUL 1, 2019, and ending JUN 30, 2020

2019

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

OSTEOGENESIS IMPERFECTA FOUNDATION

23-7076021

Name and title of officer

TRACY SMITH HART CHIEF EXECUTIVE OFFICER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number and Amount. Rows include Form 990 check here, Total revenue, Form 990-EZ check here, Total revenue, Form 1120-POL check here, Total tax, Form 990-PF check here, Tax based on investment income, and Form 8868 check here, Balance Due.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize RENNER AND COMPANY CPA, P.C. to enter my PIN 19007. ERO firm name. Enter five numbers, but do not enter all zeros.

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ***** THIS IS NOT A FILEABLE COPY *** Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54672419007 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OSTEOGENESIS IMPERFECTA FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 804 W. DIAMOND AVENUE 210 City or town, state or province, country, and ZIP or foreign postal code GAITHERSBURG, MD 20878 F Name and address of principal officer: TRACY SMITH HART SAME AS C ABOVE	D Employer identification number 23-7076021 E Telephone number 301-947-0083 G Gross receipts \$ 2,080,205. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.OIF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1970 M State of legal domicile: GA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: OSTEOGENESIS IMPERFECTA FOUNDATION, INC. (THE FOUNDATION OR OIF) IS A GEORGIA NON-STOCK		
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	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	15
6	Total number of volunteers (estimate if necessary)	6	250
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,659,231.	Current Year 1,514,210.
9	Program service revenue (Part VIII, line 2g)	0.	115,045.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	177,183.	62,157.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,073.	-147,223.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,835,341.	1,544,189.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	364,832.	188,308.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	964,609.	1,012,851.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 173,305.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	780,309.	442,571.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,109,750.	1,643,730.
19	Revenue less expenses. Subtract line 18 from line 12	-274,409.	-99,541.
20	Total assets (Part X, line 16)	Beginning of Current Year 1,768,258.	End of Year 1,745,584.
21	Total liabilities (Part X, line 26)	271,555.	381,897.
22	Net assets or fund balances. Subtract line 21 from line 20	1,496,703.	1,363,687.

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.

Sign Here	Signature of officer TRACY SMITH HART, CHIEF EXECUTIVE OFFICER Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name ANDREW E. YOUNG, CPA	Preparer's signature ANDREW E. YOUNG, CPA	Date	Check if self-employed <input type="checkbox"/>	PTIN P01203950
	Firm's name ▶ RENNER AND COMPANY CPA, P.C.	Firm's EIN ▶ 54-1498950			
	Firm's address ▶ 700 NORTH FAIRFAX STREET SUITE 400 ALEXANDRIA, VA 22314		Phone no. (703) 535-1200		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: OUR MISSION IS TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE AFFECTED BY OI THROUGH RESEARCH TO FIND TREATMENTS AND A CURE, EDUCATION, AWARENESS, AND MUTUAL SUPPORT. THERE ARE AT LEAST FOUR DISTINCT FORMS OF OSTEOGENESIS IMPERFECTA REPRESENTING EXTREME VARIATIONS IN SEVERITY

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 274,870. including grants of \$ 54,000.) (Revenue \$) RESEARCH: THE FOUNDATION FUNDS GRANTS TO SUPPORT RESEARCH RELEVANT TO UNDERSTANDING AND TREATING OI. THROUGH THE MICHAEL GEISMAN FELLOWSHIP PROGRAM, OIF'S YOUNG INVESTIGATOR GRANT PROGRAM NAMED FRO THE SON OF OIF'S FOUNDER, GEMMA GEISMAN, FELLOWSHIPS ARE AWARDED TO POST-DOCTORAL TRAINEES WORKING ON PROJECTS WITH CLEAR RELEVANCE TO OI. THIS PAST YEAR, OIF AWARDED FIRST YEAR FUNDING TO DR. HEESEOG KANG.

NIH BRITTLE BONE DISORDERS CONSORTIUM (BBDC) - THE BBDC HAS BEEN FUNDED FOR AN ADDITIONAL FIVE YEARS AS PART OF THE NATIONAL INSTITUTES OF HEALTH'S RARE DISEASES CLINICAL RESEARCH NETWORK. THE GOAL OF THE INITIATIVE IS TO BETTER UNDERSTAND ALL GENETIC FORMS OF OI, EXPAND

4b (Code:) (Expenses \$ 508,471. including grants of \$ 134,308.) (Revenue \$) EDUCATION AND SUPPORT: THE FOUNDATION OFFERS MEDICALLY VERIFIED INFORMATION RELATED TO OI. TOPICS INCLUDE MEDICAL ISSUES SUCH AS GENETICS, DIAGNOSIS AND TREATMENTS. ADDITIONAL TOPICS FOCUS ON DAILY LIVING STRATEGIES, SCHOOL AND EMPLOYMENT. THE FOUNDATION'S STAFF REPLIES TO REQUESTS FOR INFORMATION VIA PHONE, INTERNET, SOCIAL MEDIA AND MAIL. EDUCATIONAL MATERIALS ARE AVAILABLE IN PRINT AND ELECTRONICALLY THROUGH THE OIF WEBSITE. PRINT MATERIALS INCLUDE BOOKS, BROCHURES, FACT SHEETS AND A PRINTED NEWSLETTER. ELECTRONIC MATERIALS INCLUDE A MONTHLY EMAIL NEWSLETTER, AND VIA THE WEBSITE, FACT SHEETS, BOOKLETS AND BROCHURES. INFORMATION ON OI IS WRITTEN FOR A VARIETY OF AUDIENCES INCLUDING MEDICAL PROFESSIONALS, PARENTS AND OTHER FAMILY MEMBERS, CHILDREN,

4c (Code:) (Expenses \$ 221,172. including grants of \$) (Revenue \$ 111,077.) OIF CONFERENCES: THE FOUNDATION'S PRINCIPAL EDUCATIONAL EVENT IS THE BIENNIAL OIF NATIONAL CONFERENCE. THE CONFERENCE BRINGS TOGETHER ADULTS WHO HAVE OI, PARENTS, FAMILY MEMBERS AND LEADING MEDICAL EXPERTS. THE CONFERENCE PROVIDES THE OPPORTUNITY FOR ATTENDEES TO HAVE FACE-TO-FACE MEETINGS WITH EXPERIENCED PHYSICIANS, LEARN ABOUT THE LATEST RESEARCH, AND INTERACT WITH OTHER PEOPLE WHO ARE AFFECTED BY OI.

IN JULY 2020, THE FOUNDATION HELD ITS FIRST-EVER OIF VIRTUAL CONFERENCE. MORE THAN 800 OI COMMUNITY MEMBERS REGISTERED FOR THE VIRTUAL EVENT AND JOINED OI EXPERTS AND FELLOW COMMUNITY MEMBERS FOR TWO DAYS OF VIRTUAL INFORMATION AND SOCIAL SESSIONS. THE VIRTUAL

4d Other program services (Describe on Schedule O.) (Expenses \$ 112,842. including grants of \$) (Revenue \$ 0.)

4e Total program service expenses 1,117,355.

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included on line 1a, above, who are independent (15); 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, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (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 on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did 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); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AK, AR, CA, CO, CT, DC, FL, GA, IL, KS, KY, ME
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 301-947-0083 804 W. DIAMOND AVENUE, NO. 210, GAITHERSBURG, MD 20878

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) CAMERON R. PENN PRESIDENT	2.00	X		X				0.	0.	0.
(2) KARA AYERS VICE PRESIDENT	2.00	X		X				0.	0.	0.
(3) CHRISTINE ROSSI SECRETARY	2.00	X		X				0.	0.	0.
(4) TED TRAHAN TREASURER	2.00	X		X				0.	0.	0.
(5) KENNETH W. GUDEK IMMEDIATE PAST PRESIDENT	2.00	X		X				0.	0.	0.
(6) MICHELE BURKA BOARD MEMBER	2.00	X						0.	0.	0.
(7) JAMES M. EARLY BOARD MEMBER	2.00	X						0.	0.	0.
(8) BRETT EISENBERG BOARD MEMBER	2.00	X						0.	0.	0.
(9) KENNETH FINKEL BOARD MEMBER	2.00	X						0.	0.	0.
(10) FRANCIS GLORIEUX BOARD MEMBER	2.00	X						0.	0.	0.
(11) ERIC GOULD BOARD MEMBER	2.00	X						0.	0.	0.
(12) JOE HALL BOARD MEMBER	2.00	X						0.	0.	0.
(13) SHARON MUTNICK BOARD MEMBER	2.00	X						0.	0.	0.
(14) LAURA TOSI BOARD MEMBER	2.00	X						0.	0.	0.
(15) S. JACINDA WHYTE BOARD MEMBER	2.00	X						0.	0.	0.
(16) TRACY SMITH HART CHIEF EXECUTIVE OFFICER	40.00			X				184,852.	0.	20,908.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
1b Subtotal							184,852.	0.	20,908.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							184,852.	0.	20,908.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	1,719.				
	b	Membership dues	1b	26,291.				
	c	Fundraising events	1c	504,729.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	124,488.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	856,983.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,519.				
	h Total. Add lines 1a-1f				1,514,210.			
Program Service Revenue	2 a	CONFERENCE	Business Code					
			900099	115,045.	115,045.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g Total. Add lines 2a-2f				115,045.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		43,646.			43,646.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real					
			(ii) Personal					
	6 b	Less: rental expenses	6b					
	6 c	Rental income or (loss)	6c					
	d Net rental income or (loss)							
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
	7 b	Less: cost or other basis and sales expenses	7b	385,450.	2,000.			
7 c	Gain or (loss)	7c	20,511.	-2,000.				
d Net gain or (loss)				18,511.		18,511.		
8 a	Gross income from fundraising events (not including \$ 504,729. of contributions reported on line 1c). See Part IV, line 18							
				8a	0.			
				8b	143,255.			
b Less: direct expenses								
c Net income or (loss) from fundraising events				-143,255.		-143,255.		
9 a	Gross income from gaming activities. See Part IV, line 19							
				9a				
				9b				
b Less: direct expenses								
c Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances							
				10a	1,343.			
				10b	5,311.			
b Less: cost of goods sold								
c Net income or (loss) from sales of inventory				-3,968.	-3,968.			
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions				1,544,189.	111,077.	0.	-81,098.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

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 domestic organizations and domestic governments. See Part IV, line 21 ...	95,982.	95,982.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	92,326.	92,326.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	226,022.	153,695.	45,204.	27,123.
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	647,102.	438,954.	132,150.	75,998.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,136.	12,300.	3,710.	2,126.
9 Other employee benefits	56,151.	38,093.	11,458.	6,600.
10 Payroll taxes	65,440.	44,416.	13,298.	7,726.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	39,286.		39,286.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	10,596.		10,596.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	35,947.	25,179.	10,083.	685.
12 Advertising and promotion				
13 Office expenses	75,230.	37,210.	7,572.	30,448.
14 Information technology	40,325.	14,518.	24,883.	924.
15 Royalties				
16 Occupancy	80,498.	50,907.	20,734.	8,857.
17 Travel	10,479.	5,720.	137.	4,622.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	73,471.	72,906.	565.	
20 Interest	6,942.		6,942.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,945.	9,543.	2,826.	1,576.
23 Insurance	15,338.	8,704.	1,805.	4,829.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BANKING FEES	21,964.	657.	21,307.	
b SURVEYS	9,860.	9,860.		
c DUES AND SUBSCRIPTIONS	3,633.	3,237.	160.	236.
d LICENSES AND PERMITS	1,586.	663.	196.	727.
e All other expenses	3,471.	2,485.	158.	828.
25 Total functional expenses. Add lines 1 through 24e	1,643,730.	1,117,355.	353,070.	173,305.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	29,303.	1	157,006.
	2 Savings and temporary cash investments	118,528.	2	102,435.
	3 Pledges and grants receivable, net	101,119.	3	161,526.
	4 Accounts receivable, net	60,167.	4	22,500.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	13,212.	8	7,901.
	9 Prepaid expenses and deferred charges	35,514.	9	72,429.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 45,648.		
	b Less: accumulated depreciation	10b 39,008.	36,940.	10c 6,640.
	11 Investments - publicly traded securities	1,348,450.	11	1,157,948.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	30,294.
	15 Other assets. See Part IV, line 11	25,025.	15	26,905.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,768,258.	16	1,745,584.	
Liabilities	17 Accounts payable and accrued expenses	95,526.	17	193,821.
	18 Grants payable	161,826.	18	45,516.
	19 Deferred revenue	14,145.	19	18,560.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	124,000.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	58.	25	
	26 Total liabilities. Add lines 17 through 25	271,555.	26	381,897.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	782,895.	27	308,584.
	28 Net assets with donor restrictions	713,808.	28	1,055,103.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,496,703.	32	1,363,687.
	33 Total liabilities and net assets/fund balances	1,768,258.	33	1,745,584.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,544,189.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,643,730.
3	Revenue less expenses. Subtract line 2 from line 1	3	-99,541.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,496,703.
5	Net unrealized gains (losses) on investments	5	-33,475.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,363,687.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 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? Yes No
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? Yes No
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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? Yes No
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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? Yes No
- 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 on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **OSTEOGENESIS IMPERFECTA FOUNDATION** Employer identification number **23-7076021**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 VI.)						
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 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 VI 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 - 2018. 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 VI 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"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1263238.	1532881.	1485493.	1659233.	1514210.	7455055.
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	2,404.	2,739.	2,272.	3,187.	116,388.	126,990.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	148,712.	192,284.	218,234.	204,250.	0.	763,480.
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	1414354.	1727904.	1705999.	1866670.	1630598.	8345525.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	410,247.	250,820.	343,833.	319,901.	355,632.	1680433.
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			20,038.	128,117.	223,798.	371,953.
c Add lines 7a and 7b	410,247.	250,820.	363,871.	448,018.	579,430.	2052386.
8 Public support. (Subtract line 7c from line 6.)						6293139.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	1414354.	1727904.	1705999.	1866670.	1630598.	8345525.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	46,248.	37,809.	42,137.	42,952.	43,646.	212,792.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	46,248.	37,809.	42,137.	42,952.	43,646.	212,792.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1460602.	1765713.	1748136.	1909622.	1674244.	8558317.

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 2019 (line 8, column (f), divided by line 13, column (f))	15	73.53 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	77.21 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	2.49 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	2.42 %

19a 33 1/3% support tests - 2019. 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 - 2018. 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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

CONFIDENTIAL

Schedule A

Payments from Disqualified Persons
Included on Part III, Line 7a

2019

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2015 Amount	2016 Amount	2017 Amount	2018 Amount	2019 Amount
HENRY AND GILDA BUCHBINDER	50,000.	50,000.	50,000.	50,000.	50,000.
THE CHARITABLE RESEARCH FOUNDATION	100,000.	0.	5,000.	0.	0.
PARKER AND CAROL FOLSE, III	125,000.	100,000.	100,000.	100,000.	100,000.
DEGNA SPOLDI PRIVATE EICHENBERG-LARSON CHARITABLE FOUNDATIO	20,000.	0.	75,000.	25,000.	75,000.
TED AND SHARON TRAHAN	10,000.	10,000.	10,000.	10,000.	10,000.
MR. AND MRS. DONALD TRAHAN	0.	0.	3,616.	4,116.	2,132.
MARK AND MARTHA BIRDWHISTEL	0.	0.	400.	1,050.	0.
IAN AND WENDY SACKS MITCHELL AND GERALDINE SACKS	2,610.	0.	0.	0.	0.
CAROLYN AND JOHN TIPTON	25,327.	32,000.	0.	25,000.	30,000.
KRISTIN ANTOLINI	5,000.	5,000.	0.	0.	0.
DR. LAURA TOSI	20,180.	23,320.	22,500.	25,000.	50,000.
ROBIN WRIGHT TECHNICAL NEEDS, INC.	2,500.	0.	1,200.	0.	0.
TERESA AND KEN GUDEK, SR.	8,350.	5,000.	7,950.	7,800.	11,000.
ERIC GOULD	0.	0.	1,832.	0.	0.
FRANCIS GLORIEUX	12,300.	10,000.	11,950.	12,500.	12,500.
ALCIDES ORTIZ, ESQ.	8,980.	5,500.	22,740.	6,980.	0.
CAMERON R. PENN JONATHAN AND SHARON MUTNICK	10,000.	10,000.	20,000.	10,000.	0.
MICHELE BURKA	10,000.	0.	100.	0.	10,000.
STEPHEN GUDEK, SR.	0.	0.	580.	0.	0.
STEPHEN GUDEK, JR.	0.	0.	5,860.	50.	0.
Total to Schedule A, Part III, Line 7a	0.	0.	365.	2,105.	0.
	0.	0.	60.	185.	0.
	0.	0.	2,180.	3,600.	0.
	0.	0.	2,500.	5,125.	5,000.

Schedule A

**Payments from Disqualified Persons
Included on Part III, Line 7a**

2019

**** Do Not File ****

***** Not Open to Public Inspection *****

Payer's Name	2015 Amount	2016 Amount	2017 Amount	2018 Amount	2019 Amount
MR. AND MRS. HARRY HEADLEY	0.	0.	0.	25,000.	0.
CHRISTINE ROSSI	0.	0.	0.	1,100.	0.
KARA B. AYERS, PH. D.	0.	0.	0.	100.	0.
JOE HALL	0.	0.	0.	75.	0.
JACINTA WHYTE	0.	0.	0.	5,115.	0.
Total to Schedule A, Part III, Line 7a	410,247.	250,820.	343,833.	319,901.	355,632.

**Schedule A Excess Payments from Non-Disqualified Persons
Included on Part III, Line 7b**

2019

**** Do Not File ****

***** Not Open to Public Inspection *****

Payer's Name	2015 Amount	2016 Amount	2017 Amount	2018 Amount	2019 Amount
BENNETT CLAYTON FOUNDATION	0.	0.	7,519.	0.	0.
REGENERON PHARMACEUTICALS, INC	0.	0.	12,519.	0.	0.
VIVIAN HITCH	0.	0.	0.	72,904.	65,932.
PCORI	0.	0.	0.	33,501.	20,634.
NIH (RESEARCH)	0.	0.	0.	14,904.	0.
DIANA ALANIZ	0.	0.	0.	5,904.	0.
THE BRIAR FOUNDATION	0.	0.	0.	904.	0.
GEORGE AND PAT COLLETT	0.	0.	0.	0.	0.
BRUCE AND DIANE ALBRECHT	0.	0.	0.	0.	0.
AMERICAN SOCIETY OF BONE AND MINERAL RES	0.	0.	0.	0.	0.
TIM DOMBRO	0.	0.	0.	0.	0.
JOHN AND BETH SCHULTZ	0.	0.	0.	0.	0.
MIKE AND SARAH MORIAN	0.	0.	0.	0.	0.
EARL AND SARAH DYKE	0.	0.	0.	0.	0.
CHILDREN'S BRITTLE BONE FOUNDATION	0.	0.	0.	0.	91,200.
ERIC AND MARY MCNUTT	0.	0.	0.	0.	0.
JULIEN AND JACQUELYN BOURGEOIS	0.	0.	0.	0.	0.
PEGA MEDICAL	0.	0.	0.	0.	0.
AMGEN, INC.	0.	0.	0.	0.	0.
BARRY AND DEBORAH SHULMAN	0.	0.	0.	0.	0.
BRANDON BRIDWELL	0.	0.	0.	0.	0.
LAWRENCE AND ALLISON SCHWARTZ	0.	0.	0.	0.	0.
BETH SWALM AND VALERI WHITE	0.	0.	0.	0.	8,258.
ALEXION PHARMACEUTICALS	0.	0.	0.	0.	11,258.
Total to Schedule A, Part III, Line 7b					

Schedule A Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b 2019

**** Do Not File ****

***** Not Open to Public Inspection *****

Payer's Name	2015 Amount	2016 Amount	2017 Amount	2018 Amount	2019 Amount
NEMOURS ALFRED I. DUPONT HOSPITAL FOR ULTRAGENYX PHARMACEUTICAL	0.	0.	0.	0.	0.
BAYLOR COLLEGE OF MEDICINE	0.	0.	0.	0.	23,258.
TIMOTHY AND ELIZABETH CURTIN	0.	0.	0.	0.	0.
ROBERT AND VIRGINIA FORGET	0.	0.	0.	0.	0.
CHILDREN'S HOSPITAL AND MEDICAL CENTER	0.	0.	0.	0.	0.
ADDISON STEPHENS	0.	0.	0.	0.	0.
ROBERT AND LAURA DALE	0.	0.	0.	0.	0.
MINNESOTA NEONATAL PHYSICIANS PA	0.	0.	0.	0.	0.
WILLIAM LUCIA	0.	0.	0.	0.	0.
SONIC AUTOMOTIVE	0.	0.	0.	0.	0.
INTOUCH GROUP	0.	0.	0.	0.	0.
RANDOLPH D. ROUSE FOUNDATION	0.	0.	0.	0.	0.
INOZYME PHARMA, INC.	0.	0.	0.	0.	0.
MIDWEST SPEEDFEST STREAM	0.	0.	0.	0.	0.
IPSEN-RBDA	0.	0.	0.	0.	3,258.
Total to Schedule A, Part III, Line 7b			20,038.	128,117.	223,798.

Schedule A Identification of Excess Support Payments Included on Part III, Line 7b, column (e) 2019

**** Do Not File ****

***** Not Open to Public Inspection *****

Payer's Name	Amount Received in 2019	2019 Excess Payments
BENNETT CLAYTON FOUNDATION	15,000.	0.
VIVIAN HITCH	82,674.	65,932.
PCORI	37,376.	20,634.
GEORGE AND PAT COLLETT	5,000.	0.
BRUCE AND DIANE ALBRECHT	5,000.	0.
AMERICAN SOCIETY OF BONE AND MINERAL RESEARCH	5,000.	0.
TIM DOMBRO	5,000.	0.
JOHN AND BETH SCHULTZ	5,000.	0.
MIKE AND SARAH MORIAN	5,000.	0.
EARL AND SARAH DYKE	5,000.	0.
CHILDREN'S BRITTLE BONE FOUNDATION	107,942.	91,200.
ERIC AND MARY MCNUTT	13,600.	0.
JULIEN AND JACQUELYN BOURGEOIS	10,000.	0.
PEGA MEDICAL	5,000.	0.
AMGEN, INC.	5,000.	0.
BARRY AND DEBORAH SHULMAN	5,000.	0.
BRANDON BRIDWELL	6,000.	0.
LAWRENCE AND ALLISON SCHWARTZ	12,500.	0.
BETH SWALM AND VALERI WHITE	25,000.	8,258.
ALEXION PHARMACEUTICALS	28,000.	11,258.
NEMOURS ALFRED I. DUPONT HOSPITAL FOR CHILDREN	12,000.	0.
ULTRAGENYX PHARMACEUTICAL	5,000.	0.
BAYLOR COLLEGE OF MEDICINE	40,000.	23,258.
TIMOTHY AND ELIZABETH CURTIN	5,000.	0.
Total Excess Payments to Schedule A, Part III, Line 7b, column (e)		

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

OSTEOGENESIS IMPERFECTA FOUNDATION

Employer identification number

23-7076021

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization OSTEOGENESIS IMPERFECTA FOUNDATION	Employer identification number 23-7076021
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHILDREN'S BRITTLE BONE FOUNDATION PO BOX 619 ZION, IL 60099	\$ 107,942.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	PARKER AND CAROL FOLSE 4895 ROSE AVE NE BAINBRIDGE ISLAND, WA 98110	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	VIVIAN HITCH 413 OZARK TRL MADISON, WI 53705	\$ 82,674.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DEGNA SPOLDI PRIVATE FAMILY FOUNDATION 8231 BAY COLONY DR #204 NAPLES, FL 34108	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	HENRY AND GILDA BUCHBINDER 209 E LAKE SHORE DR CHICAGO, IL 60611	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	JOHN AND CAROLYN TIPTON 345 HOMEWOOD RD LOS ANGELES, CA 90049	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization OSTEOGENESIS IMPERFECTA FOUNDATION	Employer identification number 23-7076021
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA BCM206 HOUSTON, TX 77030	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	PCORI 1828 L STREET NW SUITE 900 WASHINGTON, DC 20036	\$ 37,376.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	IAN AND WENDY SACKS 10 GRACIE SQUARE APT 1C NEW YORK, NY 10028	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	ALEXION PHARMACEUTICALS, INC. 100 COLLEGE ST NEW HAVEN, CT 06510	\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	BETH SWAIM AND VALERI WHITE 4006 FM 1035 WELLINGTON, TX 79095	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	IPSEN-RBDA ONE MAIN STREET CAMBRIDGE, MA 02142	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization OSTEOGENESIS IMPERFECTA FOUNDATION	Employer identification number 23-7076021
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	BENNETT CLAYTON FOUNDATION 36910 COUNTY ROAD 15 SAINT PETER, MN 56082	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	ERIC AND MARY MCNUTT 5223 STONINGTON DRIVE FAIRFAX, VA 22032	\$ 13,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	CHILDREN'S HOSPITAL AND MEDICAL CENTER 8200 DODGE ST OMAHA, NE 68114	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	TECHNICAL NEEDS, LLC 18 PELHAM ROAD SALEM, NH 03079	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	ALLISON AND LAWRENCE SCHWARTZ 1410 DADE LANE ALEXANDRIA, VA 22308	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	NEMOURS ALFRED I. DUPONT HOSPITAL FOR CHILDREN 1600 ROCKLAND DRIVE WILMINGTON, DE 19803	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization OSTEOGENESIS IMPERFECTA FOUNDATION	Employer identification number 23-7076021
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	ADDISON STEPHENS 322 GUILFORD AVE WOODSFIELD, OH 43793	\$ 11,366.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	LAURA TOSI 3729 HARRISON ST. NW WASHINGTON, DC 20015	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	FRANCIS GLORIEUX 1003 DECARIE BOULEVARD MONTREAL, QUEBEC, CANADA	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	JULIEN AND JACQUELINE BOURGEOIS 1001 RUSSELL ROAD ALEXANDRIA, VA 22301	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	EICHENBERG-LARSON CHARITABLE FOUNDATION 1542 SANTA CRUZ ST LAGUNA BEACH, CA 92651	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	INOZYME PHARMA, INC. 280 SUMMER ST. FL 5 BOSTON, MA 02210	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization OSTEOGENESIS IMPERFECTA FOUNDATION	Employer identification number 23-7076021
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	BRANDON BRIDWELL 12563 CERROMAR PL FAIRFAX, VA 22030	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	ROBERT AND LAURA DALE 5202 PIPING ROCK LN HOUSTON, TX 77056	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	MIDWEST SPEEDFEST STREAM 11011 VINCENT AVE S BLOOMINGTON, MN 55431	\$ 5,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	WILLIAM LUCIA 4848 LEMMON AVE 100-507 DALLAS, TX 75219	\$ 5,003.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	ROBERT AND VIRGINIA FORGET 4740 GULF SHORE BLVD., N UNIT 103 NAPLES, FL 34103	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	TIMOTHY AND ELIZABETH CURTIN 4951 GULF SHORE BLVD. N PH201 NAPLES, FL 34103	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization OSTEOGENESIS IMPERFECTA FOUNDATION	Employer identification number 23-7076021
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	SONIC AUTOMOTIVE INC. 11405 N COMMUNITY HOUSE RD, STE 300 CHARLOTTE, NC 28277	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	MIKE CLARK AND SARAH MORIAN 1810 BISSONNET ST. HOUSTON, TX 77005	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	GEORGE AND PAT COLLETT 11 WAKEFIELD DR #2102 ASHEVILLE, NC 28803	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	BRUCE AND DIANE ALBRECHT 3229 E FALLCREEK LN APPLETON, WI 54913	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	STEPHEN AND LINDA GUDEK PO BOX 675 CHESTER, NH 03079	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	AMERICAN SOCIETY OF BONE AND MINERAL RESEARCH 2025 M STREET, NW, SUITE 800 WASHINGTON, DC 20036	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization OSTEOGENESIS IMPERFECTA FOUNDATION	Employer identification number 23-7076021
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	TIM DOMBRO 5120 DONOVAN DRIVE, #304 ALEXANDRIA, VA 22304	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	JOHN AND BETH SHULTZ 4823 FESSENEVA LN NAPERVILLE, IL 60564	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	EARL AND SARAH DYKE 1901 NORTH BLVD. HOUSTON, TX 77098	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	PEGA MEDICAL 1111 AUTOROUTE CHOMEDEY LAVAL, QUEBEC, CANADA	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	AMGEN, INC. ONE AMGEN CENTER DRIVE THOUSAND OAKS, CA 91320	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	BARRY AND DEBRAH SHULMAN 5193 DUANE DRIVE FAYETTEVILLE, NY 13066	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization OSTEOGENESIS IMPERFECTA FOUNDATION	Employer identification number 23-7076021
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<u>ULTRAGENYX PHARMACEUTICAL, INC.</u> <u>60 LEVERONI CT</u> <u>NOVATO, CA 94949</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<u>MINNESOTA NEONATAL PHYSICIANS PA</u> <u>9325 UPLAND LN N STE 360</u> <u>MAPLE GROVE, MN 55369</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<u>INTOUCH GROUP</u> <u>811 MAIN</u> <u>KANSAS CITY, MO 64105</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<u>RANDOLPH D. ROUSE FOUNDATION, INC.</u> <u>6045 WILSON BLVD, SUITE 200</u> <u>ARLINGTON, VA 22205</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization OSTEOGENESIS IMPERFECTA FOUNDATION	Employer identification number 23-7076021
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization OSTEOGENESIS IMPERFECTA FOUNDATION	Employer identification number 23-7076021
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **OSTEOGENESIS IMPERFECTA FOUNDATION** Employer identification number **23-7076021**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 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 7/25/06, and not on a historic structure listed in the National Register	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?

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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 the organization answered "Yes" on 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 XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	713,808.	1,044,254.	886,552.	698,330.	625,566.
b Contributions	523,273.	448,070.	716,807.	745,093.	584,861.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	181,978.	778,516.	559,105.	556,871.	512,097.
g End of year balance	1,055,103.	713,808.	1,044,254.	886,552.	698,330.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment 100.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(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		40,682.	34,042.	6,640.
e Other		4,966.	4,966.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,640.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,690,573.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-33,475.	
b	Donated services and use of facilities	2b	45,200.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	11,725.	
3	Subtract line 2e from line 1	3	1,678,848.	
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	10,596.	
b	Other (Describe in Part XIII.)	4b	-145,255.	
c	Add lines 4a and 4b	4c	-134,659.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,544,189.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,823,589.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	45,200.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	145,255.	
e	Add lines 2a through 2d	2e	190,455.	
3	Subtract line 2e from line 1	3	1,633,134.	
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	10,596.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	10,596.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,643,730.	

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENT FUNDS CONSIST OF RESTRICTED FUNDS DESIGNATED FOR A SPECIFIC PURPOSE BY A DONOR.

PART X, LINE 2:

IN ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ACCOUNTING STANDARDS REQUIRE AN ENTITY TO RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASSIFICATION OF LOSS ON DISPOSAL OF ASSETS	-2,000.
RECLASSIFICATION OF EVENT EXPENSES	-143,255.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-145,255.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASSIFICATION OF EVENT EXPENSES	143,255.
RECLASSIFICATION OF LOSS ON DISPOSAL OF ASSETS	2,000.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	145,255.

CONFIDENTIAL

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2019

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

OSTEOGENESIS IMPERFECTA FOUNDATION

Employer identification number

23-7076021

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual... b If "Yes," list the 10 highest paid individuals or entities...

Table with 6 main columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization.

Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		DC FINE WINES STRONG (event type)	STRONG BONES HOUSTON (event type)	24 (total number)		
Revenue	1	Gross receipts	137,634.	112,538.	254,557.	504,729.
	2	Less: Contributions	137,634.	112,538.	254,557.	504,729.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	43,021.	35,950.	25,141.	104,112.
	7	Food and beverages			3,574.	3,574.
	8	Entertainment	4,050.	3,266.	367.	7,683.
	9	Other direct expenses	8,001.	2,917.	16,968.	27,886.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				143,255.
11	Net income summary. Subtract line 10 from line 3, column (d)				-143,255.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17** Mandatory distributions:
 - a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

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**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.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **OSTEOGENESIS IMPERFECTA FOUNDATION** Employer identification number **23-7076021**

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 noncash assistance	(h) Purpose of grant or assistance
CHILDREN'S NATIONAL HEALTH SYSTEM 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010	52-1640403	501(C)(3)	41,982.	0.	N/A	N/A	RESEARCH GRANT
BRITTLE BONE DISORDERS CONSORTIUM ONE BAYLOR PLAZA MS: BCM206 HOUSTON, TX 77030	74-1613878	501(C)(3)	40,000.	0.	N/A	N/A	RESEARCH GRANT
UNIVERSITY OF SOUTH FLORIDA 4019 E. FOWLER AVE. SUITE 100 TAMPA, FL 33617	59-3102112	501(C)(3)	14,000.	0.	N/A	N/A	RESEARCH GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **3.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) 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 noncash assistance
IMPACT GRANT ASSISTANCE	10	77,492.	0.	N/A	N/A
ASSISTANCE WITH ORTHODONTIST BRACES	1	6,630.	0.	N/A	N/A

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

PART I, LINE 2

AFTER THE GRANT IS AWARDED, THE GRANTEE HAS TO SEND IN A LISTING OF EXPENDITURES ONCE INCURRED. THIS LIST OF EXPENSES IS REVIEWED AND COMPARED TO OTHER SIMILAR GRANTS AND THEIR EXPENDITURES BEFORE THE MONEY IS ISSUED TO THE GRANTEE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **OSTEOGENESIS IMPERFECTA FOUNDATION**
 Employer identification number: **23-7076021**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

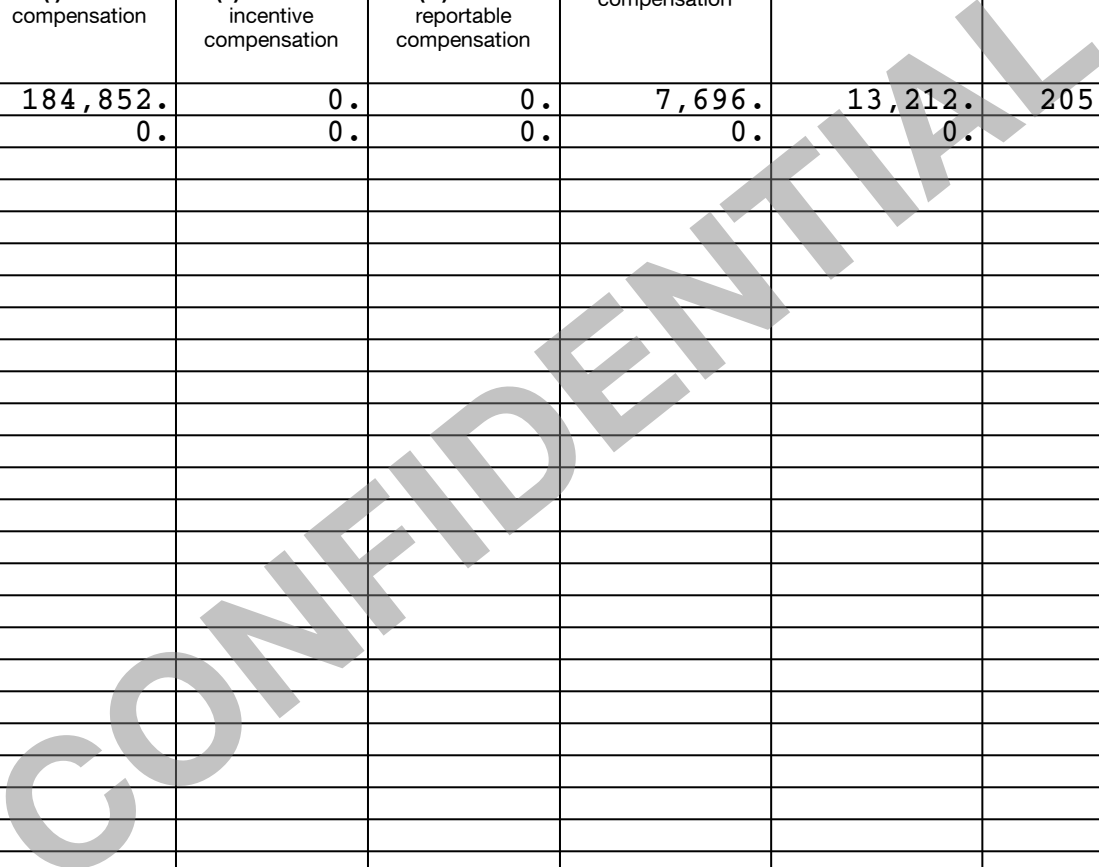
Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TRACY SMITH HART CHIEF EXECUTIVE OFFICER	(i)	184,852.	0.	0.	7,696.	13,212.	205,760.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

OSTEOGENESIS IMPERFECTA FOUNDATION

Employer identification number

23-7076021

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

CORPORATION INCORPORATED IN 1970 WITH THE PRIMARY PURPOSE OF IMPROVING
THE QUALITY OF LIFE FOR PEOPLE AFFECTED BY THE BONE DISORDER
OSTEOGENESIS IMPERFECTA (OI) THROUGH RESEARCH INTO TREATMENTS AND A
CURE, EDUCATION, AWARENESS, AND MUTUAL SUPPORT. THE FOUNDATION'S
HEADQUARTERS ARE LOCATED IN GAITHERSBURG, MARYLAND.

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

AND AFFECTING 20,000 TO 40,000 PEOPLE IN THE UNITED STATES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TREATMENT OPTIONS AND TRAIN THE NEXT GENERATION OF PHYSICIANS AND
SCIENTISTS TO STUDY OI. AS THE LEAD PATIENT ADVOCACY ORGANIZATION
PARTNER, THE OIF WILL EXPAND ON THE OUTREACH TO MEDICAL PROFESSIONALS
AND CONSTITUENTS THROUGH THE VARIOUS ONLINE LEARNING PORTALS HOUSED ON
THE OIF'S WEBSITE AS WELL AS CONTINUE TO PROVIDE OPPORTUNITIES FOR
SCIENTISTS AND OI RESEARCHERS TO CONNECT AND COLLABORATE.

EUGENE WASHINGTON PCORI ENGAGEMENT AWARD - IN THE SPRING OF 2019, THE
OIF WAS APPROVED FOR A TWO-YEAR FUNDING AWARD THROUGH THE EUGENE
WASHINGTON PCORI ENGAGEMENT AWARDS PROGRAM, AN INITIATIVE OF THE
PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE (PCORI). PCORI IS AN
INDEPENDENT, NONPROFIT ORGANIZATION AUTHORIZED BY CONGRESS IN 2010 TO
FUND COMPARATIVE EFFECTIVENESS RESEARCH THAT WILL PROVIDE PATIENTS,
THEIR CAREGIVERS, AND CLINICIANS WITH THE EVIDENCE NEEDED TO MAKE

BETTER-INFORMED HEALTH AND HEALTHCARE DECISIONS THE GOAL OF

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization OSTEOGENESIS IMPERFECTA FOUNDATION	Employer identification number 23-7076021
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PATIENT-CENTERED OUTCOMES RESEARCH (PCOR) FOR OI IS TO PROVIDE DOCTORS AND CARE PROVIDERS WITH INFORMATION THAT IS RELEVANT TO THE NEEDS OF THE OI COMMUNITY. THIS ALLOWS CLINICIANS TO PROVIDE BETTER CARE AND EMPOWERS THE OI COMMUNITY TO ADVOCATE FOR THEMSELVES. UNTIL RECENTLY, OI RESEARCH HAS BEEN FOCUSED ON FRACTURES, BUT THE CHARACTERISTICS OF OI GO BEYOND BONE AND INCLUDES EAR, LUNGS, EYE, AND HEART PROBLEMS. PCOR FILLED THIS GAP IN, ADDRESSING THE NEEDS OF THE OI COMMUNITY THAT HAVE PREVIOUSLY GONE UNHEARD.

RARE BONE DISORDER ECHO CLINIC - STARTING IN THE SUMMER OF 2019, THE OIF, IN COLLABORATION WITH THE RARE BONE DISEASE ALLIANCE AND OIF MEDICAL ADVISORY COUNCIL MEMBER DR. LAURA TOSI OF CHILDREN'S NATIONAL HOSPITAL, HELPED LAUNCH THE INAUGURAL RARE BONE DISORDER ECHO CLINIC. ECHO (EXTENSION FOR COMMUNITY HEALTHCARE OUTCOMES) IS A DIGITAL MEDICAL EDUCATION PROGRAM THAT INCREASES A PHYSICIAN'S ACCESS TO EXPERT KNOWLEDGE TO HELP THEM IMPROVE THEIR QUALITY OF CARE.

THE RARE BONE ECHO HELPS TO SPREAD KNOWLEDGE OF RARE BONE CONDITIONS LIKE OI TO PHYSICIANS AND MEDICAL PRACTITIONERS THROUGH MONTHLY VIDEO TELE-MENTORING SESSIONS. BY INCREASING ACCESS TO EXPERT MEDICAL KNOWLEDGE FOR PHYSICIANS IN THIS CUTTING EDGE AND COST-EFFECTIVE MODEL, THE OIF CAN HELP INCREASE THE STANDARD OF CARE FOR PEOPLE WITH RARE BONE CONDITIONS.

OI REGISTRY - THE OIF ENCOURAGES OI COMMUNITY MEMBERS (18 AND OLDER) AND PARENTS OF CHILDREN WITH OI TO JOIN THE OI REGISTRY. THE OI REGISTRY IS A DATABASE OF INDIVIDUALS WITH OI WHO ARE INTERESTED IN PARTICIPATING IN OI RESEARCH.

Name of the organization

OSTEOGENESIS IMPERFECTA FOUNDATION

Employer identification number

23-7076021

PATIENT-CENTERED OUTCOMES RESEARCH - THE OI FOUNDATION WAS APPROVED FOR A FUNDING AWARD THROUGH THE EUGENE WASHINGTON PCORI ENGAGEMENT AWARDS (ENGAGEMENT AWARDS) PROGRAM, AN INITIATIVE OF THE PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE (PCORI). FUNDING FROM THE PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE (PCORI) WILL BE USED TO ENHANCE AND EXPAND THE ONGOING WORK OF THE OI FOUNDATION (OIF).

OIF INFORMATION CENTER - THE FOUNDATION PROVIDES MEDICALLY VERIFIED INFORMATION RELATED TO OI. TOPICS RANGE FROM MEDICAL ISSUES SUCH AS GENETICS, DIAGNOSIS, AND, TREATMENTS TO DAILY LIVING STRATEGIES SUCH AS SCHOOL AND EMPLOYMENT. EDUCATIONAL MATERIALS ARE AVAILABLE IN PRINT AND ELECTRONICALLY THROUGH THE OIF WEBSITE. THIS PAST YEAR, OIF STAFF RESPONDED TO MORE THAN 11,000 DIRECT INQUIRIES FOR INFORMATION.

THE OI FOUNDATION'S INFORMATION CENTER, LOCATED AT WWW.OIF.ORG/INFORMATIONCENTER, COVERS INFORMATION ABOUT OI, BOTH ISSUES THAT AFFECT CHILDREN AND ADULTS, AND PROVIDES ONLINE RESOURCES FOR PROVIDERS WHO SEE FEW OI PATIENTS. THE SITE IS ALSO HOST TO OIF PODCASTS (25 TO DATE) ON A VARIETY OF TOPICS INCLUDING; SPINE ISSUES AND BASILAR INVAGINATION IN OI; DENTAL; SURGICAL INTERVENTIONS; PREGNANCY AND OI; HEARING LOSS AND OI; MENTAL HEALTH AND THE OI PATIENT; TREATMENT OPTIONS FOR ADULTS AND CHILDREN AND AN OVERVIEW OF THE DIAGNOSIS AND TREATMENT OF OI. THE PODCASTS HAVE BEEN DOWNLOADED MORE THAN 5,000 TIMES AND ARE A VERY POPULAR FEATURE OF OIF'S MEDICAL PROFESSIONAL EDUCATIONAL OUTREACH.

SCIENTIFIC MEETINGS - OIF HOSTS AN ANNUAL SCIENTIFIC MEETING TO BRING TOGETHER LEADERS IN CLINICAL AND BASIC RESEARCH ON A SINGLE TOPIC

Name of the organization OSTEOGENESIS IMPERFECTA FOUNDATION	Employer identification number 23-7076021
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RELATED TO OI. IN ADDITION, THE FOUNDATION PARTICIPATES IN NUMEROUS RESEARCH MEETINGS SPONSORED BY OTHER ORGANIZATIONS, INCLUDING THE NATIONAL INSTITUTE OF HEALTH (NIH). EVERY THIRD YEAR, OIF JOINS OTHER OI ASSOCIATIONS AT THE INTERNATIONAL SCIENTIFIC CONGRESS ON OI.

THE OIF SUCCESSFULLY CO-SPONSORED A RARE BONE DISEASE WORKING GROUP MEETING AT THE AMERICAN SOCIETY OF BONE AND MINERAL RESEARCH (ASBMR) ANNUAL MEETING IN SEPTEMBER 2019. THE MEETING GATHERED MORE THAN 200 SCIENTISTS AND MEDICAL PROFESSIONALS. THE MEETING WAS CHAIRED BY DR. LAURA TOSI, A MEMBER OF THE OIF'S MEDICAL ADVISORY COUNCIL, AND INCLUDED TOPICS SUCH AS MANAGEMENT PEARLS TO ENHANCE THE CARE OF PATIENTS WITH RARE BONE DISEASES, NEW DISEASE MODELS, AND CLINIC TRIAL UPDATES.

OI ADULT HEALTH INITIATIVE - IN FISCAL YEAR 2018, OIF FUNDED THE FIRST YEAR OF A NEW CARDIOPULMONARY GRANT. THIS COMMUNITY-DIRECTED SCIENTIFIC COMMITTEE LED STUDIES IN DIRECT RESPONSE TO THE GROWING CONCERN OF PULMONARY COMPLICATIONS, ESPECIALLY IN ADULTS, OF THOSE IN THE OI COMMUNITY. THE COMMITTEE WILL WORK TO DETERMINE THE INHERENT CAUSE OF RESTRICTIVE PHYSIOLOGY (CARDIOPULMONARY INSUFFICIENCY) IN PEOPLE WITH OI SO THAT TREATMENTS CAN BE RECOMMENDED AND APPROPRIATE MEASUREMENTS FOR AN ACCURATE ASSESSMENT OF THE RESTRICTIVE PHYSIOLOGY IN OI PATIENTS CAN BE DEFINED BY CREATING A STANDARD NORMATIVE REFERENCE FOR EACH OI TYPE.

THE OIF CONTINUES TO TAKE THE LEAD IN DEVELOPING PROGRAMS THAT PROVIDE OPPORTUNITIES FOR SCIENTIFIC COLLABORATION, MUTUAL SUPPORT FOR PERSONS LIVING WITH OI, AND ACCESS TO THE MOST UP-TO-DATE AND MEDICALLY

Name of the organization OSTEOGENESIS IMPERFECTA FOUNDATION	Employer identification number 23-7076021
--	--

VERIFIED INFORMATION ABOUT OI.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ADULTS WHO HAVE OI, AND SCHOOL PROFESSIONALS. THE OI FOUNDATION RESPONDS TO MORE THAN 11,000 DIRECT INQUIRIES A YEAR.

THE FOUNDATION SPONSORS A NETWORK OF SUPPORT GROUPS ACROSS THE UNITED STATES. SUPPORT GROUP ACTIVITIES PROVIDE OPPORTUNITIES FOR MUTUAL SUPPORT AND INCREASED COMMUNITY AWARENESS. CURRENTLY, THERE ARE 38 ACTIVE GROUPS IN 32 STATES.

JEANIE COLEMAN IMPACT GRANT PROGRAM - IN PARTNERSHIP WITH CHILDREN'S BRITTLE BONE FOUNDATION (CBBF), THIS ANNUAL COMPETITIVE GRANT PROGRAM WAS DESIGNED AND ESTABLISHED TO PROVIDE FUNDING FOR ITEMS THAT WILL SIGNIFICANTLY IMPROVE THE QUALITY OF LIFE FOR A PERSON WHO HAS OI AND WHO HAS LIMITED FINANCIAL RESOURCES. THIS PAST YEAR, THE FOUNDATION WAS ABLE TO FINANCE 23 APPLICANTS FOR FUNDING FOR A TOTAL OF \$100,000. ITEMS AND SERVICES FUNDED THIS YEAR INCLUDE; HEARING AIDS, WHEELCHAIRS, AN ACCESSIBLE VAN, FINGER SPLINTS, AND COMPUTERS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CONFERENCE BEGAN WITH OIF'S FIRST-EVER VIRTUAL NATIONAL WALK-N-WHEEL FOR OI. THE NEXT CONFERENCE WILL BE HELD IN JULY 2021 IN OMAHA, NEBRASKA.

SINCE ITS LAUNCH IN 2015, OIF'S REGIONAL CONFERENCE PROGRAM HAS REACHED MORE THAN 1,100 MEMBERS OF THE OI COMMUNITY, HALF OF WHOM HAD NEVER ATTENDED AN OI EVENT BEFORE. THESE ONE-DAY CONFERENCES FEATURE

Name of the organization OSTEOGENESIS IMPERFECTA FOUNDATION	Employer identification number 23-7076021
--	--

EDUCATIONAL SESSIONS LED BY OI EXPERTS INCLUDING OIF MEDICAL ADVISORY COUNCIL MEMBERS. IN FISCAL YEAR 2020, THE FOUNDATION HELD THREE REGIONAL CONFERENCES IN ATLANTA, GEORGIA (AUGUST 2019); SACRAMENTO, CALIFORNIA (AUGUST 2019); AND WILMINGTON, DELAWARE (OCTOBER 2019).

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PUBLIC AWARENESS:

THE OIF STRIVES TO BUILD PUBLIC AWARENESS AND GENERATE ADDITIONAL SUPPORT AMONG PEOPLE WITH OI, COMMUNITY ORGANIZATIONS, GOVERNMENT AGENCIES, THE PUBLIC, SCHOOL PERSONNEL AND MEDICAL PROFESSIONALS. THE FOUNDATION HAS A PUBLIC SERVICE ANNOUNCEMENT, PARTNERS WITH RELATED ORGANIZATIONS SUCH AS THE U.S. BONE & JOINT DECADE, THE NATIONAL ORGANIZATION FOR RARE DISORDERS, THE NATIONAL BONE HEALTH ALLIANCE, THE RARE DISEASE PATIENT NETWORK, THE NATIONAL HEALTH COUNCIL, COMMITTEES/COUNCILS OF THE NATIONAL INSTITUTES OF HEALTH, AND THE OI FEDERATION OF EUROPE. IN ADDITION, OIF PARTICIPATES IN RARE DISEASE DAY ACTIVITIES, AND SPONSORS OI AWARENESS WEEK EACH MAY.

NATIONAL OSTEOGENESIS IMPERFECTA AWARENESS WEEK 2020 TOOK PLACE ON MAY 2-9, 2020. VOLUNTEERS CONTACTED GOVERNMENT OFFICIALS TO PROCLAIM OI AWARENESS WEEK IN 24 CITIES AND STATES, RAISED MORE THAN \$19,000 THROUGH FACEBOOK FUNDRAISERS, AND REACHED MORE THAN 200,000 PEOPLE ON SOCIAL MEDIA. THE OIF CELEBRATED WISHBONE DAY, THE INTERNATIONAL OI AWARENESS DAY, BY SHARING FACTS AND INFORMATION VIA SOCIAL MEDIA EVERY HOUR FOR A CONSECUTIVE TWELVE HOURS.

THE OI FOUNDATION MANAGES THREE OFFICIAL SOCIAL NETWORKING SITES: THE OIF FACEBOOK PAGE FOLLOWED BY 13,000 FACEBOOK USERS; THE OI FOUNDATION

Name of the organization OSTEOGENESIS IMPERFECTA FOUNDATION	Employer identification number 23-7076021
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TWITTER PAGE (@OIFFOUNDATION) - FOLLOWED BY 2,554 TWITTER USERS, AND THE OIF INSTAGRAM PAGE (@OIFFOUNDATION) - FOLLOWED BY 1,153 INSTAGRAM USERS. THE OI FORUM PAGE, A FACEBOOK GROUP WITH 10,800 MEMBERS, IS FOR OI COMMUNITY MEMBERS TO ASK QUESTIONS, SHARE INFORMATION AND EXPERIENCES, AND CONNECT WITH OTHER OI COMMUNITY MEMBERS.

THE FOUNDATION IS COMMITTED TO ADVOCATING ON BEHALF OF PEOPLE WITH OI. THE OIF HAS ESTABLISHED AN ADVOCACY INITIATIVE; A GRASSROOTS EFFORT FOCUSING ON EDUCATING LEGISLATORS AND THEIR STAFF ABOUT OI AND THE PRIORITIES OF THE FOUNDATION.

EXPENSES \$ 112,842. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERSHIP IN THE OI FOUNDATION IS OPEN TO ALL PEOPLE WHO SUPPORT THE MISSION OF THE OI FOUNDATION. THE BOARD OF DIRECTORS DETERMINE THE LEVEL AND BENEFITS OF MEMBERSHIP, AND MAY CHANGE THESE FROM TIME TO TIME. ALL MEMBERS ARE ENTITLED TO VOTING PRIVILEGES. MEMBERSHIP BECOMES EFFECTIVE UPON RECEIPT OF DUES.

FORM 990, PART VI, SECTION B, LINE 11B:

AFTER THE FORM 990 IS PREPARED BY THE INDEPENDENT ACCOUNTANTS IT IS REVIEWED BY THE AUDIT COMMITTEE BEFORE BEING FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY COVERS ALL MEMBERS OF THE BOARD, ITS COMMITTEES, FOUNDATION STAFF AND THEIR IMMEDIATE FAMILIES AND BUSINESS ASSOCIATES. IT IS MONITORED BY ANNUAL WRITTEN INFORMATION QUESTIONNAIRE FROM THE BOARD PRESIDENT WHICH IS REVIEWED AND MAINTAINED BY THE AUDIT

Name of the organization OSTEOGENESIS IMPERFECTA FOUNDATION	Employer identification number 23-7076021
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COMMITTEE CHAIR. THE ENTIRE BOARD REVIEWS EACH TRANSACTION TO COME BEFORE THE BOARD FOR POTENTIAL OR ACTUAL CONFLICTS OF INTEREST. IF POTENTIAL OR ACTUAL CONFLICTS (PAST, PRESENT OR FUTURE) ARE IDENTIFIED, THE PERSON DETERMINED TO HAVE A CONFLICT IS RECUSED FROM DELIBERATIONS AND VOTING. THE IDENTIFIED CONFLICTS OF INTEREST AND APPROPRIATE RECUSALS ARE DOCUMENTED IN THE MINUTES OF EACH BOARD OR COMMITTEE MEETING.

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

THE PROCESS FOR DETERMINING COMPENSATION OF THE FOLLOWING PERSONS INCLUDES A REVIEW AND APPROVAL BY INDEPENDENT MEMBERS OF THE EXECUTIVE COMMITTEE. COMPARABILITY DATA USED IN THE REVIEW PROCESS IS OBTAINED FROM NATIONAL HEALTH COUNCIL SALARY SURVEY. THE DELIBERATIONS AND DECISIONS ARE DOCUMENTED IN THE MINUTES OF THE BOARD OR COMMITTEE MEETING. THE COMPENSATION DETERMINATION PROCESS APPLIES TO THE FOLLOWING OFFICES/POSITIONS AND THE MOST RECENT YEAR FOR WHICH THIS PROCESS WAS UNDERTAKEN FOR EACH IS IDENTIFIED:

OFFICE/TITLE - CHIEF EXECUTIVE OFFICER
YEAR OF MOST RECENT REVIEW/APPROVAL - 2019

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

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

OI FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE.

FORM 990, PART XI, LINE 2C

Name of the organization

OSTEOGENESIS IMPERFECTA FOUNDATION

Employer identification number

23-7076021

NO CHANGES FROM THE PRIOR YEAR. THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE SELECTION OF INDEPENDENT AUDITORS AND OVERSIGHT OVER THE INDEPENDENT AUDIT PROCESS.

CONFIDENTIAL

2019 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	8 19 INCH ACER LCD MONITORS	11/16/08	SL	5.00		16	1,300.				1,300.	1,300.		0.	1,300.
2	DELL COMPUTER	05/29/12	SL	5.00		16	776.				776.	776.		0.	776.
3	HP 4015N PRINTER & ATTACHMENTS	08/05/13	SL	5.00		16	935.				935.	935.		0.	935.
4	LAPTOP COMPUTER	09/24/14	SL	5.00		16	1,524.				1,524.	1,448.		76.	1,524.
5	2 DESKTOP COMPUTERS	12/22/14	SL	5.00		16	1,613.				1,613.	1,452.		161.	1,613.
6	NEW SERVER	07/27/15	SL	5.00		16	9,461.				9,461.	7,411.		1,892.	9,303.
7	4 NEW DELL COMPUTERS	09/09/16	SL	5.00		16	3,844.				3,844.	2,178.		769.	2,947.
8	ONE NEW DELL COMPUTER	01/18/17	SL	5.00		16	920.				920.	445.		184.	629.
9	DESKTOP COMPUTERS COSTANZO/HART	09/08/17	SL	5.00		16	2,731.				2,731.	1,001.		546.	1,547.
10	COMPUTER INSTALLATION FOR DESKTOPS COSTANZO/H	10/27/17	SL	5.00		16	264.				264.	88.		53.	141.
11	NEW LAPTOP INV#323031	01/09/18	SL	5.00		16	1,121.				1,121.	336.		224.	560.
12	COMP FOR MICHAEL STEWART	06/21/18	SL	5.00		16	1,177.				1,177.	235.		235.	470.
13	LATERAL FILE	01/31/05	SL	10.00		16	470.				470.	470.		0.	470.
14	FILE CABINETS (2)	02/17/04	SL	5.00		16	280.				280.	280.		0.	280.
15	DESK	06/27/13	SL	5.00		16	350.				350.	350.		0.	350.
16	DESK	07/10/13	SL	5.00		16	580.				580.	580.		0.	580.
17	DESK	07/19/13	SL	5.00		16	498.				498.	498.		0.	498.

2019 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
18	CABINET	08/16/13	SL	5.00		16	328.				328.	328.		0.	328.
19	HEADSETS FOR REGIONAL MEETINGS	04/16/17	SL	3.00		16	1,350.				1,350.	975.		375.	1,350.
40	COMPUTER UPGRADES	10/31/19	SL	5.00		16	3,140.				3,140.			419.	419.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						32,662.				32,662.	21,086.		4,934.	26,020.
	* 990 PAGE 10 TOTAL -						32,662.				32,662.	21,086.		4,934.	26,020.
	OTHER														
20	ADOBE PROFESSIONAL	02/14/10	SL	3.00		16	700.				700.	700.		0.	700.
21	SERVER SOFTWARE	02/14/10	SL	3.00		16	288.				288.	288.		0.	288.
22	E-MAIL MIGRATION TO OFFICE 365	10/31/13	SL	3.00		16	2,313.				2,313.	2,313.		0.	2,313.
24	OFFICE 365 SET UP	12/31/13	SL	3.00		16	600.				600.	600.		0.	600.
25	DONORPERFECT	06/30/15	SL	3.00		16	1,065.				1,065.	1,065.		0.	1,065.
26	TOSHIBA PHONE SYSTEM	02/25/09	SL	10.00		16	7,591.				7,591.	7,591.		0.	7,591.
27	PHONE	03/12/10	SL	10.00		16	429.				429.	401.		28.	429.
28	(D)WEBSITE	03/26/08	SL	5.00		16	52,358.				52,358.	52,358.		0.	52,358.
29	(D)WEBSITE ADDITION	10/01/08	SL	5.00		16	519.				519.	519.		0.	519.
30	(D)WEBSITE ADDITION	07/01/08	SL	5.00		16	2,113.				2,113.	2,113.		0.	2,113.
31	(D)REDESIGN FRONT PAGE OF WEBSITE	09/17/10	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
32	(D)E-CARD DESIGN	12/01/10	SL	5.00		16	3,000.				3,000.	3,000.		0.	3,000.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
33	(D)CHARITY DYNAMICS	08/11/12	SL	5.00		16	7,000.				7,000.	7,000.		0.	7,000.
34	(D)CHARITY DYNAMICS	03/04/14	SL	5.00		16	2,820.				2,820.	2,820.		0.	2,820.
35	(D)CHARITY DYNAMICS	10/30/14	SL	5.00		16	9,200.				9,200.	8,587.		613.	9,200.
36	(D)CHARITY DYNAMICS	12/31/14	SL	5.00		16	8,300.				8,300.	7,470.		830.	8,300.
37	(D)CHARITY DYNAMICS	01/10/17	SL	5.00		16	5,000.				5,000.	2,500.		500.	3,000.
38	ACUTALIZE STUDIO	03/16/19	SL	5.00		16	12,800.				12,800.	640.		2,560.	3,200.
39	ACUTALIZE STUDIO	05/09/19	SL	5.00		16	12,800.				12,800.	427.		2,560.	2,987.
41	ACUTALIZE STUDIO	09/27/19	SL	5.00		16	12,800.				12,800.			1,920.	1,920.
	* 990 PAGE 10 TOTAL OTHER						142,696.				142,696.	101,392.		9,011.	110,403.
	* 990 PAGE 10 TOTAL -						142,696.				142,696.	101,392.		9,011.	110,403.
	* GRAND TOTAL 990 PAGE 10 DEPR						175,358.				175,358.	122,478.		13,945.	136,423.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						159,418.			0.	159,418.	122,478.			134,084.
	ACQUISITIONS						15,940.			0.	15,940.	0.			2,339.
	DISPOSITIONS/RETIRED						91,310.			0.	91,310.	87,367.			89,310.
	ENDING BALANCE						84,048.			0.	84,048.	35,111.			47,113.
	ENDING ACCUM DEPR LESS DISPOSITIONS											47,113.			

2019 DEPRECIATION AND AMORTIZATION REPORT

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990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ENDING BOOK VALUE											36,935.			

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. OSTEOGENESIS IMPERFECTA FOUNDATION	Taxpayer identification number (TIN) 23-7076021
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. 804 W. DIAMOND AVENUE, NO. 210	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GAITHERSBURG, MD 20878	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

- The books are in the care of ▶ **804 W. DIAMOND AVENUE, NO. 210 - GAITHERSBURG, MD 20878**
Telephone No. ▶ **301-947-0083** Fax No. ▶ _____
- 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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