A For 1 B Check applic Addition B Check applic Addition B Check applic Cha	k If cable: C Name of	▶ The organization may have to use a copy of this return to satisfy state r year, or tax year beginning JUL 1, 2011 and ending		Open to Public Inspection
B Check applic Add cha Cha Cha Cha Initi Tert Tert Tert Ane	k If cable: C Name of	r year, or tax year beginning ${ m JUL}$ 1 , 2011 and ending		
applic cha cha cha cha cha cha cha cha cha ch	cable:		<u>JUN</u> 30, 2012	
Nar cha Initi retu Tern ated		organization	D Employer identif	ication number
Ten atec	ange OSTEC	GENESIS IMPERFECTA FOUNDATION, INC.		
Terrated V Am	tio			076021
V Am		Ind street (or P.O. box if mail is not delivered to street address) Room/suit 210		er ∙947–0083
	non al a al	wn, state or country, and ZIP + 4	G Gross receipts \$	1,862,259
App tion	nding GAITH	ERSBURG, MD 20878	H(a) Is this a group r	
pon	F Name and	address of principal officer: TRACY HART	for affiliates?	Yes X No
	exempt status:	DIAMOND AVENUE, GAITHERSBURG, MD 208		
	exemptistatus: L∡ site: ► WWW • C			list. (see instructions)
	of organization:		H(c) Group exemption	n number 🕨 M State of legal domicile: G2
Part I				A State of legal doi fridite: G2
g 1		the organization's mission or most significant activities: OUR MISSI		ROVE THE
Activities & Governance		OF LIFE FOR PEOPLE WITH OSTEOGENESIS		
6 5 5 4		g members of the governing body (Part VI, line 1a)		1
~୪ ¹ ୬ 5	Total number of moe	pendent voting members of the governing body (Part VI, line 1b)		16
oitie	Total number of	individuals employed in calendar year 2011 (Part V, line 2a) volunteers (estimate if necessary)		11 30(
tij 7e	a Total unrelated	pusiness revenue from Part VIII, column (C), line 12		
	b Net unrelated be	Isiness taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
မ 8	Contributions ar	d grants (Part VIII, line 1h)	1,458,571.	1,452,624.
9 10 Hevenue	Program service	revenue (Part VIII, line 2g)	58,023.	0.
	Investment inco	ne (Part VIII, column (A), lines 3, 4, and 7d)	68,520.	98,320.
11		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,104.	7,384.
12	Total revenue a	dd lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,594,218.	1,558,328.
13		ar amounts paid (Part IX, column (A), lines 1-3)	282,187.	311,321.
	Seleries other a	or for members (Part IX, column (A), line 4)	0.	0.
9 16a	Professional fun	ompensation, employee benefits (Part IX, column (A), lines 5-10)	740,485.	689,701.
Suad 16a	Total fundraising	expenses (Part IX, column (D), line 25) \blacktriangleright 228,686.	U.	
<u>لَّ</u> 17		Part IX, column (A), lines 11a-11d, 11f-24e)	600,840.	463,866.
18	Total expenses.	Add lines 13-17 (must equal Part IX, column (A), line 25)	1,623,512.	1,464,888.
19		penses. Subtract line 18 from line 12	<29,294.	
20 21 22 21 22		В	eginning of Current Year	End of Year
20	Total assets (Par		2,600,850.	2,762,282.
Sec 21	Total liabilities (P		341,741.	447,975.
		d balances. Subtract line 21 from line 20	2,259,109.	2,314,307.
		clare that I have examined this return, including accompanying schedules and staten		
ue, correc	ct. and complete) De	claration of preparer (other than officer) is based on all information of which prepare	tents, and to the best of my	knowledge and belief, it is
	N Am	The second content than entitled is based on an information of which prepare	I las any knowledge.	<u></u>
lign	Signature of		Date	/
lere	TRACY			
		name and title		
	Print/Type prepare		Check	PTIN
1		BLOMPSON CPA Wills Ut PA	LIT 2012 employed	P00367721
reparer se Only		THOMPSON, GREENSPON & CO. P. C. CPA'S	Firm's EIN 🕨	54-1029635
sa omy	Firm's address 🕨	4035 RIDGE TOP RD, SUITE 700 FAIRFAX, VA 22030	· · · · · · · · · · · · · · · · · · ·	A33305 0000
lav the IF	BS discuss this re			03)385-8888
12001 01-20		Paperwork Reduction Act Notice, see the separate instructions.		. X Yes No
	SEE SCHEDU	LE O FOR ORGANIZATION MISSION STATEME	NT CONTINUAT	Form 990 (2011)
~				

For P	m 990 (2011) OSTEOGENESIS IMPERFECTA FOUNDATION, INC. 23-7076021 P art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE WITH OSTEOGENESIS IMPERFECT
	(ØIØ, THROUGH (A) RESEARCH TO FIND A CURE, (B) EDUCATION (C)
	(010, THROUGH (A) RESEARCH TO FIND A CURE, (B) EDUCATION (C) AWARENESS, AND (D) MUTUAL SUPPORT.
	AWARENESS, AND (D) MUTUAL SUPPORT.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990 EZ?
	If "Yes," describe these new services on Schedule O.
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization in producting of the organization of the organization in producting the organization of the organiza
•	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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	ouriers, the total expenses, and revenue, it any, for each program service reported.
4a	(Code:) (Expenses \$ 469,414. including grants of \$ 311,321.) (Revenue \$
	THE FOUNDATION FUNDS GRANTS TO SUPPORT RESEARCH DETEVIAND TO
	ONDERSTANDING AND TREATING OSTEOGENESIS IMPERFECTA PELLOWCHIDG ADD
	AWARDED TO POST-DOCTORAL TRAINEES WORKING ON PROJECTS WITH CLEAR
	RELEVANCE TO OI. SEED GRANTS ARE AWARDED FOR BASIC RESEARCH AND
	CLINICAL STUDIES TO ECOTE PROFESSION AND FOR BASIC RESEARCH AND
	CLINICAL STUDIES TO FOSTER PROOF OF CONCEPT STUDIES. THE OI FOUNDATIO
	MODIS AN ANNUAL SCIENTIFIC MEETING TO BRING TOGETHER LENDERG IN
	CLINICAL AND BASIC RESEARCH ON A SINGLE TOPIC RELATED TO OT IN
	ADDITION, THE FOUNDATION PARTICIPATES IN NUMEROUS DESEADOR MEDITION
	SPONSORED BY OTHER ORGANIZATIONS INCLUDING THE NATIONAL INSTITUTES OF
	HEALTH. EVERY 3RD YEAR, THE OIF JOINS OTHER OI ASSOCIATIONS AT THE
	INTERNATIONAL SCIENTIFIC CONCREGENON OF THE NEW PROPERTY ASSOCIATIONS AT THE
	INTERNATIONAL SCIENTIFIC CONGRESS ON OI. THE MOST RECENT MEETING TOOK PLACE OCTOBER 2011 IN CROATIA.
4b	(Code:) (Expenses \$ 530,827. Including grants of \$) (Revenue \$
	THE FOUNDATION OFFERS MEDICALLY VERIFIED INFORMATION RELATED TO
	OSTRUGENESIS IMPERFECTA, TOPICS INCLUDE MEDICAL ISSUES SUCH AS
	GENETICS, DIAGNOSIS AND TREATMENTS. ADDITIONAL TOPICS FOCUS ON DAILY
	LIVING STRATEGIES SCHOOL AND RMDLOVMENT FOUNDATION OF THE STRATEGIES
	LIVING STRATEGIES, SCHOOL AND EMPLOYMENT. FOUNDATION STAFF REPLIES TO
	REQUESTS FOR INFORMATION VIA PHONE, INTERNET, FAX, SOCIAL MEDIA AND MAIL. EDUCATIONAL MATERIALS ARE AVAILABLE IN DRIVE AND REPORTS
	MAIL. EDUCATIONAL MATERIALS ARE AVAILABLE IN PRINT AND FLECTRONICALLA
	THROUGH THE OIF WEBSITE, PRINT MATERIALS INCLUDE BOOKS PROCHUDES BY
	SHEATS AND A QUARTERLY NEWSLETTER. ELECTRONIC MATERIALS INCLUDE A
	MONINGI EMALL NEWSLETTER, AND VIA THE WEBSITE THE ENCE CHERE
	BOOKLETS AND BROCHURES. INFORMATION ON OSTEOGENESIS IMPERFECTA IS
	WRITTEN FOR A VARIATION OF AUDITALICATION ON OSTEOGENESIS IMPERFECTA IS
	WRITTEN FOR A VARIETY OF AUDIENCES INCLUDING MEDICAL PROFESSIONALS,
	FARENIS AND OTHER FAMILY MEMBERS, CHILDREN, ADULTS WHO HAVE OT AND
+C	(Code:) (Expenses $b \perp 640$ including graphs of $b \perp 7.200$
	THE OSTEOGENESIS IMPERFECTA FOUNDATION (OIF) STRIVES TO RUILD RUPLIC
	AWARENESS AND GENERATE ADDITIONAL SUPPORT AMONG PEOPLE WITH
	OSTEOGENESIS IMPERFECTA (OI), COMMUNITY ORGANIZATIONS, GOVERNMENT
•	AGENCIES, THE GENERAL PUBLIC, SCHOOL PERSONNEL AND MEDICAL
-	PROFESSIONALS THE FOUNDATION WAS A DESCRIPTION AND MEDICAL
-	PROFESSIONALS. THE FOUNDATION HAS A PUBLIC SERVICE ANNOUNCEMENT,
	PARTNERS WITH RELATED ORGANIZATIONS SUCH AS THE U.S. BONE & TOTNE
-	DECADE, NORD, THE NATIONAL BONE HEALTH ALLIANCE THE PAPE DIGEACE
-	FAILENT NETWORK, THE NATIONAL HEALTH COUNCIL THE FEDERAL WORKING CROW
ī	ON BONE, AND THE OI FEDERATION OF EUROPE. IN ADDITION THE OIF
j	PARTICIPATES IN RARE DISEASE DAY ACTIVITIES, AND EACH MAY SPONSORS OF
	AWARENESS WEEK.
-	WARENEDD WEEK.
d (
	Dther program services (Describe in Schedule O.)
	Expenses \$ 56,336. Including grants of \$) (Revenue \$)
e T	Total program service expenses ► 1,118,217.
2002 -09-12	SEE SCHEDULE O FOR CONTINUATION(S)
	07 701392 RC40871 2011.05010 OSTEOGENESIS IMPERENT FOR DG40021

23-7076021 OSTEOGENESIS IMPERFECTA FOUNDATION, INC. Page 3 . .

	990 (2011) OSTEOGENESIS IMPERFECTA FOUNDATION, INC. 23-7076	021	P	age 3
Pa	TIM Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4	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? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
Ŭ	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
11				
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	RECRICI		
а		11a	x	
ь	Part VI Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total	110		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
40-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
128		12a	х	
	Schedule D, Parts XI, XII, and XIII	12a	21	
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	106		x
40		12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	114		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		X	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000 /	

Form **990** (2011)

OSTEOGENESIS IMPERFECTA FOUNDATION, INC. 23-7076021 Page 4 - O - F - 1 - 1 - - 4

	1990 (2011) OSTEOGENESIS IMPERFECTA FOUNDATION, INC. 23-7076	<u>021</u>	Р	age 4
Pa	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			~ ~
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			**
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			х
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u></u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-	X	
а ь	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
G	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•.	If "Yes," complete Schedule N, Part 1	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	Ι Π	T	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 c	2011)

The second se	1990 (2011) OSTEOGENESIS IMPERFECTA FOUNDATION,	INC. 23-7076	021	F	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response to any question in this Part V	*******			
			00120700-0000	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			77	
	(gambling) winnings to prize winners?	1	<u>1c</u>	X	
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			mone	
	filed for the calendar year ending with or within the year covered by this return	2a 11		77	Streep:
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	X	t statisficate
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction				37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<u>3a</u>		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			ļ	
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4 a		X
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial				37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	*			37
	any contributions that were not tax deductible?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	-			
	were not tax deductible?		6b	********	
7	Organizations that may receive deductible contributions under section 170(c).				v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se		1		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w				x
	to file Form 8282?		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization state of multiple directly studies are stated as a state of the organization of				<u></u>
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.		711 (20)2200		
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8	hathleater	
9	Sponsoring organizations maintaining donor advised funds.	any time during the years	0		
	Did the organization make any taxable distributions under section 4966?		9a		
a 5	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		┢
b 10	Section 501(c)(7) organizations. Enter:		00		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			Harrison (199
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	100		a Mhàn	
 а	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form	I come announce	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
ú	Note. See the instructions for additional information the organization must report on Schedule O.				
h	Enter the amount of reserves the organization is required to maintain by the states in which the				0203530
	organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
	BEAU AND A REAL AND A		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu		14b		<u> </u>
				000	(2011)

Form **990** (2011)

 1a Else the number of voling members of the governing body, at the and of the tax yearts1sss	ر م م ا	Check if Schedule O contains a response to any question in this Part VI		and the second	<u></u>		[
1a Each the number of volting members of the governing body, or if the governing body, and if the Grant Support of the resont? 16 2 Did the originization delegate cortrol over management duties customarity performed by or under the direct supervision of officers, director, trustee, or key employees to a management company or other person? 3 4 Did the originization heaves and under the year of a significant cloversion of the originization is a sup significant changes to be governing body? 4 5 Did the originization heave members, stochdolders? 7 6 Did the originization heave members, stochdolders? 7 7 D Ara any governing body? 7 8 D did the originization heave members, stochdolders? 7 9 D did the originization heave members, stochdolders? 7 9 D did the originization heavements, stochdolders? 7 9 D did the originization heavements, stochdolders? 7 9 D did the originization heave members, stochdoldery (11). Secton A, who c	ect	ion A. Governing Body and Management				Vaa	Т
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		THE FOUNDATION - 301-947-0083					_
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SEE SCHEDULE O FOR FULL LIST OF STATES Form 9			_		Form	990	(2

OSTEOGENESIS IMPERFECTA FOUNDATION, INC. 23-7076021 Page 6

Form 990 (2011)

Form 990 (2011)	OSTEOGENESIS				23-7076021	Page 7				
Part VII Compensation	n of Officers, Directo	ors, Trustees, Key	/ Employees, High	est Compe	ensated					
Employees, and Independent Contractors										
Check if Schedule O contains a response to any question 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.

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

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

(A)	(B)				C)		104	(D)	(E)	(F)
Name and Title	Average hours per	r box, u		heck ss pe	more irson	than Is bot	th an	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule	stee or director	cer at			Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	0)	llıdî	listi	Officer	Key	High	Former			
(1) MICHELLE DUPREY, ESQ. SECRETARY	2.00	x		x				0.	0.	0.
(2) MARK BIRDWHISTELL	2.00	<u> </u>	<u> </u>	<u> </u>				0.	0.	
FIRST VICE PRESIDENT	2.00	x		x				0.	0.	0.
(3) CAREN LOGUERCIO, ESQ.		<u> </u>		~^						
SECOND VICE PRESIDENT	2.00	x		x				0.	Ο.	0.
(4) SHARON TRAHAN										
PRESIDENT	2.00	X		Х				0.	Ο.	0.
(5) ANTHONY BENISH										
TREASURER	2.00	X		Х				0.	0.	0.
(6) FRANCIS GLORIEUX, OC, MD, PHD										
MAC CHAIR	2.00	Х		Х				0.	0.	0.
(7) ANNA CURRY										
DIRECTOR	2.00	X						0.	0.	0.
(8) AMANDA BERGMAN										
DIRECTOR	2.00	X						0.	0.	0.
(9) ROBERT SANDHAUS, MD, PHD	2 00	37							0	0
DIRECTOR (10) GREG HOLMAN	2.00	X						0.	0.	0.
(IU) GREG HOLMAN DIRECTOR	2.00	x						ο.	0.	0.
(11) GIL CABACUNGAN	2.00	_				\square		Ū•	· ·	
DIRECTOR	2.00	x						ο.	ο.	0.
(12) IAN SACKS	2.00	Δ								
DIRECTOR	2.00	х						0.	ο.	0.
(13) KRISTEN ANTOLINI										
DIRECTOR	2.00	х						0.	ο.	Ο.
(14) JODY CHEEK										
DIRECTOR	2.00	Х						0.	0.	Ο.
(15) ALCIDES ORTIZ										
DIRECTOR	2.00	Х						0.	0.	0.
(16) CAROLYN TIPTON										
DIRECTOR	2.00	Х						0.	0.	0.
(17) ROBIN WRIGHT									_	<u>^</u>
DIRECTOR	2.00	Х						0.	0.	0.
132007 01-23-12						_				Form 990 (2011)

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15211207 701392 RC40871

2011.05010 OSTEOGENESIS IMPERFECTA FOU RC408711

								NDATION, INC)76	021	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per	(do	not c	(C Pos heck	C) ition ^{more}		one	(D) Reportable	(E) Reportable compensatio	n	Estir	(F) mated ount of
	week (describe hours for related organizations in Schedule O)	tee or director			lirecto	Highest compensated	stee)	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	3	ot compe fror orgar and ≀	ther ensation n the nization related izations
(18) TRACY SMITH HART												
CHIEF EXECUTIVE OFFICER	40.00			X				133,191.		0.	12	<u>,699</u> .
										;		
 1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c) 2 Total number of individuals (including but r compensation from the organization 	II, Section A	·····					no re	133,191. 0. 133,191. eceived more than \$100		0. 0. 0.		,699. 0. ,699. 1
 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su and related organizations greater than \$156 	<i>uch individual</i> Im of reportabi	e coi	mpe	nsa	tion	anc	l otł	ner compensation from			3 4	es No X X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com Section B. Independent Contractors	,							-			5	X
1 Complete this table for your five highest co the organization. Report compensation for										pensi	ation from	m
(A) Name and business	address	NO	NE				+	(B) Description of a	ervices	C	(C) ompensa	ation
										<u>.</u>		
2 Total number of independent contractors (i \$100,000 of compensation from the organi	+	ot lim	nitec	l to t	thos 0		ted	above) who received n	nore than			
											-orm 99	0 (2011)

132008 01-23-12

	m 990 art VI	(2011) OSTEC	DGENESIS	IMPERFEC	TA FOUNDAI	ION, INC.	23-7076	5021 Page 9
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut	ions) 1b 1c 1d	46,567. 12,024. 409,360.				
Intributio	f g	All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	ve 1f	984,673.				
ខ្លួខ្ល	h	Total. Add lines 1a-1f		Business Code	1452624.			
Program Service Revenue	2a b c	·····						
Progra		All other program service reve	nue					
	9 3 4 5	Total, Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tax	dividends, intere	est, and wroceeds	44,785.			44,785.
	6 a	Royalties	(i) Real	(ii) Personal				
	c	Less: rental expenses Rental income or (loss) Net rental income or (loss)		▶				
		Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities 268500.	(ii) Other				
:		and sales expenses Gain or (loss) Net gain or (loss)	53,535.		53,535.			53,535.
Other Revenue	8 a	Gross income from fundraising including \$ 409,3 contributions reported on line Part IV, line 18	60 . 1c). See	86,348.				
Othe		Less: direct expenses	b	86,348.	0.			
	9 a	Net income or (loss) from fund Gross income from gaming act Part IV, line 19	tivities. See a					
	С	Less: direct expenses Net income or (loss) from gami Gross sales of inventory, less r	ng activities	.				
	b	and allowances Less: cost of goods sold Net income or (loss) from sales	a	10,002. 2,618.	7,384.	7,384.		
ŀ		Miscellaneous Revenue		Business Code				
	11 a b							
	С							
	d	All other revenue						
15200	12	Total. Add lines 11a-11d Total revenue. See instructions.	· · · · · · · · · · · · · · · · · · ·		1558328.	7,384.	0.	98,320.
13200 01-23-	-12							Form 990 (2011)

9 15211207 701392 RC40871 2011.05010 OSTEOGENESIS IMPERFECTA FOU RC408711 Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	1			
-	organizations in the United States. See Part IV, line 21	155,000.	155,000.		
2	Grants and other assistance to individuals in	146 201	146 221		
_	the United States. See Part IV, line 22	146,321.	146,321.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	10 000	10 000		
	United States. See Part IV, lines 15 and 16	10,000.	10,000.		
4	Benefits paid to or for members			andu ili administrativni i s	
5	Compensation of current officers, directors,	158,605.	102 424	26 022	10 000
c	trustees, and key employees	120,002.	103,434.	36,933.	18,238
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	444,709.			00 100
7	Other salaries and wages	444,/09.	202,640.	159,940.	82,129
8	Pension plan accruals and contributions (include	10 000	2 0 2 0	1 100	0 650
~	section 401(k) and section 403(b) employer contributions)	<u> 10,080.</u> 40,265.	3,039. 12,160.	<u>4,489.</u> 15,828.	2,552 12,277
9	Other employee benefits	36,042.	13,928.	LD,040.	12,277
10	Payroll taxes	30,042.	⊥3,928.	13,791.	8,323
11	Fees for services (non-employees):				
	Management			r	
	Legal	56. 11,405.		56.	
	Accounting	11,405.		11,405.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	20 740		20 ACE	
f	Investment management fees	32,740.	10 015	32,465.	275
g		21,491.	10,815.	2,726.	7,950
12	Advertising and promotion	0E 707			
13	Office expenses	85,707.	49,579. 42,559.	28,131.	7,997
14	Information technology	61,639.	42,009.	17,070.	2,010
15	Royalties	67,969.		67.000	
16		16,194	<u> </u>	67,969.	0 442
17	Travel		5,758.	1,993.	8,443
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	77 004	- 72 045		0.8.6
19	Conferences, conventions, and meetings	77,924.	73,845.	3,803.	276
20					••••• <u>•</u> ••••••••••••••••••••••••••••••
21	Payments to affiliates	10 100			
22	Depreciation, depletion, and amortization	19,428.		19,428.	1 000
3		5,260.		3,370.	1,890
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule O.)				
	MEDICAL RESEARCH AND RE	41,568.	41,568.		
	ADVOCACY AND AWARDS	14,537.	14,537.		4 00-
c	LICENSE AND PERMITS	4,377.			4,377
d	INDIRECT COST ALLOCATIO		229,648.	-301,597.	71,949
	All other expenses	3,571.	3,386.	185.	000 000
25	Total functional expenses. Add lines 1 through 24e	1,464,888.	1,118,217.	117,985.	228,686
6	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 🕨 🔟 If following SOP 98-2 (ASC 958-720)	65,584.	50,969.	0.	14,615

132010 01-23-12

Form **990** (2011)

15211207 701392 RC40871

OSTEOGENESIS IMPERFECTA FOUNDATION, INC. 23-7076021 Page 11

					(A) Beginning of year	,	(B) End of year
	1	Cash · non-interest-bearing			53,992.	1	172,298.
	2	Savings and temporary cash investments			199,084.	2	253,174.
	3	Pledges and grants receivable, net			472,870.	3	528,278.
	4	Accounts receivable, net			74,764.	4	41,083.
	5	Receivables from current and former officers, di					
	Ū	employees, and highest compensated employee					
		of Schedule L				5	
	6	Receivables from other disgualified persons (as				_	
	-	4958(f)(1)), persons described in section 4958(c)					
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instru		6			
ets	7	Notes and loans receivable, net			······	7	
Assets	8	Inventories for sale or use			19,565.	8	22,048.
~	9	Prepaid expenses and deferred charges			10,948.	9	42,070.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	139,873.			
	b	Less: accumulated depreciation	10b	105,157.	53,529.	10c	34,716.
	11	Investments - publicly traded securities			1,693,836.	11	1,646,353.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	22,262.	15	22,262.		
	16	Total assets. Add lines 1 through 15 (must equa			2,600,850.	16	2,762,282.
	17	Accounts payable and accrued expenses			146,578.	17	174,869.
	18	Grants payable	184,996.	18	198,329.		
	19	Deferred revenue		19	66,912.		
	20	Tax-exempt bond liabilities		20			
es	21	Escrow or custodial account liability. Complete F		21			
iliti	22	Payables to current and former officers, director					
Liabilities		highest compensated employees, and disqualified	ed perso	ons. Complete Part II			
1		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines			10,167.	05	7,865.
	26	Schedule D Total liabilities. Add lines 17 through 25		•••••••	341,741.	25 26	447,975.
_	20	Organizations that follow SFAS 117, check he	ro 🕨	X and complete		20	
ß		lines 27 through 29, and lines 33 and 34.					
š	27	Unrestricted net assets		ŝ	1,607,759.	27	1,554,552.
afar	28	Temporarily restricted net assets			596,862.	28	705,267.
	29				54,488.	29	54,488.
ŝ		Organizations that do not follow SFAS 117, ch					
Net Assets or Fund Balances		complete lines 30 through 34.					
ŝ	30	Capital stock or trust principal, or current funds				30	a na nana kaku na
SS	31	Paid-in or capital surplus, or land, building, or eq				31	
et∖	32	Retained earnings, endowment, accumulated inc		E Contraction of the second		32	
ž	33	Total net assets or fund balances			2,259,109.	33	2,314,307.
	34				2,600,850.	34	2,762,282.
							Form 990 (2011)

Form 990 (2011) Part X | Balance Sheet

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	<u>1 990 (2011)</u> OSTEOGENESIS IMPERFECTA FOUNDATION, INC.	23-	7076021	Page 12			
Pa	mXI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI			X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,328.			
2	Total expenses (must equal Part IX, column (A), line 25)						
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,109.			
5	Other changes in net assets or fund balances (explain in Schedule O)	5		3,242.			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,314	,307.			
Ра	rt XII Financial Statements and Reporting			·			
	Check if Schedule O contains a response to any question in this Part XII						
			***### #53** * 5.**	Yes No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Cother						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			X			
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			[
	review, or compliation of its financial statements and selection of an independent accountant?			X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	dona					
	separate basis, consolidated basis, or both:						
_	X Separate basis Consolidated basis Both consolidated and separate basis						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Auc	lit				
	Act and OMB Circular A-133?		<u>3a</u>	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.						

Form **990** (2011)

	DULE A 90 or 990-EZ)	 Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. 						5-0047
Internal Reve								ublic on
Name of	the organizati						dentification	
		OSTEOGE	NESIS IMPERF	ECTA FOUNDATION	, INC.	23	<u>3-707602</u>	21
Part	Reason	for Public Cha	ʻity Status (All organiz	ations must complete this part	.) See instructior	s.		
The organ	nization is not a	a private foundation	because it is: (For lines 1	through 11, check only one b	ox.)			
1 🛄	A church, co							
2	A school des	cribed in section 1	70(b)(1)(A)(ii). (Attach Sch	nedule E.)				
3 🔛	A hospital or	a cooperative hosp	ital service organization c	lescribed in section 170(b)(1)(A)(iii).			
4	A medical res	search organization	operated in conjunction v	with a hospital described in se	ction 170(b)(1)(A)(iii). Enter th	ne hospital's n	ame,
	city, and stat	e:						
5	An organizati	on operated for the	benefit of a college or un	iversity owned or operated by	a governmental	unit describe	ed in	
	section 170	(b)(1)(A)(iv). (Compl	ete Part II.)					
6 📖	A federal, sta	te, or local governm	ent or governmental unit	described in section 170(b)(1)(A)(v).			
7	An organizati	on that normally rec	eives a substantial part c	of its support from a governme	ntal unit or from t	he general p	ublic describe	əd in
	section 170(b)(1)(A)(vi). (Comple	te Part II.)					
8	A community	trust described in s	ection 170(b)(1)(A)(vi). (Complete Part II.)				
9 X	An organizati	on that normally rec	eives: (1) more than 33 1	/3% of its support from contrik	outions, member	ship fees, an	d gross receip	ts from
				n exceptions, and (2) no more				
	income and ι	inrelated business t	axable income (less secti	on 511 tax) from businesses a	cquired by the o	ganization a	fter June 30, 1	975.
		509(a)(2). (Complete				-		
10	An organizati	on organized and o	perated exclusively to tes	t for public safety. See section	ו 509(a)(4).			
11 🗌				e benefit of, to perform the fun		arry out the p	ourposes of or	1e or
				n 509(a)(1) or section 509(a)(2)				
	describes the	type of supporting	organization and comple	te lines 11e through 11h.				
	a 🗌 Type I	b] Type Ił c	Type III - Functionally inte	egrated	d 🗌	Type III - Othe	эr
e 🗌	By checking t	his box, I certify tha	t the organization is not (controlled directly or indirectly	by one or more o	lisqualified p	ersons other t	:han
	foundation m	anagers and other t	han one or more publicly	supported organizations desc	ribed in section (509(a)(1) or s	ection 509(a)(2).
f	If the organiza	ation received a writ	ten determination from th	ne IRS that it is a Type I, Type I	ll, or Type III			
	supporting or	ganization, check tl	is box					
g				y gift or contribution from any o		ersons?		
	(i) A persor	who directly or inc	irectly controls, either alc	ne or together with persons de	escribed in (ii) an	d (iii) below,	Ye	s No
	the gove	rning body of the s	pported organization?				11g(i)	
	(iii) A 35% c	ontrolled entity of a	person described in (i) or	r (li) above?			11g(iii)	
h			about the supported org					
(i) Name	of supported	(ii) EIN		iv) is the organization (v) Did you		Is the ation in col.	(vii) Amoun	it of

(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the organization in col. (i) listed in your governing document?		 (v) Did you notify the organization in col. (i) of your support? 		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
·									
Total									

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

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Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

	edule A (Form 990 or 990-EZ) 2011	<u></u>	- N				Page 2
	art II Support Schedule for						
	(Complete only if you checke fails to qualify under the test				on failed to qualify	under Part III. If the	organization
	· · · ·	s listed below, ple	ase complete Part				
	ction A. Public Support				T	r	
	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
્ 1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		<u> </u>				
2	Tax revenues levied for the organ-						
	ization'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		<u> </u>				
5	The portion of total contributions					Sector and the sector of the	
	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)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for						
	organization, check this box and stop	here	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	,		
Sec	organization, check this box and stop tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2011 (I						%
15	Public support percentage from 2010	Schedule A. Part	II. line 14	(//		15	%
16a	33 1/3% support test - 2011. If the c	rganization did no	t check the box or	line 13, and line	14 is 33 1/3% or r	nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2010. If the o						
	and stop here. The organization quali	-					
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					-	
h	10% -facts-and-circumstances test						
	more, and if the organization meets th						0.0 0
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
		and not oneon a		, 100, 174, 0E 174	•	dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2011

132022 01-24-12

Schedule A (Form 990 or 990-EZ) 2011 OSTEOGENESIS IMPERFECTA FOUNDATION, INC.23-7076021 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

	odon A. Fublic Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,681,957.	2,021,827.	1,836,616.	1,485,571.	1,482,624.	8,508,595.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	6,498.	95,438.	68,736.	70,083.	10,002.	250,757.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513				85,512.	86,348.	171,860.
4	Tax revenues levied for the organ-						
	ization'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	1,688,455.	2,117,265.	1,905,352.	1,641,166.	1,578,974.	8,931,212.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	291,653.	361,511.	337,622.	329,155.	320,154.	1,640,095.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
с	Add lines 7a and 7b	291,653.	361,511.	337,622.	329,155.	320.154.	1,640,095.
	Public support (Subtract line 7c from line 6.)						7,291,117.
Sec	tion B. Total Support						, , ,
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	1,688,455.	2,117,265.	1,905,352.	1,641,166.	1,578,974.	8,931,212.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	65,768.	47,627.	42,201.	44,473.	44,785.	244,854.
	Unrelated business taxable income						<u> </u>
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	65,768.	47,627.	42,201.	44,473.	44,785.	244,854.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,690.					1,690.
13	Total support (Add lines 9, 10c, 11, and 12.)	1,755,913.	2,164,892.	1,947,553.	1,685,639.	1,623,759.	9,177,756.
	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	x year as a sectior	n 501(c)(3) organiza	ation,
	check this box and stop here	- Ourse					
	tion C. Computation of Publi						70 44
	Public support percentage for 2011 (li				ſ	15	79.44 %
Sec	Public support percentage from 2010 tion D. Computation of Inves	tment Income	Percentage	<u></u>		16	77.09 %
	Investment income percentage for 20			a 13, column (f))		17	2.67 %
	Investment income percentage from 2					18	2.90 %
	33 1/3% support tests - 2011. If the e						
њ. •	more than 33 1/3%, check this box an	ia stop nere. The (organization qualifi	es as a publicly su	pported organiza	tion	► 🔀
	33 1/3% support tests - 2010. If the d line 18 is not more than 33 1/3%, check						nd
	line 18 is not more than 33 1/3%, cheo Private foundation. If the organizatior						
	01-24-12		ox on ine 14, 18a	or rab, check thi		edule A (Form 990	
				15	oche	aale A (Fuffii 990	01 990"EZJ 2011

OSTEOGENESIS IMPERFECTA FOUNDATION, INC.

Schedule A

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

23-7076021

2011

	** Do Not File **	
***	Not Open to Public Inspection	***

Payer's Name	2007 Amount	2008 Amount	2009 Amount	2010 Amount	2011 Amount
HENRY AND GILDA					
BUCHBINDER	50,000.	50,000.	50,000.	50,000.	50,000.
CHARITABLE RESEARCH					
FOUNDATION	55,000.	5,000.	10,000.	32,750.	30,000.
PARKER AND CAROL					
FOLSE, III	57,077.	82,876.	75,000.	100,120.	75,000.
KROGER FOOD STORES	109,576.	122,302.	154,406.	98,700.	63,915.
NOVARTIS	00 000	0	0		•
PHARMACEUTICALS CORP	20,000.	0.	0.	0.	0.
QUATTRONE FOUNDATION	ο.	55,000.	0.	0.	0.
ESTATE OF PETER					•
WILMANN	0.	36,333.	0.	0.	0.
DEGNA SPOLDI PRIVATE	о.	10,000.	10,000.	10,000.	10,000.
EICHENBERG-LARSON		•		· · · · · · · · · · · · · · · · · · ·	
CHARITABLE FOUNDATIO	0.	0.	10,000.	10,000.	10,000.
TED & SHARON TRAHAN	0.	0.	4,024.	3,500.	3,644.
MICHAEL & CAREN			4 6 7 4		
LOGUERCIO	0.	0.	1,271.	1,240.	1,405.
BERGMAN FAMILY FOUNDATION	0.	Ο.	7,800.	7,143.	7,143.
DR. ROBERT SANDHAUS	0.	0.	2,500.	5,000.	5,000.
ANTHONY BENISH	0.	0.	850.	1,950.	1,380.
GREG HOLMAN	ο.	ο.	35.	ο.	40.
MR. & MRS. DONALD					
TRAHAN	0.	0.	400.	100.	Ο.
MARK & MARTHA					
BIRDWHISTEL	0.	0.	830.	2,000.	2,085.
MICHAEL LOGUERCIO,			200	0	0
SR. JOHN & CHRISTINE	0.	0.	200.	0.	0.
BENISH	0.	ο.	350.	120.	100.
DR. & MRS. WALTER					T00.
HOLMAN, JR.	0.	ο.	2,500.	25.	125.
JOHN & ELLEN BENISH	0.	0.	1,000.	3,500.	2,500.
ASHLEY CURRY	0.	0.	100.	50.	100.
JEFFREY & ANDREA		-			
STEWART GUILLERMO & NELLY	0.	0.	5,395.	0.	0.
CABACUNGAN, JR.	0.	0.	200.	100.	0.
Total to Schedule A, Part III, Line 7a					

OSTEOGENESIS IMPERFECTA FOUNDATION, INC.

Schedule A Paymer

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

23-7076021

2011

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2007 Amount	2008 Amount	2009 Amount	2010 Amount	2011 Amount
GIL CABACUNGAN, III	0.	ο.	761.	0.	0
BEN BIRDWHISTELL	0.	0.	0.	45.	0.
MICHELLE DUPREY, ESQ.	0.	0.	Ο.	100.	0.
DENISE BEDEIAN	0.	• 0.	0.	265.	0.
IAN SACKS	0.	0.	0.	847.	116.
HELENE SACKS MITCHELL & GERALDINE	0.	0.	0.	100.	0.
SACKS GIL & ALMA	0.	0.	0.	1,500.	1,000.
CABACUNGAN	0.	0.	0.	0.	815.
IRA BIRDWHISTELL	0.	0.	0.	0.	50.
FOUNDATION CAROLYN & JOHN	0.	0.	0.	0.	25,000.
TIPTON	0.	0.	0.	0.	15,000.
KRISTIN ANTOLINI ERNST & GERTRUDE	0.	0.	0.	0.	686.
TICHO CHARITABLE FOU JOE & MARTHA	0	0.	0.	0.	15,000.
ANTOLINI	0.	0.	0.	0.	50.
		-			
		••••••••••••••••••••••••••••••••••••••			
otal to Schedule A, Part III, Line 7a	291,653.	361,511.	337,622.	329,155.	320,154.

123172 05-01-11

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.

OMB No. 1545-0047

Name of the organiza	Employer identification number	
	OSTEOGENESIS IMPERFECTA FOUNDATION, INC.	23-7076021
Organization type(ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 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

Tor an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Schedule E	(Form	990,	990-EZ,	or 990-PF) (2011)
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Page **2**

Employer identification number

23-7076021

OSTEOGENESIS IMPERFECTA FOUNDATION, INC.

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	BENNETT CLAYTON FOUNDATION 40596 RIVER BLUFF LN. ST. PETER, MN 56082	\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BOOZ ALLEN HAMILTON, INC. 8283 GREENSBORO DRIVE MCLEAN, VA 22102	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HENRY/GILDA BUCHBINDER FAMILY FOUNDATION 209 E. LAKE SHORE DR. CHICAGO, IL 60611	\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 THE CHARITABLE & RESEARCH FOUNDATION 3321 SUNSET KEY CIR. STE 704	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II if there
<u>No.</u>	Name, address, and ZIP + 4 <u>THE CHARITABLE & RESEARCH FOUNDATION</u> <u>3321 SUNSET KEY CIR. STE 704</u> <u>PUNTA GORDA, FL 33955</u> (b)	Total contributions \$30,000. (c)	Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d)
No. 4 (a) No.	Name, address, and ZIP + 4 THE CHARITABLE & RESEARCH FOUNDATION 3321 SUNSET KEY CIR. STE 704 PUNTA GORDA, FL 33955 (b) Name, address, and ZIP + 4 CHILDREN'S BRITTLE BONE FOUNDATION 7701 95TH ST.	Total contributions \$ 30,000. (c) Total contributions	Type of contribution Person X Payroll
No. 4 (a) No. 5 (a)	Name, address, and ZIP + 4 THE CHARITABLE & RESEARCH FOUNDATION 3321 SUNSET KEY CIR. STE 704 PUNTA GORDA, FL 33955 (b) Name, address, and ZIP + 4 CHILDREN'S BRITTLE BONE FOUNDATION 7701 95TH ST. (b) (b)	Total contributions \$ 30,000. (c) Total contributions \$ 268,810. (c) (c)	Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d)
No. 4 (a) No. 5 (a) No.	Name, address, and ZIP + 4 THE CHARITABLE & RESEARCH FOUNDATION 3321 SUNSET KEY CIR. STE 704 DUNTA GORDA, FL 33955 (b) Name, address, and ZIP + 4 CHILDREN'S BRITTLE BONE FOUNDATION 7701 95TH ST. KENOSHA, WI 53158 (b) Name, address, and ZIP + 4	Total contributions \$ 30,000. (c) Total contributions \$ 268,810. (c) Total contributions \$ 10,000.	Type of contribution Person X Payroll Noncash Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll X Payroll X Noncash (Complete Part II if there is a noncash contribution.) (Complete Part II if there is a noncash contribution.) (d) Type of contribution

15211207 701392 RC40871

Name of organization

Employer identification number

OSTEOGENESIS IMPERFECTA FOUNDATION, INC.

23-7076021

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 EICHENBERG-LARSON CHARITABLE	Total contributions	Type of contribution
7	FOUNDATION #1 COLLINS ISLAND NEWPORT BEACH, CA 92662	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	ERNST & GERTRUDE TICHO CHARITABLE FOUNDATION		Person X
	P.O. BOX 672	\$ 15,000.	Payroll Noncash
	GLEN ECHO, MD 20812		(Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	PARKER & CAROL FOLSE, III		Person X Payroll
	4895 ROSE AVENUE, NE	\$ 75,000.	Noncash
	BAINBRIDGE ISLAND, WA 98110		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	MR. JAY GOODING		Person X
	7 MILL CREEK LN.	\$5,000.	Payroll Noncash
	MALVERN, PA 19355		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	J. ERIC & LAURA GOULD		Person X
	410 S. HIBISCUS DR.	\$10,000.	Payroll Noncash
	MIAMI, FL 33139		(Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution
12	KROGER FOOD STORES		Person X Payroll
	P.O. BOX 14002, 3631 PETER'S CREEK RD	\$63,915.	
			(Complete Part II if there
	ROANOKE, VA 24038		is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

2011.05010 OSTEOGENESIS IMPERFECTA FOU RC408711

18

Name of o	rganization		Employ	ver identification number
OSTEC	GENESIS IMPERFECTA FOUNDATION, INC.		23	-7076021
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
13	MIRACLE MICHAEL FOUNDATION			Person X
	4823 FESSENEVA LANE	\$25,0	00.	Payroll Noncash
	NAPERVILLE, IL 60564			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
14	BOSTON CHILDREN'S HOSPITAL			Person X
	300 LONGWOOD AVENUE	\$10,0	00.	Payroll Noncash
	BOSTON, MA 02115			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	າຣ	(d) Type of contribution
15	JOHN & CAROLYN TIPTON			Person X
	2237 BANYAN DR.	\$15,0	00.	Payroll Noncash
	LOS ANGELES, CA 90049			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	IS	(d) Type of contribution
16	UNITED WAY OF CENTRAL INDIANA			Person
	3901 N. MERIDIAN ST., P.O. BOX 88409	\$9,5	00.	Payroll X Noncash
	INDIANAPOLIS, IN 46208			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	s	(d) Type of contribution
	BRUCE & DIANE ALBRECHT			Person X
	1283 WHIPPLETREE LN.	\$5,00	00.	Payroll Noncash
	NEENAH, WI 54950			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	s	(d) Type of contribution
18	AMGEN USA			Person X
	ONE AMGEN CENTER DR.	\$8,00		Payroll Noncash
	THOUSAND OAKS, CA 91320			(Complete Part II if there is a noncash contribution.)
123452 01-23	-12	Schedule B	(Form 99	90, 990-EZ, or 990-PF) (2011)

Page 2

v

15211207 701392 RC40871

2011.05010 OSTEOGENESIS IMPERFECTA FOU RC408711

19

Name of organization

OSTEOGENESIS IMPERFECTA FOUNDATION, INC.

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	CLARENCE S. & CLARA E. FRIEDMAN ESTATE 843 REAVIS BARRACKS RD. ST. LOUIS, MO 63125	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	MS. JUDITH CLARKE 808 SUMMERWOOD PL. VICTORIA, BC, CANADA	\$5,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	HAIGHT CONSTRUCTION MANAGEMENT SERVICES 105 WEST FRANKLIN ST. WAXAHACHIE, TX 75165	\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	MRS. ANAT HAIMOVICI 22 SHALLMAR BLVD., APT 811 TORONTO, ON, CANADA	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ILLINOIS TOOL WORKS FOUNDATION 3600 WEST LAKE AVE. GLENVIEW, IL 60026	\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24			Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 90, 990-EZ, or 990-PF) (2011)
	20		

15211207 701392 RC40871

2011.05010 OSTEOGENESIS IMPERFECTA FOU RC408711

Page 2

Employer identification number

Name of organization

Employer identification number

23-7076021

OSTEOGENESIS IMPERFECTA FOUNDATION, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25	INTOUCH SOLUTIONS 10975 BENSTON DR., STE. 200 OVERLAND PARK, KS 66210	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 26</u>	JAMES W. JONES & ELIZABETH W. JONES TRUST 2881 DECATUR DR. HAYES, VA 23072	\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	ALEXION/ENOBIA 245 FIRST STREET, STE. #18 CAMBRIDGE, MA 02142	\$7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name address and ZIP + 4	(C) Total contributions	(d)
(a) No. 28	(b) Name, address, and ZIP + 4 MORGAN STANLEY SMITH BARNEY 1300 THAMES ST. WHARF, 4TH FLOOR BALTIMORE, MD 21231	(c) Total contributions \$8,333.	(d) Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
<u>No.</u>	Name, address, and ZIP + 4 MORGAN STANLEY SMITH BARNEY 1300 THAMES ST. WHARF, 4TH FLOOR	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d)
No.	Name, address, and ZIP + 4 <u>MORGAN STANLEY SMITH BARNEY</u> <u>1300 THAMES ST. WHARF, 4TH FLOOR</u> <u>BALTIMORE, MD 21231</u> (b)	Total contributions	Type of contribution Person X Payroll
No. 28 (a) No.	Name, address, and ZIP + 4 MORGAN STANLEY SMITH BARNEY 1300 THAMES ST. WHARF, 4TH FLOOR BALTIMORE, MD 21231 (b) Name, address, and ZIP + 4 NATIONAL INSTITUTE OF ARTHRITIS-NIAMS 1 AMS CIRCLE	Total contributions \$ 8,333. (c) Total contributions	Type of contribution Person X Payrol! Image: Colspan="2">Image: Colspan="2">Type of contribution (d) Type of contribution Person X Payrol! Image: Colspan="2">Image: Colspan="2" True Colspan="2
No. 28 (a) No. 29 (a)	Name, address, and ZIP + 4 <u>MORGAN STANLEY SMITH BARNEY</u> <u>1300 THAMES ST. WHARF, 4TH FLOOR</u> <u>BALTIMORE, MD 21231</u> (b) Name, address, and ZIP + 4 <u>NATIONAL INSTITUTE OF ARTHRITIS-NIAMS</u> <u>1 AMS CIRCLE</u> <u>BETHESDA, MD 20892</u> (b)	Total contributions \$ 8,333. (c) (c) Total contributions 15,000. (c) (c)	Type of contribution Person X Payroll Image: Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Image: Complete Part II if there is a noncash contribution.) (complete Part II if there is a noncash contribution.) X Payroll Image: Complete Part II if there is a noncash contribution.) (d) Complete Part II if there is a noncash contribution.) X Complete Part II if there is a noncash contribution.)

15211207 701392 RC40871

Name of organization

Employer identification number

OSTEOGENESIS IMPERFECTA FOUNDATION, INC.

× 23-7076021

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	EDWARD & KENDRICK PASCOE 3706 MONTROSE RD. BIRMINGHAM, AL 35213	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	PERMOBIL, INC 300 DUKE DRIVE LEBANON, TN 37090	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	S.C.P.I. CHARITY ASSOCIATION 23005 CECELIA MISSION VIEJO, CA 92691	\$45,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	ROBERT SANDHAUS 5005 W. KING CREST LN. BOW MAR, CO 80123	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	TECHNICAL NEEDS, INC. 18 PELHAM RD. SALEM, NH 03079	\$6,000.	Person X Payroll Noncash (Complete Part !! if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	THE TJX FOUNDATION, INC. 770 COCHITUATE RD. FRAMINGHAM, MA 01701	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
123452 01-23		Schedule B (Form S	990, 990-EZ, or 990-PF) (2011)

15211207 701392 RC40871

2011.05010 OSTEOGENESIS IMPERFECTA FOU RC408711

22

Schedule B (Form 990, 990-E	Z, or 990-PF) (2011)
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Name o	of orgai	nization
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Employer identification number

OSTEOGENESIS IMPERFECTA FOUNDATION, INC.

23-7076021

(a)	Contributors (see instructions). Use duplicate copies of Part I (b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
37	THE TOWERBROOK FOUNDATION 65 EAST 55TH ST., 27TH FLOOR NEW YORK, NY 10022	\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

23

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
		\$	
(a) No. rom art l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Employer identification number

 $\mathbf{24}$

15211207 701392 RC40871

Schedule B (Form 990,	990-EZ, or 990-PF) (2011)
Name of organization	

ime of orgai	lization		Employer identification number	
STEOGI	INESIS IMPERFECTA FO	UNDATION, INC.	23-7076021	
art III	Exclusively religious, charitable, etc., year. Complete columns (a) through (e) a the total of exclusively religious, charitable Use duplicate copies of Part III if addi	individual contributions to section 501(nd the following line entry. For organizat e, etc., contributions of \$1,000 or less fo tional space is needed.	c)(7), (8), or (10) organizations that total more than \$1,000 tor ions completing Part III, enter or the year. (Enter this information once.) \$	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-				
	······			
		(e) Transfer of gi	ft	
	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee	
i) No. rom 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	
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gif		
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee	
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
_ _				
[······································			
		(e) Transfer of gift	t	
	Transferee's name, address,	_	t Relationship of transferor to transferee	

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Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

SCHEDULE C	P	olitical Campaign	and Lobbyir	ng Activities	S	OMB No. 1545-0047
(Form 990 or 990-EZ)	For Or	ganizations Exempt From Incom	e Tax Under section	501(c) and section	527	2011
Department of the Treasury Internal Revenue Service	► Comple	te if the organization is describe	ed below. ► Attach t ate instructions.	o Form 990 or Forn	n 990-EZ.	. Open to Public Inspection
If the organization ansy	vered "Yes" to	Form 990, Part IV, line 3, or For		e 46 (Political Cam	paign Act	ivities), then
		mplete Parts I-A and B. Do not co		o to la onciona outrig	saight / lot	
		501(c)(3)) organizations: Complete		. Do not complete Pr	art I-B.	
 Section 527 organiza 						
If the organization answ	vered "Yes" to	Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, lin	e 47 (Lobbying Act	ivities), th	nen
		have filed Form 5768 (election ur				
		have NOT filed Form 5768 (election				
If the organization answ	vered "Yes" to	Form 990, Part IV, line 5 (Proxy	Tax), or Form 990-E2	, Part V, line 35c (P	roxy Tax)), then
	, or (6) organiza	ations: Complete Part III.				
Name of organization						er identification number
** •• ******* bys ****		INESIS IMPERFECTA				<u>23-7076021</u>
Part - A Comple	te it the or	ganization is exempt unde	er section 501(c)	or is a section (527 org	anization.
	+	zation's direct and indirect politica			κ.	
					▶\$	
3 Volunteer hours	••••••			••••••	····· <u> </u>	
Part I-B Comple	to if the or	ranization is exempt und	r anotion E01/a)	<u></u>		
		ganization is exempt unde				
2 Enter the amount of	any excise tax	incurred by the organization under	er section 4955	•••••	►\$	
2 If the organization in	any excise tax	incurred by organization manage on 4955 tax, did it file Form 4720 f	rs under section 4955	*****	🗖 🕸 🔜	Yes No
b If "Yes," describe in	Part IV			••••••	•••••	Yes No
Part -C Comple	te if the or	ganization is exempt under	er section 501(c).	except section	501(c)(3).
		d by the filing organization for sec		-	► \$	
		nization's funds contributed to oth			φ	
exempt function acti			-		► \$	
		s. Add lines 1 and 2. Enter here ar			· · · ·	·····
			•		▶\$	
4 Did the filing organiz	ation file Form	1120-POL for this year?			·· · · <u>·</u>	Yes No
		nployer identification number (EIN				
		ition listed, enter the amount paid				
contributions receive	ed that were pr	omptly and directly delivered to a	separate political orga	inization, such as a s	separate s	segregated fund or a
political action comn	nittee (PAC). If	additional space is needed, provid	de information in Part I	V		
(a) Name		(b) Address	(c) EIN	(d) Amount paid (from	(e) Amount of political
				filing organizatio		promptly and directly
				funds. If none, ent	er•u•.	delivered to a separate
						political organization.
						If none, enter -0
• <u>,,</u>						
	•					
				ļ		
	-					
A	4					
For Paperwork Reductio	n Act Notice,	see the Instructions for Form 99	10 or 990-EZ.	Sched	ule C (Fo	rm 990 or 990-EZ) 2011

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132041 01-27-12

Schedule C (Form 990 or 990 EZ) 2011 OS Part II-A Complete if the organi	TEOGENES: zation is exe	IS IMPERFECT	TA FOUNDATIC on 501(c)(3) and fi	N, INC 23-7 led Form 5768	076021 Page 2
(election under section		•			
A Check 🕨 🛄 if the filing organization	•	• • • •	n Part IV each affiliated	d group member's nam	ne, address, EIN,
B Check ► ☐ if the filing organization		• •	ovisions apply		,
	n Lobbying Expe	enditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	e public oninion	(grass roots lobbying)			
b Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines					
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (ac	d lines 1c and 1	d)			
f Lobbying nontaxable amount. Enter the	e amount from th	ne following table in bot	th columns.		
if the amount on line 1e, column (a) or (b)	is: The lol	obying nontaxable am	iount is:		
Not over \$500,000	20% of	f the amount on line 1e			
Over \$500,000 but not over \$1,000,000) \$100,0	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500,0	00 \$175,0	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,	000 \$225,0	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000					
g Grassroots nontaxable amount (enter 2		•••••••••••••••••••••••••••••••••••••••			
h Subtract line 1g from line 1a. If zero or	· ·		•••••••		
i Subtract line 1f from line 1c. If zero or k	• •				
j If there is an amount other than zero or		· -		Г	
reporting section 4911 tax for this year				L	Yes No
· · ·	ns that made a s	eraging Period Under section 501(h) election ne instructions for line	n do not have to com		
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

01-27-12

Schedule C (Form 990 or 990-EZ) 2011 OSTEOGENESIS IMPERFECTA FOUNDATION, INC 23-7076021 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

of the lobbying activity. Yes No Amount 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: X X a Volunteers? X X X b Paid staff or management (include compensation in expenses reported on lines 1c through 1)? X X c Media advertisements? X X X d Mailings to members, legislators, or the public? X X X g Drect contact with legislators, their staffs, government officials, or a legislative body? X X 14, 537. g Drect contact with legislators, their staffs, government officials, or a legislative body? X 14, 537. g Drect contact with legislators, their staffs, government officials, or a legislative body? X 14, 537. g Drect contact with legislators, their staffs, government officials, or a legislative body? X 14, 537. g Dret contact with legislators, their staffs, government officials, or a legislative body? X 14, 537. g Did the activities? I 14, 537. <td< th=""><th>For e</th><th>ach "Yes" response to lines 1a through 1I below, provide in Part IV a detailed description</th><th>(</th><th>(a)</th><th>(</th><th>b)</th></td<>	For e	ach "Yes" response to lines 1a through 1I below, provide in Part IV a detailed description	((a)	(b)
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: X a Volunteers? X b Paid staff or management (include compensation in expanses reported on lines to through 11)? X c Media advertisements? X d Mailings to members, legislators, or the public? X g Direct contact with legislators, their staffs, government officials, or a legislative body? X h Ralles, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X i Other activities? X 14,537. 2 Di othe activities to theoroganization to be not described in section 501(c)(3)? X 14,537. 2 Di othe activities in through 11 2 14,537. 2 Di othe activities in the roganization to be not described in section 501(c)(3)? X 14,537. 2 Di othe activities in locured a section 4912 1 1 if 'Yes," enter the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(6), or section 501(c)	of the	lobbying activity.	Yes	No	Am	ount
b Paid staff or management (include compensation in expenses reported on lines 1c through 1!)? X c Media advertisements? X d Mailings to members, legislators, or the public? X e Publications, or published or broadcast statements? X f Grants to other organizations for lobbying purposes? X g Direct contact with legislators, their staffs, government officials, or a legislative body? X h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X i Other activities? X 14, 537. J Total. Add lines 1c through 1i X 14, 537. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? X X b If 'Yes," enter the amount of any tax incurred under section 4912 X 14, 537. c If 'Yes," enter the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(6). X Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes 1 2 2 2 2 2 Did the organization make only inhouse lobbying and political expenditures from the prior year? 3 3 2 Did t	1	local legislation, including any attempt to influence public opinion on a legislative matter				
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Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Vere substantially all (90% or more) dues received nondeductible by members? 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 3 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6), and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 1 a Current year 2a 2a b Carryover from last year 2a 2a c Total 3 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess 3			tetorafaninio tefetinan brand			
501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 2 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 3 2 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 3 3 9 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a 2 Carryover from last year 2a 2a 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess 3			on 501(c)(5), or se	ction	
1 Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 2 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 3 1 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 1 a Current year 2a b Carryover from last year 2b c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess 3	0.10.0010.000.00			K- <i>11</i> ,		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2					Yes	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2	1	Were substantially all (90% or more) dues received nondeductible by members?		1		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 3 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 1 a Current year 2a b Carryover from last year 2b c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess 3						
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 1 a Current year 2a b Carryover from last year 2b c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess 3						
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a a Current year 2a b Carryover from last year 2b c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess 2e		answered "Yes."			III-A, lin	e 3, is
expenses for which the section 527(f) tax was paid). 2a a Current year 2a b Carryover from last year 2b c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess 4				1		
a Current year 2a b Carryover from last year 2b c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess 3			ai			
b Carryover from last year 2b c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess 3						
c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess 3						
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess 3						
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	c			2C		
				3		
does the organization agree to carryover to the reasonable estimate of hondeductible lobbying and political distribution						
expenditure next year?		-		·····		
5 Taxable amount of lobbying and political expenditures (see instructions) 5 Part IV Supplemental Information				5		
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete			d II Ar and	Dort II D. lin		omploto
his part for any additional information.			n II-A; anu	Fan II-D, III	IE T. AISU, C	complete
PART II-B, LINE 1, LOBBYING ACTIVITIES:		•				
THE FOUNDATION ADVOCACY EFFORTS FOCUS ON EDUCATING LEGISLATORS AND	THE	FOUNDATION ADVOCACY EFFORTS FOCUS ON EDUCATING LEG	JISLA	FORS A	ND	
THEIR STAFFS ABOUT OI AND THE PRIORITIES OF THE FOUNDATION IN ADDITION	THE	IR STAFFS ABOUT OI AND THE PRIORITIES OF THE FOUNDA	ATION	IN AD	DITION	1
TO ADVOCATING FOR INCREASED FUNDING FROM THE NATIONAL INSTITUTE OF	го	ADVOCATING FOR INCREASED FUNDING FROM THE NATIONAL	INST	TUTE (OF	
HEALTH (NIH) FOR OI RESEARCH.	IEA	LTH (NIH) FOR OI RESEARCH.				

132043 01-27-12

Schedule C (Form 990 or 990-EZ) 2011

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.



Name of the organization OSTEOGENESIS IMPERFECTA FOUNDATION, INC	Employer identification number 23-7076021
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds	or Accounts. Complete if the
organization answered "Yes" to Form 990, Part IV, line 6.	
(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	
2 Aggregate contributions to (during year)	
3 Aggregate grants from (during year)	·····
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advise	ed funds
are the organization's property, subject to the organization's exclusive legal control?	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be u	used only
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose of	conferring
impermissible private benefit?	
Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Pa	art IV. líne 7.
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
	orically important land area
Protection of natural habitat	
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form or	f a concentration approximant on the last
day of the tax year.	r a conservation easement on the last
	Held at the End of the Tax Yea
a Total number of conservation easements	
 b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 	<u>2b</u>
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	2c
listed in the National Register	
 a Number of conservation easements modified, transferred, released, extinguished, or terminated by the conservation easements modified. 	2d
year	organization during the tax
 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 concernation economics is helded.	
 violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring inspecting, and enforcing conservation easements due 	
and an arrest the mention of the beaution of the base	
in the second seco	ne year ▶ \$
above satisfy the requirements of section 170(n)	
and section 170(h)(4)(B)(ii)?	Yes II No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense s	tatement, and balance sheet, and
include, if applicable, the text of the footnote to the organization's financial statements that describes th	e organization's accounting for
conservation easements. Part III Organizations Maintaining Collections of Art. Historical Treasures, or Oth	
	ier Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue stateme	
historical treasures, or other similar assets held for public exhibition, education, or research in furtheranc	e of public service, províde, in Part XIV,
the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement a	nd balance sheet works of art, historica
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	c service, provide the following amount
relating to these items:	
(i) Revenues included in Form 990, Part VIII, line 1	> \$
(II) Assets included in Form 990, Part X	🕨 \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial g	jain, provide
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$
HA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 2051 -23-12	Schedule D (Form 990) 20

	edule D (Form 990) 2011 OSTEOGI	ENESIS IMPE	RFECT	A FOUNDA	ATION, 1	INC.	23 - 70	7602	1 Page 2
Pa	rt III Organizations Maintaining	Collections of A	rt, Histo	rical Treasu	ures, or Oth	ner Simil	ar Asse	ts (conti	nued)
3	Using the organization's acquisition, access	sion, and other recor	ds, check a	ny of the follow	ving that are a	significant	use of its	collectior	n items
	(check all that apply):								
а	Public exhibition	(al 🛄 Lo	an or exchange	e programs				
b	Scholarly research	6	∍ ∟l Oti	ner					
С	Preservation for future generations								
4	Provide a description of the organization's of	ollections and expla	in how they	further the org	janization's ex	empt purp	ose in Par	t XIV.	
5	During the year, did the organization solicit	or receive donations	of art, histo	orical treasures	, or other simil	ar assets			
	to be sold to raise funds rather than to be m	aintained as part of	the organiz	ation's collection	on?			Yes	
Pa	TIV Escrow and Custodial Arrar	ngements. Compl	ete if the or	ganization ans	wered "Yes" t	o Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custo	lian or other interme	diary for co	ntributions or o	ther assets no	t included			
	on Form 990, Part X?							Yes	No No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing tab	le:					
							1	Amount	
С	Beginning balance	*****				1c			
ď	Additions during the year								
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Yes	No
b	If "Yes," explain the arrangement in Part XIV	•							
Pai	Endowment Funds. Complete	if the organization ar	swered "Ye	es" to Form 990	0, Part iV, line	10.	•		
		(a) Current year	(b) Prior	year (c) ⊺	wo years back	(d) Three y	/ears back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions							r- italiai	
	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								intuitiin duulii
f	Administrative expenses								
	End of year balance								
	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, c	olumn (a)) helo	as:				
а	Board designated or quasi-endowment 🕨		%						
b	Permanent endowment	%	-						
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c shot	Ild equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that a	re held and adr	ninistered for 1	the organiz	ation		
	by:								es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule	R?				3b	
4	Describe in Part XIV the intended uses of the	organization's endo	wment fund	ds.					
Par	VI Land, Buildings, and Equipm	ient. See Form 990	, Part X, lin	ə 10.					
	Description of property	(a) Cost or ot		(b) Cost or oth	er (c) A	ccumulate	d	(d) Book	value
		basis (investr	nent)	basis (other)		preclation			
1a	Land								
b	Buildings		- 1		······································				
С	Leasehold improvements	· · · · ·							
	Equipment			62,3	37.	44,17	79.	18	,158.
	Other			77,5		60,97			,558.
	Add lines 1a through 1e. (Column (d) must e		X, column (i						,716.
		•				S	chedule		, 990) 2011

Schedule D (Form 990) 2011 OSTEOGENE	SIS IMPERFECTA	FOUNDATION,	INC.	23-7076021
Part VII Investments - Other Securities.	See Form 990, Part X, line	12.		
 (a) Description of security or category (including name of security) 	(b) Book value		(c) Method c : or end-of-ye	of valuation: Par market value
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				·····
(A)				
(B)				· · · · · ·
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
()				
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)	►			
Part VIII Investments - Program Related	See Form 990, Part X, line			
(a) Description of investment type	(b) Book value		c) Method o or end-of-ye	f valuation: ar market value
(1)				
(2)				· · · · · · · · · · · · · · · · · · ·
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) ► Art X Other Assets, See Form 990, Part X li	▶		, desidenter i	
	(a) Description			(b) Book valu
(1)				
(2)				
(3)	·····			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			··	
(9) (10)			·····	
(9) (10) tal. (Column (b) must equal Form 990, Part X, col (B) I	ine 15.)	·····		
(9) (10) tal. (Column (b) must equal Form 990, Part X, col (B) I art X Other Liabilities. See Form 990, Part	ine 15.) X, line 25.			
(9) (10) tal. (Column (b) must equal Form 990, Part X, col (B) I art X Other Liabilities. See Form 990, Part (a) Description of liability	ine 15.) X, line 25.	(b) Book value		
(9) (10) tal. (Column (b) must equal Form 990, Part X, col (B) I art X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes	ine 15.) X, line 25.			
(9) (10) tal. (Column (b) must equal Form 990, Part X, col (B) I art X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT	ine 15.) X, line 25.	(b) Book value 7 , 865 .		
(9) (10) tal. (Column (b) must equal Form 990, Part X, col (B) li art X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3)	ine 15.) X, line 25.			
(9) (10) tal. (Column (b) must equal Form 990, Part X, col (B) li art X Other Liabilities. See Form 990, Part I (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4)	ine 15.) X, line 25.			
(9) 10) tal. (Column (b) must equal Form 990, Part X, col (B) li art X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5)	ine 15.) X, line 25.			
(9) 10) tal. (Column (b) must equal Form 990, Part X, col (B) I art X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6)	ine 15.) X, line 25.			
(9) (10) tal. (Column (b) must equal Form 990, Part X, col (B) II art X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7)	ine 15.) X, line 25.			
(9) (10) tal. (Column (b) must equal Form 990, Part X, col (B) li art X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7) (8)	ine 15.) X, line 25.			
 (9) (10) tal. (Column (b) must equal Form 990, Part X, col (B) li art X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7) (8) (9) 	ine 15.) X, line 25.			
(9) (10) tal. (Column (b) must equal Form 990, Part X, col (B) li art X Other Liabilities. See Form 990, Part . (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7) (8) (9) 10)	ine 15.) X, line 25.			
(9) (10) tal. (Column (b) must equal Form 990, Part X, col (B) li art X Other Liabilities. See Form 990, Part . (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7) (8) (9) 10) 11)	X, line 25.	7,865.		
(9) (10) tal. (Column (b) must equal Form 990, Part X, col (B) li art X Other Liabilities. See Form 990, Part . (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7) (8) (9) 10)	X, line 25.	7,865.		

	dule D (Form 990) 2011 OSTEOGENESIS IMPERFECTA FO		ION, IN		<u>23-7</u>	076021	Page 4
					ment		200
1	Total revenue (Form 990, Part VIII, column (A), line 12)	•••••				1,558	
2	Total expenses (Form 990, Part IX, column (A), line 25)					1,464	
3	Excess or (deficit) for the year. Subtract line 2 from line 1						,440.
4	Net unrealized gains (losses) on investments		4			-38	,242.
5	Donated services and use of facilities		5				
6	Investment expenses		6				
7	Prior period adjustments		7	-			
8	Other (Describe in Part XIV)	••••••••••••	8	***			
9	Other (Describe in Part XIV.)	••••••	·····	-		_ 20	,242.
10	Total adjustments (net). Add lines 4 through 8		9				198
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue	per R	eturn		
1	Total revenue, gains, and other support per audited financial statements				1	1,620,	449
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•••••••				1,020,	, 11, 1
			20	242			
a	Net unrealized gains on investments	2a	-38,				
b	Donated services and use of facilities	2b	<u> </u>	015.			
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d	86,	348.			
e	Add lines 2a through 2d				2e	62,	121.
3	Subtract line 2e from line 1				3	1,558,	328.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
	Other (Describe in Part XIV.)				11.21.21.11		
							0
	Add lines 4a and 4b	•••••		J	4c	1	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	1,558,	328.
	XIII Reconciliation of Expenses per Audited Financial Stateme				Retur		
1	Total expenses and losses per audited financial statements				1	1,565,	251.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a	14,	015.			
	Prior year adjustments	2b					
	Other losses	20		0			
	Other (Describe in Part XIV.)		86	348.			
			•			100	262
~	Add lines 2a through 2d				2e		363.
3	Subtract line 2e from line 1	·····			3	1,464,	888.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			10.01			
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a		*49475			
b	Other (Describe in Part XIV.)	4b		11111			
С	Add lines 4a and 4b				4c		Ο.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	1,464,	888.
	XIV Supplemental Information				<u> </u>		
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lince 1e ar	ad A: Part IV	lines th	and Oh	Dort) (line (1. Dout
Y line	2: Part VI, line 3: Part VI, lines 2d and 4b, and Part VII, lines 2d and 4b. Alar sources	11165 1d di	iu ⊶, ⊢aitiv,		anu zu	, mart v, ime -	i, Pan
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple	ete this pai	rt to provide	any addi	tional ir	ntormation.	
- 11/	T X, LINE 2: THE FOUNDATION HAS NO UNCERTA	TA.	V LOPT.	LTONS	> T.H.	AT.	
OTT7							~
QUA	LIFY FOR EITHER RECOGNITION OR DISCLOSURE	IN TH	E FINAI	ICIAI	J ST.	ATEMENT	S,
AND	NO INTEREST AND PENALITIES HAVE BEEN RECO	RDED :	IN THE	ACCO	MPA	NYING	
FIN	ANCIAL STATEMENTS RELATED TO UNCERTAIN TAX	POSI	TIONS.				
						<u> </u>	
סאס							
PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:						
a						_	
SPE(CIAL EVENT EXPENSES					86,	348.
				s	chedul	e D (Form 99	0) 2011
132054						. –	-

PART XIII, LINE 2D -		
PECIAL EVENT EXPENSE	18	86,348
	·	
••••••••••••••••••••••••••••••••••••••	· · · · · · · · · · · · · · · · · · ·	
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255 33-12		Schedule D (Form 990) 20

SCHEDULE F (Form 990)			Complete if the	IVITIES OUTSIDE THE UN e organization answered "Yes" to For Part IV, line 14b, 15, or 16.			2011
Department of the Treasury Internal Revenue Service				orm 990. See separate instructio	ns.		Open to Public Inspection
Name of the organizat	ion					Employer identi	fication number
OSTEOGENESI	S TM	PERFECTA	FOINDAT	TON INC.		23-70760	21
				tside the United States. Complete	ete if the orgar		
		t IV, line 14b.		•			
1 For grantmaker	r s. Does aibility f	the organization	n maintain recor	ds to substantiate the amount of its gra the selection criteria used to award the	ants and other	assistance,	Yes 🛄 No
the grantees en	gionity it	or the grants or a	assistance, and		grants of ass		
	r s. Desc	ribe in Part V the	ə organization's	procedures for monitoring the use of its	s grants and o	ther assistance ou	tside the
United States. 3 Activities per Re	aion (Ti	he foliowing Par	t L line 3 table ca	an be duplicated if additional space is r	peeded)		
(a) Region	gion. (n	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If acti	/ity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (e.g., fundraising, program		gram service,	expenditures for and
		in the region	employees, agents, and independent contractors	services, investments, grants to recipients located in the region)		specific type e(s) in region	investments in region
			in region				
3 a Sub-total		0	0				ō.
b Total from continue	nuation						
sheets to Part I		0	0				0.
c Totals (add lines and 3b)	, 3 8	、 0	0				0.

Statement of Activities Outside the United States

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

Schedule F (Form 990) 2011

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OMB No. 1545-0047

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and 3b)

SCHEDULE F
Part latents of updations of a constrainty Matter of a constrainty Matter of a constrainty Matter of a constrainty (d) Name of organization (d) Name of constrainty (d) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e) Name of constrainty (e	ent who received more than \$5.00	0. Check this hox if n	recipient who received more than \$5.000. Check this hox if no one recipient received more than \$5.000. Check this hox if no one recipient were than \$5.000.	then &£ 000	ganization answered	1 "Yes" to Form	990, Part IV, line 15, for	
(D) INS code section (O) Region (D) Description and E1N (if applicable) (O) Region (D) Description and E1N (if applicable) (D) Region (D) Description and E1N (if applicable) (D) Region (D) Description and E1N (if applicable) (D) Region (D) Description and ENN (if applicable) (D) ENN (if applicable) (D) Description and ENN (if applicable) (D) ENN (if applicable) (D) Description and ENN (if applicable) (D) ENN (if applicable) (D) Description and ENN (if applicable) (D) Description (D) Description and ENN (if applicable) (D) Description (D) Description and (if applic	duplicated if additional sp	ace is needed.						×
A/N.O		(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RTH AMERICA	MEDICAL RESEARCH	10,000.	CHECK	0	4/8	م/ N
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	Enter total number of recipient organizations listed the IRS, or for which the grantee or counsel has pro Enter total number of other organizations or entities	isted above that are r as provided a sectior nitities	ecognized as charities by the 501(c)(3) equivalency letter	foreign country, r	ecognized as taxes	empt by		

01-23-12

Page 3		(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2011
	(, line 16.	(g) Description of non-cash assistance						Schedu
23-7076021	to Form 990, Part IV	(f) Amount of non-cash assistance						
IMPERFECTA FOUNDATION, INC. 2	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.	(e) Manner of cash disbursement						
PA FOUNDA	l tes. Complete if ti	(d) Amount of cash grant						
IMPERFEC	le the United Sta ed.	c) Number of recipients						
OSTEOGENESIS	to Individuals Outsic litional space is neede	(b) Region						
	Part III Grants and Other Assistance to Individuals Outside Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance				·		

01-23-12

Schedule F (Form 990) 2011 OSTEOGENESIS IMPERFECTA FOUNDATION, INC. 23-7076021 Page 4 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.</i> (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2011

132074 01-23-12

Schedule F (Form 990) 2011 OSTEOGENESIS IMPERFECTA FOUNDATION Part V Supplemental Information	
Complete this part to provide the information required by Part I, line 2 (monitoring of fun amounts of investments vs. expenditures per region); Part II, line 1 (accounting method) (c) (estimated number of recipients), as applicable. Also complete this part to provide an	Part III (accounting method); and Part III, column
SCHEDULE F, PART I, LINE 2: THE FOUNDATION RECEIVE	S REPORTS FROM THE
GRANTEE LISTING THE AMOUNTS THAT HAVE BEEN SPENT OF	N GRANT RESEARCH. ONCE
THE SPENDING REPORTS ARE APPROVED BY THE FOUNDATION	N, THE GRANTEE WILL
RECEIVE THE AWARDED FUNDS.	
······································	
132075 01-23-12	Schedule F (Form 990) 2011

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SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury	
Internal Revenue Service	

Supplemental Information Regarding Fundraising or Gaming Activities

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

	2011
r 19,	Open To Public Inspection
Employer	identification number

23-7076021

OMB No. 1545-0047

Name of the organization

OSTEOGENESIS IMPERFECTA FOUNDATION, INC.

Part I required to complete this part	 Complete if the organization answer t. 	ered "	Yes" ti	o Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, P b if "Yes," list the ten highest paid ind compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entitles (fundraisers) purs	tion of tion of fundra (inclu rofess	non-g gover aising ding o	overnment grants mment grants events fficers, directors, tru fundraising services?	stees or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	Did raiser ustody ntrol of utions?	(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
		Yes	No			
				· · ·		,
· · · · · · · · · · · · · · · · · · ·						
Total						
 List all states in which the organization or licensing. 			utions	or has been notified	l it is exempt from re	egistration
······					· · · · · · · · · · · · ·	

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

Schedule G (Form 990 or 990-EZ) 2011

132081 01-23-12

Schedule G (Form 990 or 990-EZ) 2011 OSTEOGENESIS IMPERFECTA FOUNDATION, INC.23-7076021 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and cross income on Form 990-EZ lines 1 and 6b List events with cross receipts greater than \$5,000.

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, III les Tanu ob. List		13 greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF	WINE		(add col. (a) through
			TOURNAMENT	FESTIVAL	16	col. (c))
đ			(event type)	(event type)	(total number)	001. (0)
'nu						
Revenue	1	Gross receipts	68,690.	53,166.	373,852.	495,708.
œ						
	2	Less: Charitable contributions	68,690.	53,166.	287,504.	409,360.
	3	Gross income (line 1 minus line 2)			86,348.	86,348.
	4	Cash prizes			and the second sec	
s S	5	Noncash prizes				
nse						
xpe	6	Rent/facility costs				
して						
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses			86,348.	86,348.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	(86,348,
		Net income summary. Combine line 3, colum	<u>n (d), and line 10</u>			0.
Pa	rti		answered "Yes" to Form	1 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			(0.27)
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billgo/progressive billgo		col. (a) through col. (c))
Rev						
	1	Gross revenue				
					:	
ses	2	Cash prizes				
ens	_					
Exp	3	Noncash prizes				
Direct Expenses						
Dire	4	Rent/facility costs				
	_	Other divert evenence				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	~	Velusteerleber		Yes ²⁰	□ No //	
	6	Volunteer labor				
	7	Direct expense summary. Add lines 2 through	a 5 in column (d)		►	(
	1	Direct expense summary. Add lines 2 through		••••••		<u> </u>
	8	Net gaming income summary. Combine line 1	L column d, and line 7		▶	
	0	Het gaming moente aanmary. Contente me				
9	Enf	ter the state(s) in which the organization opera	tes caming activities:			
		he organization licensed to operate gaming ac		states?		Yes No
		No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax	/ear?	Yes No
		Yes," explain:				
	_					
	-					
1000		1-23-12			Schedule G (For	m 990 or 990-EZ) 2011

11 Does t 12 Is the	(Form 990 or 990-EZ) 2011 OSTEOGENESIS IMPERFECTA FOUNDATION, INC.23-7			Page
12 Is the	he organization operate gaming activities with nonmembers?		Yes	
	prganization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
to adm	inister charitable gaming?		Yes	
13 Indicat	e the percentage of gaming activity operated in:			
a The or	janization's facility	13a		
b An out	side facility	13b		
14 Entert	he name and address of the person who prepares the organization's gaming/special events books and records:			
Name				
Addres	s 🕨			
15a Does ti	ne organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	
b If "Yes	" enter the amount of gaming revenue received by the organization \blacktriangleright \$ and the amount			
of gam	ng revenue retained by the third party ►\$			
	enter name and address of the third party:			
Name				
Addres	5 •			
16 Gaming	manager information:			
Name	×			
Gamino	manager compensation 🕨 \$			
Descrin	tion of services provided 🕨			
	Director/officer Employee Independent contractor			
	Director/officer Employee Independent contractor			
17 Mandat	ory distributions:			
17 Mandat a Is the o	ory distributions: ganization required under state law to make charitable distributions from the gaming proceeds to	· ,	Vac	[] N
17 Mandat a Is the or retain th	ory distributions: ganization required under state law to make charitable distributions from the gaming proceeds to le state gaming license?	,	Yes	[] N
 Mandat a Is the or retain the b Enter the 	ory distributions: ganization required under state law to make charitable distributions from the gaming proceeds to le state gaming license? e amount of distributions required under state law to be distributed to other exempt organizations or spent in the	,	Yes	— N
17 Mandat a Is the o retain th b Enter th organiza	ory distributions: ganization required under state law to make charitable distributions from the gaming proceeds to e state gaming license? e amount of distributions required under state law to be distributed to other exempt organizations or spent in the ation's own exempt activities during the tax year > \$			
17 Mandat a Is the o retain th b Enter th organiza	ory distributions: ganization required under state law to make charitable distributions from the gaming proceeds to the state gaming license? e amount of distributions required under state law to be distributed to other exempt organizations or spent in the tion's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) a	and (v)	, and I	Part III.
17 Mandat a Is the o retain th b Enter th organiza	ory distributions: ganization required under state law to make charitable distributions from the gaming proceeds to e state gaming license? e amount of distributions required under state law to be distributed to other exempt organizations or spent in the ation's own exempt activities during the tax year > \$	and (v)	, and I	Part III,
17 Mandat a Is the o retain th b Enter th organiza	ory distributions: ganization required under state law to make charitable distributions from the gaming proceeds to the state gaming license? e amount of distributions required under state law to be distributed to other exempt organizations or spent in the tion's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) a	and (v)	, and I	Part III,
17 Mandat a Is the o retain th b Enter th organiza	ory distributions: ganization required under state law to make charitable distributions from the gaming proceeds to the state gaming license? e amount of distributions required under state law to be distributed to other exempt organizations or spent in the tion's own exempt activities during the tax year ▶ \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) a	and (v)	, and I	Part III,
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41 15211207 701392 RC40871 2011.05010 OSTEOGENESIS IMPERFECTA FOU RC408711

SCHEDULE I (Form 990)		Grants and Government	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	e to Organizations in the United Stai	is set of the set of t		OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service	Comp	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990.	n answered "Yes" to Fo Attach to Form 990.	' to Form 990, Par n 990.	t IV, line 21 or 22.		Open to Public Inspection	
Name of the organization OSTEOGENESIS IMPE DateIN General Information on Grants and Assistance	ENESIS IMPEF	IMPERFECTA FOUND stance	FOUNDATION, INC.	5			Employer identification number 23-7076021	
lo 🗄	ords to substantiate th	ie amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	1's procedures for mon	itoring the use of grant	funds in the United	d States.			Aes No	
Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	ce to Governments an	d Organizations in the	e United States. C	omplete if the orga	trization answered [∗] Y	es" to Form 990, Part	IV, line 21, for any	
<th colspon<="" td=""><td>tinan \$5,000. Check thi</td><td>s box if no one recipien (c) IRC section if applicable</td><td>it received more th (d) Amount of cash grant</td><td>an \$5,000. Part II (e) Amount of non-cash assistance</td><td>can be duplicated if a (f) Method of valuation (book, FMV, appraisal, other)</td><td>dditional space is nee (g) Description of non-cash assistance</td><td>ded (h) Purpose of grant or assistance</td></th>	<td>tinan \$5,000. Check thi</td> <td>s box if no one recipien (c) IRC section if applicable</td> <td>it received more th (d) Amount of cash grant</td> <td>an \$5,000. Part II (e) Amount of non-cash assistance</td> <td>can be duplicated if a (f) Method of valuation (book, FMV, appraisal, other)</td> <td>dditional space is nee (g) Description of non-cash assistance</td> <td>ded (h) Purpose of grant or assistance</td>	tinan \$5,000. Check thi	s box if no one recipien (c) IRC section if applicable	it received more th (d) Amount of cash grant	an \$5,000. Part II (e) Amount of non-cash assistance	can be duplicated if a (f) Method of valuation (book, FMV, appraisal, other)	dditional space is nee (g) Description of non-cash assistance	ded (h) Purpose of grant or assistance
SHRINERS HOSPITAL FOR CHILDREN 2111 N OAK PARK AVENUE CHICAGO, IL 60707	04-2121377	501C3	10,000.	.0			LINKED CLINICAL RESEARCH CENTER GRANT	
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	50103	50,000.	0.			RESEARCH GRANT	
UNIVERSITY OF WASHINGTON BOX 357470 SEATTLE, WA 98195-7470	91-1486484	501.C3	50,000.	°			RESEARCH GRANT	
KENNEDY KRIEGER INSTITUTE 707 N. BROADWAY BALTIMORE, MD 21205	52-1524965	501C3	35,000.	0.				
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501C3	10,000.	0.			LINKED CLINICAL RESEARCH CENTER GRANT	
 Enter total number of section 501 (c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table)(3) and government or ations listed in the line	rganizations listed in the 1 table	e line 1 table					
LHA For Paperwork Reduction Act Notice, see the Instructions for For	otice, see the Instruct	tions for Form 990,					Schedule I (Form 990) (2011)	

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Schedule I (Form 990) (2011) OSTEOGENESIS IMPERFECTA FOUNDATION,	IPERFECT/	FOUNDATIC	N, INC.		23-7076021 Page 2
Part III can be duplicated if additional space is needed.	lited States. Col	mplete if the organiz	ation answered "Yes"	to Form 990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ACCESSIBLE VANS PROVIDED TO INDIVIDUALS WITH OSTEOGENESIS IMPERFECTA.	E.	0	36,964.	FAIR MARKET VALUE	VANS
ADAPTIVE DRIVING GRANTS PROVIDED TO INDIVIDUALS WITH OSTEOGENESIS IMPERFECTA.		0	2,764.	FAIR MARKET VALUE	VEHICLE MODIFICATIONS INCLUDING LIFTS AND PEDAL EXTENSIONS
WHEELCHAIR RAMP PROVIDED TO INDIVIDUALS WITH OSTEOGENESIS IMPERFECTA		°	15,000.5	FAIR MARKET VALUE	WHEELCHAIR RAMP
DENTAL PROCEDURES PROVIDED TO INDIVIDUALS WITH OSTEOGENESIS IMPERFECTA.	ŝ	0	10,815.	FAIR MARKET VALUE	DENTAL PROCEDURES DUE TO THE EFFECTS OF OI
		0	7,500. F	7,500.FAIR MARKET VALUE	HOME MODICATIONS TO MAKE ENTRY TO THE HOME AND ROOMS MORE ACCESSIBLE
Battly Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the informatic	<u>n required in Part I, I</u>	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: AFTER	THE GRANT	T IS AWARDED,	THE	GRANTEE HAS TO	
SEND IN A LISTING OF EXPENDITURES	ONCE INC	INCURRED. TH	THIS LIST OF	EXPENSES IS	
REVIEWED AND COMPARED TO OTHER SIM	SIMILAR GRA	GRANTS AND TH	THEIR EXPENDITURES	TURES BEFORE	
THE MONEY IS ISSUED TO THE GRANTEE					
132102 01-27-12		43		-	Schedule I (Form 990) (2011)

Schedule I (Form 990) OSTEOGENESIS IMPERFECTA FOUNDATION, INC. Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)	IMPERFECTA lividuals in the Unite	FOUNDATION, ed States (Schedule I (F	N, INC.	(1	23-7076021 Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ADAPTIVE RQUIPMENT PROVIDED TO INDIVIDUALS WITH OSTEOGENESIS IMPERFECTA.	8.	0	34 , 646 .	FAIR MARKET VALUE	ACCESSIBLITY AIDS AND ADAFTIVE TECHNOLOGY SUCH AS HEARING AIDS AND COMPUTERS
WHEELCHAIRS AND WALKERS PROVIDED TO INDIVIDUALS WITH OSTEOGENESIS IMPERFECTA.	7.	0	32,632.	FAIR MARKET VALUE	WHEELCHAIRS AND WALKERS
TRAVEL TO ATTEND OI CONFERENCE FOR INDIVIDUALS WITH OSTEOGENESIS IMPERFECTA.	1.	.0		1,000.FAIR MARKET VALUE	TRAVEL EXPENSES
TRAVEL AND CONSULTATION WITH MEDICAL EXPERTS FOR INDIVIDUALS WITH OSTEOGENESIS IMPERFECTA.	•	0.	`` ب	000.FAIR MARKET VALUE	TRAVEL EXPENSES
					Schedule I (Form 990)

132242 05-01-11

44

SCHEDULE L

Department of the Treasury Internal Revenue Service

Part

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ. Part V. line 38a or 40b

	or i	
►	Attach to Form 990 or Form 990-EZ. See separate instructions.	

i	2011
	Open To Public Inspection
Employer	identification number

OMB No. 1545-0047

Name of the organization

OSTEOGENESIS IMPERFECTA FOUNDATION, INC.

23-7076021

L

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disgualified person	(b) Description of transaction		rected?
	(a) Name of disqualitied person	(b) Description of transaction	Yes	No
		·····		
2	Enter the amount of tax imposed on the organization managers	or disqualified persons during the year under		
	section 4958	> \$		
3	Enter the amount of tax, if any, on line 2, above, reimbursed by	the organization		

Loans to and/or From Interested Persons. Part I

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan the orga	to or from anization?	(c) Original principal amount	(d) Balance due	(e) defa) In ault?	(f) App by bo comm	oroved ard or ittee?	(g) W agree	/ritten ment%
·····	То	From		<u></u>	Yes	No	Yes	No	Yes	No
			-			[
· · · · · · · · · · · · · · · · · · ·										
	· · · · ·	<u> </u>								
			▶ \$							

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
		· · · · · · · · · · · · · · · · · · ·

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

Schedule L (Form 990 or 990-EZ) 2011

132131 01-19-12

	"Yes" on Form 990, Part IV, line 28a,	28b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	zatior
FRANCIS GLORIEUX, M.D. PH.	MEDICAL ADVISORY CI	1 10 000	LCRC-AWARDE	Yes	No V
Marcio Glorinox, M.D. FII.	MEDICAL ADVISORI CI	ч <u>т</u> 0,000.	LCRC-AWARDE		X
			·····		
	······································				
		1			
Part V Supplemental Information Complete this part to provide additional	information for responses to questio	ns on Schedule L (see	instructions).		
CH L, PART IV, BUSINESS TH					
A) NAME OF INTERESTED PERS	SON:				
RANCIS GLORIEUX, M.D. PH.I	O. SHRINERS HOSPIT	AL MONTREAL			
B) RELATIONSHIP BETWEEN IN	TERESTED PERSON AN	D ORGANIZAT	ION:		
EDICAL ADVISORY CHAIR					
·					

2011.05010 OSTEOGENESIS IMPERFECTA FOU RC408711

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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.	-EZ
Name of the organization	OSTEOGENESIS IMPERFECTA FOUNDATION, INC.	Employer identification number 23-7076021
FORM 990, PAR	T I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
THROUGH RESEA	RCH TO FIND TREATMENTS AND A CURE, EDUCATION	, AWARENESS
AND MUTUAL SU	PPORT. THERE ARE AT LEAST FOUR DISTINCT FORM	MS OF
OSTEOGENESIS	IMPERFECTA REPRESENTING EXTREME VARIATIONS IN	N SEVERITY AND
AFFECTING 20,	000 TO 40,000 PEOPLE IN THE UNITED STATES. 1	MEETING LCRC
ENROLLMENT GO.	ALS, IMPLEMENTING THE ADULT NATURAL HISTORY	INITIATIVE
STUDY, INCREA	SING ADVOCACY FOR OSTEOGENESIS IMPERFECTA, AN	ND RESPONDING
TO A RECORD N	JMBER OF INQUIRIES THROUGH OUR WEBSITE AND SC	OCIAL MEDIA
ARE AMONG THE	SIGNIFICANT 2012 FISCAL YEAR ACTIVITIES.	

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

THE FOUNDATION, IN PARTNERSHIP WITH THE CHILDREN® BRITTLE BONE FOUNDATION (CBBF), SUPPORTS THE LINKED CLINICAL RESEARCH CENTERS (LCRC) PROJECT. THIS WORK REPRESENTS A LONG-TERM COMMITMENT TO DEVELOPING EVIDENCE-BASED TREATMENTS FOR OI ACROSS THE ENTIRE LIFESPAN AND INSPIRING CLINICAL CARE RESEARCH. AT THIS TIME, FIVE CENTERS ARE IN OPERATION IN THE UNITED STATES AND CANADA. ALL CONTRIBUTE INFORMATION TO THE CENTRAL DATA MANAGEMENT SYSTEM. A REGISTRY OF PEOPLE WITH OI IS PART OF THIS PROJECT.

THE ADULT HEALTH INITIATIVE IS ANOTHER RESEARCH ACTIVITY OF THE OI FOUNDATION. A SURVEY OF ADULTS WITH OI WAS CONDUCTED IN 2011. FOLLOW UP ACTIVITIES INCLUDED PRESENTATIONS AT THE 2012 OIF SCIENCE MEETING. THIS IS AN ONGOING PROJECT WITH THE GOAL OF DEVELOPING CARE GUIDELINES FOR ADULTS WHO HAVE OI.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) ¹³²²¹¹ ⁰¹⁻²³⁻¹² 4.7

2011.05010 OSTEOGENESIS IMPERFECTA FOU RC408711

Schedule O (Form 990 or 9	90-EZ) (2011)				Page 2
Name of the organization					Employer identification number
-	OSTEOGENESIS	IMPERFECTA	FOUNDATION,	INC.	23-7076021

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: SCHOOL PROFESSIONALS. ON AVERAGE, 25,000 PEOPLE USE THE WEBSITE EACH MONTH. FOUNDATION STAFF AND VOLUNTEERS RESPOND TO MORE THAN 6,500 DIRECT INQUIRIES A YEAR. INFORMATION FROM THESE CONTACTS IS USED TO ASSESS THE NEED FOR NEW RESOURCES.

THE FOUNDATION SPONSORS A NETWORK OF SUPPORT GROUPS ACROSS THE UNITED SUPPORT GROUP ACTIVITIES PROVIDE OPPORTUNITIES FOR MUTUAL STATES. SUPPORT, AND INCREASED COMMUNITY AWARENESS. CURRENTLY, THERE ARE 41 ACTIVE GROUPS IN 32 STATES. IN ADDITION 24 VOLUNTEER RESOURCE PEOPLE ARE ACTIVE IN 18 STATES

IN 2009 THE FOUNDATION FORMED A PARTNERSHIP WITH THE CHILDRENS BRITTLE BONE FOUNDATION (CBBF) TO IMPLEMENT THE IMPACT GRANT PROGRAM. IT IS DESIGNED 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. THE FOUNDATION AND CBBF WILL CONTINUE THE PARTNERSHIP AND HAVE AGREED TO FUND ANOTHER ROUND OF GRANTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: THE FOUNDATION IS COMMITTED TO ADVOCATING ON BEHALF OF PEOPLE WITH OI AND HAS ESTABLISHED AN ADVOCACY INITIATIVE. A GRASSROOTS EFFORT FOCUSES ON EDUCATING LEGISLATORS AND THEIR STAFFS ABOUT OI AND THE PRIORITIES OF THE FOUNDATION IN ADDITION TO ADVOCATING FOR INCREASED FUNDING FOR THE NATIONAL INSTITUTES OF HEALTH.

48

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: 132212 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization OSTEOGENESIS IMPERFECTA FOUNDATION, INC.	Employer identification number 23-7076021
THE FOUNDATIONS PRINCIPAL EDUCATION EVENT IS THE BIENNIAL	NATIONAL
CONFERENCE ON OI. THE CONFERENCE BRINGS TOGETHER ADULTS W	HO HAVE OI,
PARENTS, OTHER FAMILY MEMBERS AND LEADING MEDICAL EXPERTS	. THIS
CONFERENCE PROVIDES THE OPPORTUNITY FOR ATTENDEES TO HAVE	FACE-TO-FACE
MEETINGS WITH EXPERIENCED PHYSICIANS, LEARN ABOUT THE LATH	EST RESEARCH
AND INTERACT WITH OTHER PEOPLE WHO ARE AFFECTED BY OI. THE	E JULY 2012
CONFERENCE HAD 650 ATTENDEES.	
EXPENSES \$ 56,336. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
FORM 990, PART VI, SECTION A, LINE 6: MEMBERSHIP IN THE O	I FOUNDATION IS
OPEN TO ALL PEOPLE WHO SUPPORT THE MISSION OF THE OI FOUND	DATION. BOARD OF
DIRECTORS DETERMINES THE LEVEL AND BENEFITS OF MEMBERSHIP,	AND MAY CHANGE
THESE FROM TIME TO TIME. ALL MEMBERS ARE ENTITLED TO VOTI	ING PRIVILEGES.
MEMBERSHIP BECOMES EFFECTIVE UPON RECEIPT OF DUES.	
FORM 990, PART VI, SECTION B, LINE 11: AFTER THE FORM 990	IS PREPARED BY

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 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 132212 01-23-12 Schedule O (Form 990 or 990-EZ) (2011) 49

15211207 701392 RC40871

Schedule O (Form 990 or 990-EZ) (2011)	David 0
Name of the organization OSTEOGENESIS IMPERFECTA FOUNDATION, INC.	Page 2 Employer identification number 23-7076021
	H BOARD OR
COMMITTEE MEETING.	
FORM 990, PART VI, SECTION B, LINE 15A: THE PROCESS FOR D	ETERMINING
COMPENSATION OF THE FOLLOWING PERSONS INCLUDES A REVIEW AN	ND APPROVAL BY
INDEPENDENT MEMBERS OF THE EXECUTIVE COMMITTEE. COMPARAB	ILITY DATA USED IN
THE REVIEW PROCESS IS OBTAINED FROM NATIONAL HEALTH COUNC	IL SALARY SURVEY.
THE DELIBERATIONS AND DECISIONS ARE DOCUMENTED IN THE MINU	JTES OF THE BOARD
OR COMMITTEE MEETING. THE COMPENSATION DETERMINATION PROC	CESS APPLIES TO
THE FOLLOWING OFFICES/POSITIONS AND THE MOST RECENT YEAR H	FOR WHICH THIS
PROCESS WAS UNDERTAKEN FOR EACH IS IDENTIFIED:	
OFFICE/TITLE YEAR OF MOST RECENT REVIEW/APPROV	JAL
CHEIF EXECUTIVE OFFICER 2011	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, N	IJ, NM, NY, NC, ND, OH
OK, OR, PA, RI, SC, SD, TN, UT, VT, VA, WA, WV, WI, IA	

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 THEIR WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:

-38,242.

FORM 990, PART XI, LINE 2C:

NO CHANGES FROM THE PRIOR YEAR.

132212 01-23-12

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Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization	• • • • • • • • • • • • • • • •				Employer identification numbe
	OSTEOGENESIS	IMPERFECTA	FOUNDATION,	INC.	23-7076021
·					
AMENDED RETUR	N				
νυς οφητιόνι μα	S BEEN AMENDEI	י חוד הי היות נ	E ORTATNAL R	הייזופאו פפ	TNG FILED
THE RETORN HA	C DEEM AMERICE	<u>, DOE 10 111</u>	E ORIGINAL R.		
HAVING AN INC	ORRECT BOARD (OF DIRECTOR	S LISTING IN	PART VI	II, PAGE 7 OF
THE FORM 990.	FIVE ADDITIC	NAL BOARD 1	MEMBERS HAVE	BEEN AD	DED TO THE
					TO DEMONED
RETURN AND ON	E BOARD MEMBER	WHO WAS EI	RRONEOUSLY I	NCLUDED	IS REMOVED.
THE NUMBER OF	BOARD MEMBERS	NOW AGREE	S TO PAGE ON	E OF THE	FORM 990.
	57-19843				
					<u> </u>
			- · · · · · · · · · · · · · · · · · · ·	,	
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32212 1-23-12					lule O (Form 990 or 990-EZ) (2011

15211207 701392 RC40871 2011.05010 OSTEOGENESIS IMPERFECTA FOU RC408711

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.
--

► X

0 1

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*) • You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile* and click on *e-file for Charities & Nonprofits.*

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

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

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

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	OSTEOGENESIS IMPERFECTA FOUNDATION, INC.	X 23-7076021
File by the due date for filing your return, See	Number, street, and room or suite no. If a P.O. box, see instructions. 804 W. DIAMOND AVENUE, NO. 210	Social security number (SSN)
File by the due date for filing your return. See instructions.	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)

Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990	01	Form 990-T (corporation)			07
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	Form 4720			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 FOUNDATION					
• The books are in the care of b 804 W. DIAMOND	AVE,	SUITE 210 - GAITHERS	BŲ.	RG, MD 208	78
Telephone No. ► 301-947-0083		FAX No. 🕨			
 If the organization does not have an office or place of business 	s in the Un	ited States, check this box		▶	
 If this is for a Group Return, enter the organization's four digit (Group Exe	mption Number (GEN) If this i	is for	the whole group, cl	neck this
box If it is for part of the group, check this box Image: Iteration for the group is the second					
FEBRUARY 15, 2013 , to file the exemption is for the organization's return for: ▶ □ calendar year or ▶ It ax year beginning JUL 1, 2011 2 If the tax year entered in line 1 is for less than 12 months, cl □ Change in accounting period	, an heck rease	d ending JUN 30, 2012		_ ·	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, ei		_	.	Ο.
nonrefundable credits. See instructions.			3a	\$	0.
b if this application is for Form 990-PF, 990-T, 4720, or 6069,	2				0.
estimated tax payments made. Include any prior year overp			3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your pa			_		0
by using EFTPS (Electronic Federal Tax Payment System).			3c	<u>\$</u>	0.
Caution. If you are going to make an electronic fund withdrawal w			879-l		
LHA For Privacy Act and Paperwork Reduction Act Notice,	see Instri	actions.		Form 8868 (Re	v. 1-2012)
123841 01-04-12		52			

	IRS e-file	Signa	tur	e Authorization			
EO	for an	Exem	ot (Organization			
	For calendar year 2011, or fiscal year beginning	JUL	1	2011, and ending	JUN	30	.20 12

201⁻

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service Name of exempt organization

Form 8879-

For calendar year 2011, or fiscal year beginning <u>JUL 1</u>, 2011, and ending <u>JUN</u> **Do not send to the IRS. Keep for your records.**

See instructions.

***** THIS IS NOT A FILEABLE COPY *****

23-7076021

Employer identification number

OSTEOGENESIS IMPERFECTA FOUNDATION, INC. Name and title of officer TRACY HART

CEO

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 1 line in Part I.

1a	Form 990 check here FX rotal revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _	1558328
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here F b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

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 2011 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 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	THOMPSON,	GREENSPON	&	co.	P.	с.	CPA'S	 to enter my PIN	40871	
		E	RO	firm nam	e				Enter five numbers, bi	

as my signature on the organization's tax year 2011 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 2011 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	А	FILEABLE	COPY	* * *	Date	Þ
-----------------------	------	------	----	-----	---	----------	------	-------	------	---

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.

54531440871	
do not enter all zeros	

I certify that the above numeric entry is my PIN, which is my signature on the 2011 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	ERO's	signature	
-----------------	-------	-----------	--

Date 🕨

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

LHA For Paperwork Reduction Act Notice, see instructions. 122051 12-01-11 Form 8879-EO (2011)

53 2011.05010 OSTEOGENESIS IMPERFECTA FOU RC408711