

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning JUL 1, 2016, and ending JUN 30, 2017

2016

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

SCLERODERMA FOUNDATION, INC.

52-1375827

Name and title of officer

ROBERT J RIGGS

CHIEF EXECUTIVE OFFICER

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>5,165,236.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	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 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MOODY, FAMIGLIETTI & ANDRONICO, LLP to enter my PIN 75827
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 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 2016 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 ▶ _____ Date ▶ _____

Part III Certification and Authentication

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

04415348581

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SCLERODERMA FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 300 ROSEWOOD DRIVE 105 City or town, state or province, country, and ZIP or foreign postal code DANVERS, MA 01923 F Name and address of principal officer: ROBERT J. RIGGS SAME AS C ABOVE	D Employer identification number 52-1375827 E Telephone number 800-722-4673 G Gross receipts \$ 10,409,431. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SCLERODERMA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1993		M State of legal domicile: IL

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SCLERODERMA FOUNDATION, INC. IS A NONPROFIT ORGANIZATION DEDICATED TO THE CONCERNS OF PEOPLE WHOSE		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	30
6	Total number of volunteers (estimate if necessary)	6	711
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	3,939,641.	4,581,460.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	91,015.	106,806.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	208,482.	468,214.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	99,206.	8,756.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,338,344.	5,165,236.
14	Benefits paid to or for members (Part IX, column (A), line 4)	1,649,990.	1,581,496.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	944,258.	1,131,853.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 203,168.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,341,508.	2,497,971.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,935,756.	5,211,320.
19	Revenue less expenses. Subtract line 18 from line 12	-597,412.	-46,084.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	12,011,971.	12,288,226.
22	Net assets or fund balances. Subtract line 21 from line 20	2,360,474.	2,219,558.
		9,651,497.	10,068,668.

Part II Signature Block

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

Sign Here	Signature of officer ROBERT J. RIGGS, CHIEF EXECUTIVE OFFICER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JOYCE RИPIANZI, CPA	Preparer's signature Date
	Firm's name ▶ MOODY, FAMIGLIETTI & ANDRONICO, LLP Firm's address ▶ 1 HIGHWOOD DRIVE TEWKSBURY, MA 01876	Check if self-employed <input type="checkbox"/> PTIN P00548581 Firm's EIN ▶ 04-3077056 Phone no. (978) 557-5300

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
SCLERODERMA FOUNDATION, INC. IS A NONPROFIT ORGANIZATION DEDICATED TO THE CONCERNS OF PEOPLE WHOSE LIVES HAVE BEEN IMPACTED BY THE AUTOIMMUNE DISEASE SCLERODERMA (A.K.A. SYSTEMIC SCLEROSIS), AND RELATED CONDITIONS. ITS THREE FOLD MISSION OF SUPPORT, EDUCATION AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,566,366. including grants of \$ 1,581,496.) (Revenue \$ 8,756.)

RESEARCH:
A.THE SCLERODERMA FOUNDATION PROVIDES FUNDS FOR CLINICAL AND BENCH RESEARCH FOCUSED ON SCLERODERMA/SYSTEMIC SCLEROSIS AND COMORBID CONDITIONS THROUGH A PEER REVIEW RESEARCH PROGRAM MODELED ON PROTOCOLS SET FORTH BY THE NATIONAL INSTITUTES OF HEALTH.

4b (Code:) (Expenses \$ 2,792,323. including grants of \$) (Revenue \$ 106,806.)

EDUCATION AND SUPPORT:
1. SUPPORT:
A.THE SCLERODERMA FOUNDATION PROVIDES INFORMATIONAL AND EMOTIONAL SUPPORT TO THOSE WHOSE LIVES HAVE BEEN IMPACTED BY THIS DISEASE THROUGH A VARIETY OF SERVICES INCLUDING:
I.A NATION-WIDE NETWORK OF ACTIVE SUPPORT GROUPS
II.A TOLL-FREE HELPLINE WHERE PATIENTS CAN CONNECT WITH TRAINED STAFF TO ASSIST WITH QUESTIONS
III.REFERRALS TO PHYSICIANS AND OTHER MEDICAL PROFESSIONALS WHO ARE EXPERTS IN SCLERODERMA-RELATED ISSUES
IV.ONLINE FORUMS FOR PEER-TO-PEER SUPPORT AND INFORMATION EXCHANGES
V.WEEKLY AND QUARTERLY PUBLICATIONS FOCUSED ON ISSUES OF CONCERN AND

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

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

4e Total program service expenses 4,358,689.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	10	
1b	Enter the number of voting members included in line 1a, above, who are independent	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **THE ORGANIZATION - 800-722-4673**
300 ROSEWOOD DRIVE, NO. 105, DANVERS, MA 01923

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

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

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

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

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

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) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN BOYANOWSKI DIRECTOR	2.00	X						0.	0.	0.
(2) JANE LADAS DIRECTOR	2.00	X						0.	0.	0.
(3) MIKE LEVENGOOD DIRECTOR	2.00	X						0.	0.	0.
(4) MARY BLADES DIRECTOR	2.00	X						0.	0.	0.
(5) KATAYUN JAFFARI DIRECTOR	2.00	X						0.	0.	0.
(6) MARK OROZCO DIRECTOR	2.00	X						0.	0.	0.
(7) COS MALLOZZI CHAIR	2.00	X		X				0.	0.	0.
(8) CAROL FEGHALI-BOSTWICK, PH.D. VICE CHAIR	2.00	X		X				0.	0.	0.
(9) BILL MARTIN SECRETARY	2.00	X		X				0.	0.	0.
(10) GREG MARION TREASURER	2.00	X		X				0.	0.	0.
(11) ROBERT J. RIGGS CEO	40.00			X				110,230.	0.	12,099.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for 1b, 1c, and 1d.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes entry for BLACKBAUD INC. with compensation of 191,024.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	620,947.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,960,513.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			4,581,460.			
Program Service Revenue	2 a REGISTRATION FEES	Business Code 611710	106,806.	106,806.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			106,806.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		166,672.			166,672.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		5,254,773.					
		b Less: cost or other basis and sales expenses		4,953,231.			
		c Gain or (loss)		301,542.			
	d Net gain or (loss)			301,542.		301,542.	
	8 a Gross income from fundraising events (not including \$ 620,947. of contributions reported on line 1c). See Part IV, line 18	a	290,964.				
		b Less: direct expenses	b	290,964.			
		c Net income or (loss) from fundraising events			0.		
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a RETURNED GRANT AWARDS	900099	8,756.	8,756.				
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		8,756.				
12 Total revenue. See instructions.		5,165,236.	115,562.	0.	468,214.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,522,909.	1,522,909.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	58,587.	58,587.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	122,329.	70,950.	39,145.	12,234.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	849,864.	574,005.	211,679.	64,180.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,448.	7,886.	2,737.	825.
9 Other employee benefits	66,816.	40,376.	20,286.	6,154.
10 Payroll taxes	81,396.	54,084.	20,936.	6,376.
11 Fees for services (non-employees):				
a Management				
b Legal	2,003.		2,003.	
c Accounting	26,820.		26,820.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	222,243.	173,081.	30,957.	18,205.
12 Advertising and promotion	63,344.	60,975.	1,799.	570.
13 Office expenses	190,455.	108,102.	46,896.	35,457.
14 Information technology	257,313.	151,274.	81,285.	24,754.
15 Royalties				
16 Occupancy	175,904.	123,677.	40,035.	12,192.
17 Travel	142,093.	106,335.	33,189.	2,569.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	680,498.	653,302.	27,187.	9.
20 Interest				
21 Payments to affiliates	411,529.	411,529.		
22 Depreciation, depletion, and amortization	19,284.	11,439.	6,014.	1,831.
23 Insurance	70,136.	41,235.	22,156.	6,745.
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.)				
a BANK CHARGES AND WEB DO	99,809.	59,516.	30,887.	9,406.
b ADVOCACY	92,926.	92,926.		
c MISCELLANEOUS	37,117.	30,004.	5,452.	1,661.
d OUTREACH	6,497.	6,497.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,211,320.	4,358,689.	649,463.	203,168.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,379,719.	1	2,389,165.
	2 Savings and temporary cash investments	482,976.	2	621,245.
	3 Pledges and grants receivable, net	75,000.	3	39,149.
	4 Accounts receivable, net	24,166.	4	39,312.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	165,547.	9	132,029.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 156,184.		
	b Less: accumulated depreciation	10b 148,602.		
	11 Investments - publicly traded securities	9,586,594.	11	8,854,401.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	287,255.	15	205,343.
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,011,971.	16	12,288,226.	
Liabilities	17 Accounts payable and accrued expenses	180,399.	17	218,446.
	18 Grants payable	2,012,112.	18	1,853,834.
	19 Deferred revenue	84,851.	19	87,425.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	83,112.	25	59,853.
	26 Total liabilities. Add lines 17 through 25	2,360,474.	26	2,219,558.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,834,454.	27	8,253,413.
	28 Temporarily restricted net assets	274,668.	28	272,880.
	29 Permanently restricted net assets	1,542,375.	29	1,542,375.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	9,651,497.	33	10,068,668.	
34 Total liabilities and net assets/fund balances	12,011,971.	34	12,288,226.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,165,236.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,211,320.
3	Revenue less expenses. Subtract line 2 from line 1	3	-46,084.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,651,497.
5	Net unrealized gains (losses) on investments	5	463,255.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,068,668.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization SCLERODERMA FOUNDATION, INC.	Employer identification number 52-1375827
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4202914.	4005291.	4662117.	3939641.	4581460.	21391423.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4202914.	4005291.	4662117.	3939641.	4581460.	21391423.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2920189.
6 Public support. Subtract line 5 from line 4.						18471234.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	4202914.	4005291.	4662117.	3939641.	4581460.	21391423.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	168,470.	186,027.	176,313.	172,568.	166,672.	870,050.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		2,161.				2,161.
11 Total support. Add lines 7 through 10						22263634.
12 Gross receipts from related activities, etc. (see instructions)					12	441,827.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	82.97 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	82.98 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A

**Identification of Excess Contributions
Included on Part II, Line 5**

2016

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

Contributor's Name	Total Contributions	Excess Contributions
ACTELION PHARMACUETICALS US	2,810,735.	2,365,462.
MIN H. KAO	1,000,000.	554,727.
Total Excess Contributions to Schedule A, Part II, Line 5		2,920,189.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization SCLERODERMA FOUNDATION, INC. **Employer identification number** 52-1375827

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,886,371.	2,056,133.	2,051,305.	1,885,727.	1,819,237.
b Contributions					
c Net investment earnings, gains, and losses	114,671.	30,238.	4,828.	165,578.	66,490.
d Grants or scholarships					
e Other expenditures for facilities and programs	84,817.	200,000.			
f Administrative expenses					
g End of year balance	1,916,225.	1,886,371.	2,056,133.	2,051,305.	1,885,727.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 20.00 %
- b Permanent endowment 80.00 %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,000.		2,000.
b Buildings				
c Leasehold improvements		8,393.	8,393.	0.
d Equipment		75,101.	69,519.	5,582.
e Other		70,690.	70,690.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,582.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	59,853.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	59,853.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	5,619,735.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	463,255.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	463,255.
3	Subtract line 2e from line 1	3	5,156,480.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	8,756.
c	Add lines 4a and 4b	4c	8,756.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,165,236.

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

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

1	Total expenses and losses per audited financial statements	1	5,202,564.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	-8,756.
e	Add lines 2a through 2d	2e	-8,756.
3	Subtract line 2e from line 1	3	5,211,320.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,211,320.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ENDOWMENT CONSISTS OF A PERMANENTLY RESTRICTED FUND ESTABLISHED IN 2007. THE ENDOWMENT IS TO SUPPORT RESEARCH FOR THE DISEASE SCLERODERMA.

PART X, LINE 2:

THE ORGANIZATION IS A NONPROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON TRADE OR BUSINESS PROFITS GENERATED BY ACTIVITIES RELATED TO THE ORGANIZATION'S EXEMPT FUNCTION. THE ORGANIZATION MAY BE SUBJECT TO FEDERAL AND STATE INCOME TAXES FOR PROFITS GENERATED FROM UNRELATED TRADE OR BUSINESS INCOME. THE ORGANIZATION HAS DETERMINED THAT IT DOES NOT HAVE ANY LIABILITIES ASSOCIATED WITH UNRELATED TRADE OR

Part XIII Supplemental Information (continued)

BUSINESS INCOME AND AS A RESULT, NO PROVISION FOR INCOME TAXES IS PRESENTED IN THESE FINANCIAL STATEMENTS.

THE ORGANIZATION ASSESSES THE RECORDING OF UNCERTAIN TAX POSITIONS BY EVALUATING THE MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT REQUIREMENTS A TAX POSITION MUST MEET BEFORE BEING RECOGNIZED AS A BENEFIT IN THE FINANCIAL STATEMENTS. THE ORGANIZATION'S POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ACCRUED ON ANY UNCERTAIN TAX POSITIONS AS A COMPONENT OF INCOME TAX EXPENSE, IF ANY, IN ITS STATEMENT OF ACTIVITIES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RETURNED GRANT AWARDS 8,756.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RETURNED GRANT AWARDS -8,756.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2016

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization

SCLERODERMA FOUNDATION, INC.

Employer identification number

52-1375827

Part I

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be
compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FLORIDA STEPPING OUT (event type)	GEORGIA HIKING & HOT (event type)	58 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	60,827.	50,593.	800,491.	911,911.
	2 Less: Contributions	52,493.	44,494.	523,960.	620,947.
	3 Gross income (line 1 minus line 2)	8,334.	6,099.	276,531.	290,964.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,334.	6,099.	276,531.	290,964.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				290,964.
11 Net income summary. Subtract line 10 from line 3, column (d)				0.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____
 Address ▶ _____

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

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____

 Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization **SCLERODERMA FOUNDATION, INC.** Employer identification number **52-1375827**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BALTIMORE RESEARCH AND EDUCATION FOUNDATION - 10 N. GREENE STREET, ROOM 3D150 - BALTIMORE, MD 21201	52-1705976	501(C)3	150,000.	0.			RESEARCH
UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE, LOWER LEVEL PITTSBURGH, PA 15213	25-1423657	501(C)3	150,000.	0.			RESEARCH
NORTHWESTERN UNIVERSITY 750 N. LAKESHORE DRIVE CHICAGO, IL 60611	36-2167817	501(C)3	150,000.	0.			RESEARCH
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 19 HAGOOD AVE, SUITE 606 - CHARLESTON, SC 29403	57-6028985	501(C)3	150,000.	0.			RESEARCH
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)3	150,000.	0.			RESEARCH
JOHN HOPKINS UNIVERSITY SCHOOL OF MEDICINE - 733 N. BROADWAY, SUITE 117 - BALTIMORE, MD 21205	52-0595110	501(C)3	150,000.	0.			RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **8.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMAS JEFFERSON UNIVERSITY 125TH S. 9TH ST, 2ND FL, SHERIDAN B PHILADELPHIA, PA 19107	23-2829095	501(C)3	122,909.	0.			RESEARCH
TRUSTEES OF BOSTON UNIVERSITY BUMC, GRANTS RECEIVABLE, PO BOX 287 NEW YORK, NY 10087	04-2103547	501(C)3	500,000.	0.			RESEARCH

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
NATIONAL CONFERENCE SCHOLARSHIP	54	58,587.	0.		

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

PART I, LINE 2:

AS PART OF ITS MISSION, THE SCLERODERMA FOUNDATION GIVES GRANTS TO RESEARCHERS WORKING TO FIND BETTER TREATMENTS, THE CAUSE AND, HOPEFULLY, THE CURE FOR SCLERODERMA AND RELATED COMORBID CONDITIONS. THE FOUNDATION FUNDS BOTH CLINICAL AND BENCH RESEARCH FROM NEW AND ESTABLISHED INVESTIGATORS. SPECIFIC CRITERIA HAVE BEEN SET AND MUST BE MET IN THE RESEARCH GRANT PROPOSAL IN ORDER FOR IT TO BE CONSIDERED FOR FUNDING. COMPLETE GUIDELINES ARE AVAILABLE ON THE SCLERODERMA FOUNDATION WEB SITE AT WWW.SCLERODERMA.ORG/RESEARCH. TO HELP ENSURE THAT THE FOUNDATION FUNDS THE

Part IV Supplemental Information

MOST PROMISING RESEARCH IN A NON-BIASED MANNER, IT HAS A LONG-STANDING PEER REVIEW PROGRAM THAT MIRRORS THE REVIEW AND FUNDING PROTOCOLS ESTABLISHED BY THE NATIONAL INSTITUTES OF HEALTH (NIH). IN THE PEER REVIEW PROCESS, AN INDEPENDENT PANEL OF EXPERTS IS CREATED THAT REVIEWS, EVALUATES AND SCORES EACH OF THE GRANT SUBMISSIONS. EVERY GRANT APPLICATION HAS A PRIMARY AND SECONDARY PEER REVIEWER WHO INDEPENDENTLY EVALUATES AND SCORES THE GRANT APPLICATION. SCORES RANGE FROM 1 (THE HIGHEST LEVEL) TO 3 (THE LOWEST LEVEL), WITH FRACTIONAL RANGES IN BETWEEN (I.E., SCORES OF 2.5, 2.8, ETC.). THESE TWO SCORES ARE THEN DISCUSSED BY THE ENTIRE PEER REVIEW PANEL OF EXPERTS WHO WEIGH IN ON THE QUALITY OF THE SCIENCE PROPOSED IN THE GRANT REQUEST. SUCCESS OF A GRANT APPLICATION IS BASED ON AN AVERAGE SCORE OF THE PEER REVIEW COMMITTEE. THE SCLERODERMA FOUNDATION'S PEER REVIEW GUIDELINES HAVE ESTABLISHED THAT A SCORE OF 2 OR HIGHER IS REQUIRED TO BE CONSIDERED A FUNDABLE GRANT. THOSE THAT SCORE LOWER THAN A 2 ARE REJECTED.

THE SCLERODERMA FOUNDATION ALSO PROVIDES A LIMITED NUMBER OF SCHOLARSHIPS FOR PATIENTS AND CAREGIVERS TO ATTEND ITS ANNUAL NATIONAL PATIENT EDUCATION CONFERENCE. DONORS GIVE SPECIFICALLY TO SUPPORT THE CONFERENCE SCHOLARSHIP FUND AND ALL FUNDS GIVEN FOR THIS PURPOSE ARE USED TO FUND FULL OR PARTIAL SCHOLARSHIPS, BASED ON A DEMONSTRATED FINANCIAL NEED. A CONFIDENTIAL APPLICATION PROCESS FOR APPLYING FOR SCHOLARSHIP FUNDS HAS BEEN ESTABLISHED, THAT INCLUDES THE SUBMISSION OF THE APPLICANTS' MOST RECENT INCOME TAX RETURN TO HELP VERIFY FINANCIAL NEED. AN INDEPENDENT COMMITTEE COMPRISED OF SCLERODERMA PATIENTS, BOARD MEMBERS, AND STAFF REVIEW AND SCORE APPLICATIONS. FULL GUIDELINES FOR THE NATIONAL PATIENT EDUCATION CONFERENCE SCHOLARSHIP FUND CAN BE FOUND ON THE FOUNDATION'S WEBSITE AT WWW.SCLERODERMA.ORG/CONFERENCE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

SCLERODERMA FOUNDATION, INC.

Employer identification number

52-1375827

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

LIVES HAVE BEEN IMPACTED BY THE AUTOIMMUNE DISEASE SCLERODERMA (A.K.A. SYSTEMIC SCLEROSIS), AND RELATED CONDITIONS. ITS THREE FOLD MISSION OF SUPPORT, EDUCATION AND RESEARCH GUIDES THE ORGANIZATION'S WORK IN PROVIDING EDUCATION PROGRAMS FOR PATIENTS AND THEIR FAMILIES, PEER-TO-PEER SUPPORT THROUGH ITS NATIONWIDE NETWORK OF CHAPTERS AND SUPPORT GROUPS, AND ADVOCACY EFFORTS TO INCREASE AWARENESS OF THE DISEASE AMONG THE GENERAL PUBLIC AND MEDICAL COMMUNITY. THE ORGANIZATION ALSO HAS A RESEARCH PROGRAM THAT FUNDS CLINICAL AND BENCH RESEARCH TO FIND TREATMENT MODALITIES, THE CAUSE, AND HOPEFULLY THE CURE FOR SCLERODERMA AND RELATED CONDITIONS.

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

RESEARCH GUIDES THE ORGANIZATION'S WORK IN PROVIDING EDUCATION PROGRAMS FOR PATIENTS AND THEIR FAMILIES, PEER-TO-PEER SUPPORT THROUGH ITS NATIONWIDE NETWORK OF CHAPTERS AND SUPPORT GROUPS, AND ADVOCACY EFFORTS TO INCREASE AWARENESS OF THE DISEASE AMONG THE GENERAL PUBLIC AND MEDICAL COMMUNITY. THE ORGANIZATION ALSO HAS A RESEARCH PROGRAM THAT FUNDS CLINICAL AND BENCH RESEARCH TO FIND TREATMENT MODALITIES, THE CAUSE, AND HOPEFULLY THE CURE FOR SCLERODERMA AND RELATED CONDITIONS.

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

IMPORTANCE TO THE SCLERODERMA COMMUNITY

2. EDUCATION:

A. THE SCLERODERMA FOUNDATION PROVIDES EDUCATIONAL OPPORTUNITIES TO PATIENTS AND FAMILY MEMBERS FOCUSED ON DISEASE MANAGEMENT, AND BEST

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization SCLERODERMA FOUNDATION, INC.	Employer identification number 52-1375827
--	--

PRACTICES TO ENSURE THE HIGHEST POSSIBLE QUALITY OF LIFE WHILE COPING WITH A CHRONIC AND DEBILITATING DISEASE. EDUCATIONAL PROGRAMS INCLUDE:

I. NATIONAL AND REGIONAL CONFERENCES AND SYMPOSIA

II. CONTINUOUSLY UPDATED LITERATURE ON A RANGE OF TOPICS AND ISSUES RELATED TO SCLERODERMA DISEASE MANAGEMENT VIA PRINT AND WEB

III. ONLINE FORUMS AND WEBINARS

B. THE SCLERODERMA FOUNDATION ENGAGES IN OUTREACH AND EDUCATION INITIATIVES TO THE MEDICAL COMMUNITY TO ENHANCE AWARENESS AND UNDERSTANDING AMONG MEDICAL AND ALLIED HEALTHCARE PROFESSIONALS, INCLUDING:

I. CONTINUING MEDICAL EDUCATION PROGRAMS

II. CONTINUING NURSE EDUCATION PROGRAMS

III. PARTICIPATION AT KEY MEDICAL/SCIENTIFIC CONFERENCE

IV. SUPPORTING NATIONAL AND INTERNATIONAL MEDICAL/SCIENTIFIC MEETINGS FOCUSED ON RESEARCH AND TREATMENT OF SCLERODERMA AND COMORBID CONDITIONS

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

PRIOR TO FILING, THE FORM 990 IS GIVEN TO ALL BOARD MEMBERS FOR REVIEW. ANY QUESTIONS ARE ANSWERED BY EITHER MANGEMENT OF THE ORGANIZATION OR THE INDEPENDENT AUDITOR.

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

A WRITTEN CONFLICT OF INTEREST POLICY IS ESTABLISHED WHICH DESCRIBES AND PROHIBITS TRANSACTIONS AND/OR RELATIONSHIPS WHICH MIGHT BE CONSTRUED AS A CONFLICT OF INTEREST. BOARD MEMBERS MUST SIGN OFF ON THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

Name of the organization SCLERODERMA FOUNDATION, INC.	Employer identification number 52-1375827
--	--

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

THE BOARD OF DIRECTORS OF THE ORGANIZATION VOTES AND APPROVES THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER (CEO).

THE CEO ESTABLISHES THE COMPENSATION FOR ALL OTHER EMPLOYEES OF THE ORGANIZATION.

NO BOARD MEMBERS ARE COMPENSATED.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT FOR THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED DURING THE YEAR.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

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

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

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

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. SCLERODERMA FOUNDATION, INC.	Employer identification number (EIN) or 52-1375827
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 300 ROSEWOOD DRIVE, NO. 105	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DANVERS, MA 01923	

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

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

THE ORGANIZATION

- The books are in the care of ▶ **300 ROSEWOOD DRIVE, NO. 105 - DANVERS, MA 01923**
Telephone No. ▶ **800-722-4673** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

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

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

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

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING

JUNE 30, 2017

Prepared for	SCLERODERMA FOUNDATION, INC. 300 ROSEWOOD DRIVE NO. 105 DANVERS, MA 01923
Prepared by	MOODY, FAMIGLIETTI & ANDRONICO, LLP 1 HIGHWOOD DRIVE TEWKSBURY, MA 01876
Amount due or refund	BALANCE DUE OF \$500.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NON-PROFIT ORG/PUBLIC CHARITIES DIV OFFICE OF THE ATTORNEY GENERAL ONE ASHBURTON PLACE BOSTON, MA 02108
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). PAYMENT FOR THE BALANCE DUE MUST BE MADE ELECTRONICALLY VIA THE COMMONWEALTH OF MASSACHUSETTS WEBSITE AT: WWW.MASS.GOV/AGO/EPAY ALL THE NECESSARY ATTACHMENTS SHOULD BE INCLUDED WITH FORM PC BEFORE FILING.

Office Use Only: Fiscal Year

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 07/01/16 to 06/30/17

Attorney General's Account #: 031283

Federal ID #: 52-1375827

Electronic Payment Confirmation #: 115003

When did the organization first engage in charitable work in Massachusetts? 04/16/1993

Has the organization applied for or been granted IRS tax exempt status? [X] Yes [] No

If yes, date of application OR date of determination letter: 08/15/2001

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? [X] Yes [] No

Check all items attached (if applicable)
[X] Filing Fee or Printout of Electronic Payment Confirmation
[X] Copy of IRS Return
[X] Audited Financial Statements/Review
[] Amended Articles/By-Laws
[X] Schedule A-1
[X] Schedule A-2
[X] Schedule RO
[] Schedule VCO
[] Probate Account

Organization Data

Name: SCLERODERMA FOUNDATION, INC.

Mailing Address: 300 ROSEWOOD DRIVE, NO. 105

City: DANVERS State: MA ZIP: 01923

Phone Number: 800-722-4673 Fax Number: 978-463-5809

Email: RRIGGS@SCLERODERMA.ORG Website: WWW.SCLERODERMA.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Table with 4 columns: Category, Code, Category, Code. Rows include County (Table 1) with code 5, and Type of Organization (Table 2) with code 5. Organization Purpose Code 1 is 21, and Organization Purpose Code 2 is 59.

Please check box if final return prior to dissolution: []

Office Use Only: Payment Received

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

- On what date was the organization created? 04/16/1993
- Where was the organization created? ILLINOIS
- What is the form of organization? (check one)

Corporation	<input checked="" type="checkbox"/>	Testamentary Trust	<input type="checkbox"/>
Unincorporated Association	<input type="checkbox"/>	Inter Vivos Trust	<input type="checkbox"/>

Other (please describe): _____

- Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. Yes No
- Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	4,581,460.
B.	Gross support and revenue	4,863,694.
C.	Program services and similar amounts paid out	4,358,689.
D.	Fundraising expenses	203,168.
E.	Management and general expenses	649,463.
F.	Payments to affiliates	411,529.
G.	Total expenses	5,211,320.
H.	Net assets or fund balances at the end of the year	10,068,668.

- List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	ROBERT RIGGS CEO	40.00	110,230.	3,307.	8,792.
2.	KERRI CONNOLLY DIR. OF PROGRAMS & SERVICES	40.00	96,344.	3,164.	9,175.
3.	DAVID CLAY MURAD DIR. OF CHAPTER RELATIONS	40.00	72,367.	2,387.	8,966.
4.	DEBORAH DILLON PEARCE COO	40.00	68,519.	0.	788.
5.	MAUREEN E. ZULUAGA DATABASE MANAGER	40.00	55,030.	1,847.	8,827.

- Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). Yes No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	BLACKBAUD, INC.	191,024.	WEBSITE SUPPORT
2.	BROGAN & PARTNERS	99,742.	EVENT AND EDUCATION
3.	CATHEXIS PARTNERS, LLC	93,133.	WEBSITE SUPPORT
4.	LAPLUME PRINTING, INC.	77,056.	PRINTING
5.	HEALTH & MEDICINE COUNSEL, DC	51,894.	ADVOCACY SERVICES

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	Phone Number
SEE STATEMENT 1		

10. What is the organization's accounting method? Cash Accrual
 Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:
 Address: _____
 City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: ROBERT RIGGS
 Street Address: 300 ROSEWOOD DRIVE, SUITE 105
 City: DANVERS State: MA ZIP Code: 01923
 Phone Number: 800-722-4673

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? Yes No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? Yes No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization <input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. <i>(The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)</i> <input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.
STATEMENT 2

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.
STATEMENT 3

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.
STATEMENT 4

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? Yes No

STATEMENT 5

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

FORM PC	BANK IN WHICH FUNDS ARE DEPOSITED	STATEMENT	1
	NAME AND ADDRESS	PHONE NUMBER	
	COMMERCE BANK PO BOX 2817 E. BATTLEFIELD, MO 63033	800-746-8704	
	BANK OF TEXAS PO BOX 29775 DALLAS, TX 75229	800-346-5312	
	RBS WEALTH MANAGEMENT 200 WEST SAM HOUSTON PKWY HOUSTON, TX 77042	800-685-5780	
	HUNTINGTON BANK PO BOX 1558 COLUMBUS, OH 43216	216-515-0260	
	KEY BANK PO BOX 93885 CLEVELAND, OH 44101	800-539-8336	
	VANGUARD PO BOX 2600 VALLEY FORGE, PA 19482	877-662-7447	
	PINNACLE 150 3RD AVENUE SOUTH NASHVILLE, TN 37201	866-755-5428	
	BB & T BANK PO BOX 632 WHITEVILLE, NC 28472	800-226-5228	
	SANTANDER BANK P.O. BOX 841002 BOSTON, MA 02284	877-768-1145	
	BANK OF THE WEST P.O. BOX 2830 OMAHA, NE 68103	800-488-2265	
	SOUTH STATE BANK P.O. BOX 118068 CHARLESTON, SC 29423	800-277-2175	
	BANK OF AMERICA P.O. BOX 15284 WILMINGTON, DE 19850	888-400-9009	

FORM PC	NAME, ADDRESS, PHONE OF OTHER OFFICES	STATEMENT	2
	<u>NAME AND ADDRESS</u> COLORADO CHAPTER 2280 S. ALBION STREET DENVER, CO 80222	<u>PHONE NUMBER</u> 303-806-6686	
	DELAWARE VALLEY CHAPTER 385 KINGS HIGHWAY NORTH CHERRY HILL, NJ 08034	856-779-7225	
	GEORGIA CHAPTER PO BOX 522 LILBURN, GA 30048	770-925-7037	
	GREATER CHICAGO CHAPTER 134 N. LASALLE ST. SUITE 136 CHICAGO, IL 60602	312-660-1131	
	GREATER WASHINGTON DC CHAPTER 2010 CORPORATE RIDGE, 7TH F MCLEAN, VA 22102	301-591-4136	
	HEARTLAND CHAPTER PO BOX 1454 ANKENY, IA 50021	515-661-8089	
	MICHIGAN CHAPTER 23999 TELEGRAPH RD SOUTHFIELD, MI 48033	248-595-8526	
	MINNESOTA CHAPTER PO BOX 385246 BLOOMINGTON, MN 55438	651-207-4615	
	MISSOURI CHAPTER PO BOX 4123 SPRINGFIELD, MO 65808	417-887-3269	
	NEW ENGLAND CHAPTER 462 BOSTON STREET TOPSFIELD, MA 01983	978-887-0658	
	OHIO CHAPTER PO BOX 105 WORTHINGTON, OH 43085	866-849-9030	
	OKLAHOMA CHAPTER 1200 SWEETGUM ST MOORE, OK 73160	405-213-9230	

OREGON CHAPTER PO BOX 19296 PORTLAND, OR 97280	503-245-4588
SOUTHERN CALIFORNIA CHAPTER 5855 GREEN VALLEY CIRCLE CULVER CITY, CA 90230	310-287-0793
SOUTH CAROLINA CHAPTER 1027 SOUTH PENDLETON ST EASLEY, SC 29642	864-617-0237
SOUTH EAST FLORIDA CHAPTER 3930 OAKS CLUBHOUSE DRIVE POMPANO BEACH, FL 33069	954-798-1854
TENNESSEE CHAPTER PO BOX 281977 NASHVILLE, TN 37228	615-792-4610
TEXAS BLUEBONNET CHAPTER 101 W. MCDERMOTT DR. ALLEN, TX 75013	972-396-9400
TRI-STATE CHAPTER 59 FRONT STREET BINGHAMTON, NY 13905	800-867-0885
WESTERN PENNSYLVANIA CHAPTER 3500 TERRACE STREET PITTSBURGH, PA 15261	800-603-8960
WASHINGTON EVERGREEN CHAPTER PO BOX 7329 TACOMA, WA 98417	206-285-9822

 FORM PC OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES STATEMENT 3

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
ROBERT J. RIGGS 300 ROSEWOOD DRIVE, NO. 105 DANVERS, MA 01923	CEO
KEVIN BOYANOWSKI 300 ROSEWOOD DRIVE, NO. 105 DANVERS, MA 01923	DIRECTOR
JANE LADAS 300 ROSEWOOD DRIVE, NO. 105 DANVERS, MA 01923	DIRECTOR
MIKE LEVENGOOD 300 ROSEWOOD DRIVE, NO. 105 DANVERS, MA 01923	DIRECTOR
MARY BLADES 300 ROSEWOOD DRIVE, NO. 105 DANVERS, MA 01923	DIRECTOR
KATAYUN JAFFARI 300 ROSEWOOD DRIVE, NO. 105 DANVERS, MA 01923	DIRECTOR
MARK OROZCO 300 ROSEWOOD DRIVE, NO. 105 DANVERS, MA 01923	DIRECTOR
COS MALLOZZI 300 ROSEWOOD DRIVE, NO. 105 DANVERS, MA 01923	CHAIR
CAROL FEGHALI-BOSTWICK, PH.D. 300 ROSEWOOD DRIVE, NO. 105 DANVERS, MA 01923	VICE CHAIR
BILL MARTIN 300 ROSEWOOD DRIVE, NO. 105 DANVERS, MA 01923	SECRETARY
GREG MARION 300 ROSEWOOD DRIVE, NO. 105 DANVERS, MA 01923	TREASURER

FORM PC

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STATEMENT 4

<u>NAME AND ADDRESS</u>	<u>AREA OF RESPONSIBILITY</u>
ROBERT J. RIGGS 300 ROSEWOOD DRIVE DANVERS, MA 01923	RESPONSIBLE FOR CUSTODY OF FUNDS
ROBERT J. RIGGS 300 ROSEWOOD DRIVE DANVERS, MA 01923	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
ROBERT J. RIGGS 300 ROSEWOOD DRIVE DANVERS, MA 01923	RESPONSIBLE FOR FUNDRAISING
ROBERT J. RIGGS 300 ROSEWOOD DRIVE DANVERS, MA 01923	CUSTODY OF FINANCIAL RECORDS
ROBERT J. RIGGS 300 ROSEWOOD DRIVE DANVERS, MA 01923	AUTHORIZED TO SIGN CHECKS
MARY BLADES PO BOX 4123 SPRINGFIELD, MO 65808	AUTHORIZED TO SIGN CHECKS
PHILIP MEYER PO BOX 105 WORTHINGTON, OH 43085	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
JEAN FREEMAN 1027 SO. PENDLETON ST. EASLEY, SC 29642	AUTHORIZED TO SIGN CHECKS
DOREEN TOWHEY PO BOX 522 LIBURN, GA 30048	AUTHORIZED TO SIGN CHECKS
MARGARET LEVENGOOD PO BOX 522 LIBURN, GA 30048	AUTHORIZED TO SIGN CHECKS
APRIL SIMPKINS 1103 MURFF ACRES RD. ASHLAND, TN 37015	AUTHORIZED TO SIGN CHECKS
AUDREY BROWER 110 CYPRESS STATION DR, HOUSTON, TX 77090	AUTHORIZED TO SIGN CHECKS

DEBORAH D. PEARCE
300 ROSEWOOD DRIVE
DANVERS, MA 01923

AUTHORIZED TO SIGN CHECKS

SUSAN E, MELVIN
1950 CENTERVILLE ROAD
ANDERSON, SC 29625

AUTHORIZED TO SIGN CHECKS

PAT FILA
P.O. BOX 63
BOUTON, IA 50039

AUTHORIZED TO SIGN CHECKS

KENNETH MONINSKI
P.O. BOX 730
CLEAR LAKE, WA 98235

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

DEBORAH METZ
P.O. BOX 107
PATASKALA, OH 43062

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

BEV POGUE
P.O. BOX 4123
SPRINGFIELD, MO 65808

AUTHORIZED TO SIGN CHECKS

DEBBIE MORRIS
P.O. BOX 4123
SPRINGFIELD, MO 65808

AUTHORIZED TO SIGN CHECKS

PEGGY BROWN
110 CYPRESS STATION DR,
HOUSTON, TX 77090

AUTHORIZED TO SIGN CHECKS

JAN WILKERSON
110 CYPRESS STATION DR,
HOUSTON, TX 77090

AUTHORIZED TO SIGN CHECKS

GABRIELLE CAIRNS
23999 TELEGRAPH RD.
SOUTHFIELD, MI 48033

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

BRIAN HANLEY
PO BOX 522
LIBURN, GA 30048

AUTHORIZED TO SIGN CHECKS

EMILY WOODS
110 CYPRESS STATION DR,
HOUSTON, TX 77090

AUTHORIZED TO SIGN CHECKS

MYNA SIMPKINS
1103 MURFF ACRES RD.
ASHLAND, TN 37015

AUTHORIZED TO SIGN CHECKS

FORM PC

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STATEMENT 5

<u>STATE</u>	<u>REG AGENCY</u>
ALABAMA	SCLERODERMA FOUNDATION, INC.

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	AL00-323	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

<u>STATE</u>	<u>REG AGENCY</u>
ARIZONA	SCLERODERMA FOUNDATION, INC.

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	20963	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

<u>STATE</u>	<u>REG AGENCY</u>
CALIFORNIA	SCLERODERMA FOUNDATION, INC.

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	CT-113493	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

<u>STATE</u>	<u>REG AGENCY</u>
COLORADO	SCLERODERMA FOUNDATION, INC.

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	2008300426	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

<u>STATE</u>	<u>REG AGENCY</u>
CONNECTICUT	SCLERODERMA FOUNDATION, INC.

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	0009822	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

<u>STATE</u>	<u>REG AGENCY</u>
FLORIDA	SCLERODERMA FOUNDATION, INC.

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	CH4868	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

<u>STATE</u>	<u>REG AGENCY</u>
GEORGIA	SCLERODERMA FOUNDATION, INC.

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	CH-4232	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

<u>STATE</u>	<u>REG AGENCY</u>
ILLINOIS	SCLERODERMA FOUNDATION, INC.

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	01-037-589	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

<u>STATE</u>	<u>REG AGENCY</u>
KANSAS	SCLERODERMA FOUNDATION, INC.

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	292-897-6	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

<u>STATE</u>	<u>REG AGENCY</u>
KENTUCKY	SCLERODERMA FOUNDATION, INC.

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	2961	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

<u>STATE</u>	<u>REG AGENCY</u>
MAINE	SCLERODERMA FOUNDATION, INC.

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	CO3303	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

<u>STATE</u>	<u>REG AGENCY</u>
MARYLAND	SCLERODERMA FOUNDATION, INC.

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	11857	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

<u>STATE</u>	<u>REG AGENCY</u>
MICHIGAN	SCLERODERMA FOUNDATION, INC.
<u>DATE OF REG</u>	<u>REG NUMBER</u> <u>OTHER NAMES USED</u>
	MISC 24447
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

<u>STATE</u>	<u>REG AGENCY</u>
MISSISSIPPI	SCLERODERMA FOUNDATION, INC.
<u>DATE OF REG</u>	<u>REG NUMBER</u> <u>OTHER NAMES USED</u>
	100001130
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

<u>STATE</u>	<u>REG AGENCY</u>
MISSOURI	SCLERODERMA FOUNDATION, INC.
<u>DATE OF REG</u>	<u>REG NUMBER</u> <u>OTHER NAMES USED</u>
	CO-012-89
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

<u>STATE</u>	<u>REG AGENCY</u>
NEW HAMPSHIRE	SCLERODERMA FOUNDATION, INC.
<u>DATE OF REG</u>	<u>REG NUMBER</u> <u>OTHER NAMES USED</u>
	12158
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

<u>STATE</u>	<u>REG AGENCY</u>	
NEW JERSEY	SCLERODERMA FOUNDATION, INC.	
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	CH-18394-0	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	

<u>STATE</u>	<u>REG AGENCY</u>	
NEW YORK	SCLERODERMA FOUNDATION, INC.	
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	17-12-92	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	

<u>STATE</u>	<u>REG AGENCY</u>	
NORTH CAROLINA	SCLERODERMA FOUNDATION, INC.	
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	SL002132	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	

<u>STATE</u>	<u>REG AGENCY</u>	
NORTH DAKOTA	SCLERODERMA FOUNDATION, INC.	
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	4022	
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	

<u>STATE</u>	<u>REG AGENCY</u>
OHIO	SCLERODERMA FOUNDATION, INC.

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	00-2822	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

<u>STATE</u>	<u>REG AGENCY</u>
OKLAHOMA	SCLERODERMA FOUNDATION, INC.

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	4300653600	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

<u>STATE</u>	<u>REG AGENCY</u>
OREGON	SCLERODERMA FOUNDATION, INC.

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	29100	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

<u>STATE</u>	<u>REG AGENCY</u>
PENNSYLVANIA	SCLERODERMA FOUNDATION, INC.

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	26365	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

<u>STATE</u>	<u>REG AGENCY</u>
RHODE ISLAND	SCLERODERMA FOUNDATION, INC.

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	97-1164	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

<u>STATE</u>	<u>REG AGENCY</u>
SOUTH CAROLINA	SCLERODERMA FOUNDATION, INC.

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	P8561	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

<u>STATE</u>	<u>REG AGENCY</u>
TENNESSEE	SCLERODERMA FOUNDATION, INC.

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	CO4025	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

<u>STATE</u>	<u>REG AGENCY</u>
UTAH	SCLERODERMA FOUNDATION, INC.

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	6535408	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

<u>STATE</u>	<u>REG AGENCY</u>
WASHINGTON	SCLERODERMA FOUNDATION, INC.

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	8736	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

<u>STATE</u>	<u>REG AGENCY</u>
WISCONSIN	SCLERODERMA FOUNDATION, INC.

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	7136-800	

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

<u>STATE</u>	<u>REG AGENCY</u>
ALASKA	SCLERODERMA FOUNDATION, INC.

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

<u>STATE</u>	<u>REG AGENCY</u>
ARKANSAS	SCLERODERMA FOUNDATION, INC.

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>

STATE

REG AGENCY

HAWAII

SCLERODERMA FOUNDATION, INC.

DATE OF REG

REG NUMBER

OTHER NAMES USED

SOLICIT DATE

TYPE OF SOLICITATION

STATE

REG AGENCY

MINNESOTA

SCLERODERMA FOUNDATION, INC.

DATE OF REG

REG NUMBER

OTHER NAMES USED

SOLICIT DATE

TYPE OF SOLICITATION

STATE

REG AGENCY

NEW MEXICO

SCLERODERMA FOUNDATION, INC.

DATE OF REG

REG NUMBER

OTHER NAMES USED

SOLICIT DATE

TYPE OF SOLICITATION

STATE

REG AGENCY

VIRGINIA

SCLERODERMA FOUNDATION, INC.

DATE OF REG

REG NUMBER

OTHER NAMES USED

SOLICIT DATE

TYPE OF SOLICITATION

STATE

REG AGENCY

WEST VIRGINIA

SCLERODERMA FOUNDATION, INC.

DATE OF REG

REG NUMBER

OTHER NAMES USED

SOLICIT DATE

TYPE OF SOLICITATION

20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? Yes No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes No
- (c) Been the subject of a proceeding regarding any solicitation or registration? Yes No
- (d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? Yes No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

Yes No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

Yes No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? Yes No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? Yes No

*If you answered **yes** for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year:			
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: ROBERT J. RIGGS

Title: CHIEF EXECUTIVE OFFICER

Name of Preparer: MOODY, FAMIGLIETTI & ANDRONICO, LLP

Address 1 HIGHWOOD DRIVE

City TEWKSBURY State MA ZIP Code 01876

Phone Number (978) 557-5300

**Schedule A-1
Solicitation Activities During Fiscal Year Covered By This Report**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other (specify): _____			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-1 ctd.
Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

ROBERT J. RIGGS

Name and Title: **CHIEF EXECUTIVE OFFICER**

Address **300 ROSEWOOD DRIVE, SUITE 105**

City **DANVERS** State **MA** ZIP Code **01923**

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

ROBERT J. RIGGS

Name and Title: **CHIEF EXECUTIVE OFFICER**

Address **300 ROSEWOOD DRIVE**

City **DANVERS** State **MA** ZIP Code **01923**

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other (specify): _____			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

ROBERT J. RIGGS

Name and Title: CHIEF EXECUTIVE OFFICER

Address 300 ROSEWOOD DRIVE, SUITE 105

City DANVERS State MA ZIP Code 01923

Name and Title:

Address

City State ZIP Code

Name and Title:

Address

City State ZIP Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

ROBERT J. RIGGS

Name and Title: CHIEF EXECUTIVE OFFICER

Address 300 ROSEWOOD DRIVE, SUITE 105

City DANVERS State MA ZIP Code 01923

Name and Title:

Address

City State ZIP Code

Name and Title:

Address

City State ZIP Code

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: _____ Date: _____

Printed Name: ROBERT J. RIGGS

Title: CHIEF EXECUTIVE OFFICER

Signature: _____ Date: _____

Printed Name: _____

Title: _____

Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (If you have more than five Related Organizations, please attach a list.)

SCLERODERMA FDN, GREATER				
Name: WASHINGTON DC		Primary purpose or activity: AFFILIATE CHAPTER		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/16			337,267.	337,267.

SCLERODERMA FDN, MN				
Name: CHAPTER		Primary purpose or activity: AFFILIATE CHAPTER		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/16			97,833.	97,833.

SCLERODERMA FDN, SO.				
Name: CALIFORNIA CHAPTER		Primary purpose or activity: AFFILIATE CHAPTER		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/16			601,131.	601,131.

SCLERODERMA FDN, DELAWARE				
Name: VALLEY		Primary purpose or activity: AFFILIATE CHAPTER		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
06/30/16			469,332.	469,332.

SCLERODERMA FOUNDATION,				
Name: GREATER CHICAGO CHAPTER		Primary purpose or activity: AFFILIATE CHAPTER		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/16			775,287.	775,287.

Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (If you have more than five Related Organizations, please attach a list.)

SCLERODERMA FDN, NE		Primary purpose or activity: AFFILIATE CHAPTER		
Name: CHAPTER				
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/16	362,064.		466,805.	828,869.

SCLERODERMA FDN, TRI-STATE		Primary purpose or activity: AFFILIATE CHAPTER		
Name: CHAPTER				
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/16			1,234,049.	1,234,049.

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation (see instructions). Use additional lines below to itemize by compensation source.

Name: ROBERT J. RIGGS		Title: CEO	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
SCLERODERMA FDN	110,230.	3,307.	8,792.

Name: JACK M. ARMITAGE		Title: ED - NEW ENGLAND AFFILIATE	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
NEW ENGLAND CHAPTER	82,968.	2,729.	9,057.

Name: DAVID CLAY MURAD		Title: DIRECTOR OF CHAPTER RELATIONS	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
SCLERODERMA FDN	72,367.	2,387.	8,966.

Name: KERRI CONNOLLY		Title: DIRECTOR OF PROGRAMS & SERVICES	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
SCLERODERMA FDN	96,344.	3,164.	9,175.

Name: DEBORAH DILLON PEARCE		Title: COO	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
SCLERODERMA FDN	68,519.	0.	788.

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions? Yes No