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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2018

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	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2018.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning JUL 1, 2017, and ending JUN 30, 2018

2017

Department of the Treasury
Internal Revenue Service

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

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

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>4,939,002.</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 2017 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 2017 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 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

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

Part III Certification and Authentication

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

04415317069

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 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 ▶ 11/15/18

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

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

2017

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

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

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 \$ 7,405,248. 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

Activities & Governance	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 2017 (Part V, line 2a) 5 26 6 Total number of volunteers (estimate if necessary) 6 914 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.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 4,581,460. Prior Year 4,193,403. Current Year 9 Program service revenue (Part VIII, line 2g) 106,806. 89,020. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 468,214. 647,815. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,756. 8,764. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,165,236. 4,939,002.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,581,496. 1,227,842. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,131,853. 1,240,891. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 212,079. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,497,971. 2,532,584. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,211,320. 5,001,317. 19 Revenue less expenses. Subtract line 18 from line 12 -46,084. -62,315.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 12,288,226. Beginning of Current Year 11,983,494. End of Year 21 Total liabilities (Part X, line 26) 2,219,558. 1,911,822. 22 Net assets or fund balances. Subtract line 21 from line 20 10,068,668. 10,071,672.	

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 MATTHEW KALIL, CPA, MBA	Preparer's signature _____
	Date 11/15/18	Check if self-employed <input type="checkbox"/> PTIN P01517069
	Firm's name ▶ MOODY, FAMIGLIETTI & ANDRONICO, LLP	Firm's EIN ▶ 04-3077056
	Firm's address ▶ 1 HIGHWOOD DRIVE TEWKSBURY, MA 01876	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 \$ 1,241,471. including grants of \$ 1,227,842.) (Revenue \$ 8,764.)

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 \$ 2,843,263. including grants of \$) (Revenue \$ 89,020.)

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 4,084,734.

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 response

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (10), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9. Marked 'X' in Yes/No columns for 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b. Marked 'X' in Yes/No columns for 10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a.

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. [X] Own website [] Another's website [X] 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			110,261.	0.	12,380.	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	501,447.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,691,956.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		4,193,403.				
Program Service Revenue	2 a REGISTRATION FEES	Business Code 611710	89,020.	89,020.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		89,020.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		169,963.			169,963.	
	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				
		2,688,681.					
		b Less: cost or other basis and sales expenses		2,210,829.			
		c Gain or (loss)		477,852.			
	d Net gain or (loss)		477,852.			477,852.	
	8 a Gross income from fundraising events (not including \$ 501,447. of contributions reported on line 1c). See Part IV, line 18	a	255,417.				
		b Less: direct expenses	b	255,417.			
		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	8,764.	8,764.				
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		8,764.				
12 Total revenue. See instructions.		4,939,002.	97,784.	0.	647,815.		

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	1,200,000.	1,200,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	27,842.	27,842.		
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	122,641.	71,132.	39,245.	12,264.
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	999,002.	676,761.	247,257.	74,984.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	119,248.	71,394.	36,683.	11,171.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	8,557.		8,557.	
c Accounting	27,696.		27,696.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	47,778.	28,394.	14,859.	4,525.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	244,141.	193,289.	30,518.	20,334.
12 Advertising and promotion	28,720.	22,020.	6,700.	
13 Office expenses	236,186.	158,229.	44,387.	33,570.
14 Information technology	277,232.	162,984.	87,578.	26,670.
15 Royalties				
16 Occupancy	179,858.	128,136.	39,648.	12,074.
17 Travel	147,483.	98,377.	49,106.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	690,193.	670,667.	19,201.	325.
20 Interest				
21 Payments to affiliates	391,472.	391,472.		
22 Depreciation, depletion, and amortization	3,192.	2,080.	852.	260.
23 Insurance	49,072.	28,849.	15,502.	4,721.
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 ADVOCACY	73,169.	73,169.		
b MISCELLANEOUS	67,924.	43,520.	18,707.	5,697.
c FEES AND LICENSES	57,909.	34,417.	18,008.	5,484.
d OUTREACH	2,002.	2,002.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,001,317.	4,084,734.	704,504.	212,079.
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	2,389,165.	1	2,032,531.
	2 Savings and temporary cash investments	621,245.	2	596,476.
	3 Pledges and grants receivable, net	78,461.	3	267,749.
	4 Accounts receivable, net		4	
	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	132,029.	9	165,430.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 156,184.		
	b Less: accumulated depreciation	10b 150,457.	10c 7,582.	5,727.
	11 Investments - publicly traded securities	8,854,401.	11	8,678,211.
	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	205,343.	15	237,370.
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,288,226.	16	11,983,494.	
Liabilities	17 Accounts payable and accrued expenses	218,446.	17	198,728.
	18 Grants payable	1,853,834.	18	1,542,380.
	19 Deferred revenue	87,425.	19	84,056.
	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	59,853.	25	86,658.
	26 Total liabilities. Add lines 17 through 25	2,219,558.	26	1,911,822.
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	8,253,413.	27	8,253,794.
	28 Temporarily restricted net assets	272,880.	28	275,503.
	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	10,068,668.	33	10,071,672.	
34 Total liabilities and net assets/fund balances	12,288,226.	34	11,983,494.	

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	4,939,002.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,001,317.
3	Revenue less expenses. Subtract line 2 from line 1	3	-62,315.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,068,668.
5	Net unrealized gains (losses) on investments	5	65,319.
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	10,071,672.

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? _____ 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		X
b Were the organization's financial statements audited by an independent accountant? _____ 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	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4005291.	4662117.	3939641.	4581460.	4193403.	21381912.
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	4005291.	4662117.	3939641.	4581460.	4193403.	21381912.
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)						2740511.
6 Public support. Subtract line 5 from line 4.						18641401.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	4005291.	4662117.	3939641.	4581460.	4193403.	21381912.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	186,027.	176,313.	172,568.	166,672.	169,963.	871,543.
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						22255616.
12 Gross receipts from related activities, etc. (see instructions)					12	457,448.
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 2017 (line 6, column (f) divided by line 11, column (f))	14	83.76 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	82.97 %
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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		(A) Prior Year	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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

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 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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)?

Yes No

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

▶ \$ _____

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

Schedule D (Form 990) 2017

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	1,916,225.	1,886,371.	2,056,133.	2,051,305.	1,885,727.
b Contributions					
c Net investment earnings, gains, and losses	65,063.	114,671.	30,238.	4,828.	165,578.
d Grants or scholarships					
e Other expenditures for facilities and programs	318,411.	84,817.	200,000.		
f Administrative expenses					
g End of year balance	1,662,877.	1,916,225.	1,886,371.	2,056,133.	2,051,305.

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

- a Board designated or quasi-endowment 7.00 %
- b Permanent endowment 93.00 %
- 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.	71,374.	3,727.
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.)				5,727.

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	86,658.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	86,658.

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	5,004,321.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	65,319.
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	65,319.
3	Subtract line 2e from line 1	3	4,939,002.
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	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,939,002.

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	5,001,317.
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	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	5,001,317.
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	5,001,317.

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 AND UNRESTRICTED BOARD DESIGNATED ENDOWMENT. 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

Part XIII Supplemental Information *(continued)*

IT DOES NOT HAVE ANY LIABILITIES ASSOCIATED WITH UNRELATED TRADE OR 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 II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		DETROIT STEPPING OUT (event type)	COCONUT CREEK STEPP (event type)	58 (total number)		
Revenue	1	Gross receipts	110,578.	34,144.	612,142.	756,864.
	2	Less: Contributions	48,682.	24,755.	428,010.	501,447.
	3	Gross income (line 1 minus line 2)	61,896.	9,389.	184,132.	255,417.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	61,896.	9,389.	184,132.	255,417.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				255,417.
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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**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
HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH STREET NEW YORK, NY 10021	13-6714749	501(C)3	150,000.	0.			RESEARCH
LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - 433 BOLIVAR STREET, 6TH FLOOR - NEW ORLEANS, LA 70112	72-1115391	501(C)3	150,000.	0.			RESEARCH
MASSACHUSETTS GENERAL HOSPITAL P.O BOX 414876 BOSTON, MA 02114	04-1564655	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
NORTHWESTERN UNIVERSITY, FEINBERG SCHOOL OF MEDICINE - 750 N. LAKESHORE DRIVE, 7TH FLOOR - CHICAGO, IL 60611	36-2167817	501(C)3	150,000.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF MICHIGAN PROJECT REPRESENTATIVE (GRANT 1) - 3003 S. STATE STREET - ANN ARBOR, MI 48109	38-6006309	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 ▶

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Schedule I (Form 990) (2017)

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
REGENTS OF THE UNIVERSITY OF MICHIGAN PROJECT REPRESENTATIVE (GRANT 2) - 3003 S. STATE STREET - ANN ARBOR, MI 48109	38-6006309	501(C)3	150,000.	0.			RESEARCH
TRUSTEES OF BOSTON UNIVERSITY BUMC, GRANTS RECEIVABLE, PO BOX 287 NEW YORK, NY 10087	04-2103547	501(C)3	150,000.	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	52	27,842.	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.

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

OMB No. 1545-0047

2017

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

Name of the organization SCLERODERMA FOUNDATION, INC.	Employer identification number 52-1375827
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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
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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, 2019**, 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, 2017**, and ending **JUN 30, 2018**.

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.

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING

JUNE 30, 2018

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	NOVEMBER 15, 2018
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.

**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: 07/01/17 to 06/30/18Attorney General's Account #: 031283Federal ID #: 52-1375827Electronic Payment Confirmation #: 319232When did the organization first engage in charitable work in Massachusetts? 04/16/1993Has the organization applied for or been granted IRS tax exempt status? Yes NoIf yes, date of application OR date of determination letter: 08/15/2001IRS Exemption under 501(c): 3If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? Yes No**Check all items attached
(if applicable)**

- Filing Fee or Printout of Electronic Payment Confirmation
- Copy of IRS Return
- Audited Financial Statements/Review
- Amended Articles/By-Laws
- Schedule A-1
- Schedule A-2
- Schedule RO
- Schedule VCO
- Probate Account

Organization DataName: SCLERODERMA FOUNDATION, INC.Mailing Address: 300 ROSEWOOD DRIVE, NO. 105City: DANVERS State: MA ZIP: 01923Phone Number: 800-722-4673 Fax Number: 978-463-5809Email: 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)

Category	Code	Category	Code
County (Table 1)	5	Organization Purpose Code 1	21
Type of Organization (Table 2)	5	Organization Purpose Code 2	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	4,193,403.
B.	Gross support and revenue	4,461,150.
C.	Program services and similar amounts paid out	4,084,734.
D.	Fundraising expenses	212,079.
E.	Management and general expenses	704,504.
F.	Payments to affiliates	391,472.
G.	Total expenses	5,001,317.
H.	Net assets or fund balances at the end of the year	10,071,672.

- 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	110,261.	12,380.	0.
2.	KERRI CONNOLLY DIR. OF PROGRAMS & SERVICES	40.00	93,799.	13,230.	0.
3.	DAVID CLAY MURAD DIR. OF CHAPTER RELATIONS	40.00	70,125.	10,502.	0.
4.	DEBORAH DILLON PEARCE COO	40.00	73,040.	859.	0.
5.	EDWARD J GARVERY FINANCE OFFICER	40.00	62,611.	4,097.	0.

- 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.	120,240.	WEBSITE SUPPORT
2.	BROGAN & PARTNERS	137,600.	EVENT AND EDUCATION
3.	CATHEXIS PARTNERS, LLC	89,756.	WEBSITE SUPPORT
4.	LAPLUME PRINTING, INC.	54,415.	PRINTING
5.	CLIFTON LARSON ALLEN	80,951.	ACCOUNTING AND ADMIN SERVICES

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

Bank	Address	Phone Number
THE HUNTINGTON NAT BANK	PO BOX 1558, COLUMBUS, OH 43216	216-515-0260
SANTANDER BANK	P.O. BOX 841002, BOSTON, MA 02284	877-768-1145
BANK OF AMERICA	P.O. BOX 15284, WILMINGTON, DE 19850	888-400-9009

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 1

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 2

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 3

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

STATEMENT 4

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	NAME, ADDRESS, PHONE OF OTHER OFFICES	STATEMENT	1
	<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 110 CYPRESS STATION DR. HOUSTON, TX 77090	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	2
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<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

PAGE 4, LINE 18

STATEMENT 3

NAME AND ADDRESSAREA OF RESPONSIBILITY

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

DEBORAH D. PEARCE
300 ROSEWOOD DRIVE
DANVERS, MA 01923

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

FORM PC

PAGE 4, LINE 19

STATEMENT 4

<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>
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<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>
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<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>
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<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>
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<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)
12/31/17			145,268.	145,268.

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)
12/31/17			451,134.	451,134.

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)
12/31/17	425,129.		282,718.	707,847.

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)
12/31/17	10,200.		976,614.	986,814.

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	110,261.	12,380.	

Name: JACK M. ARMITAGE		Title: ED - NEW ENGLAND AFFILIATE	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
NEW ENGLAND CHAPTER	84,434.	12,497.	

Name: DAVID CLAY MURAD		Title: DIRECTOR OF CHAPTER RELATIONS	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
SCLERODERMA FDN	70,125.	10,502.	

Name: KERRI CONNOLLY		Title: DIRECTOR OF PROGRAMS & SERVICES	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
SCLERODERMA FDN	93,799.	13,220.	

Name: DEBORAH DILLON PEARCE		Title: COO	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
SCLERODERMA FDN	73,040.	859.	

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



MOODY, FAMIGLIETTI & ANDRONICO
Certified Public Accountants & Consultants

SCLERODERMA FOUNDATION, INC.

FINANCIAL STATEMENTS

JUNE 30, 2018 AND 2017



To the Board of Directors
Scleroderma Foundation, Inc.
Danvers, Massachusetts

INDEPENDENT AUDITORS' REPORT

We have audited the accompanying financial statements of Scleroderma Foundation, Inc. (the "Organization"), which comprise the statements of financial position as of June 30, 2018 and 2017, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the Organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Scleroderma Foundation, Inc. as of June 30, 2018 and 2017, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Moody, Famiglietti & Andronico, LLP

Moody, Famiglietti & Andronico, LLP
Tewksbury, Massachusetts
November 13, 2018

June 30	2018	2017
Assets		
Current Assets:		
Cash and Cash Equivalents	\$ 2,629,007	\$ 2,820,826
Certificates of Deposit	-	189,584
Contributions Receivable	267,749	78,461
Due from Affiliates	220,778	187,414
Prepaid Expenses and Other Current Assets	165,430	132,029
Total Current Assets	3,282,964	3,408,314
Investments	7,015,334	6,938,176
Endowment	1,662,877	1,916,225
Property and Equipment, Net of Accumulated Depreciation	5,727	7,582
Website Development Costs, Net of Accumulated Amortization	-	1,337
Other Assets	16,592	16,592
Total Assets	\$ 11,983,494	\$ 12,288,226
Liabilities and Net Assets		
Current Liabilities:		
Accounts Payable	\$ 101,101	\$ 142,717
Accrued Expenses	97,627	75,729
Due to Affiliates	86,658	59,853
Deferred Revenue	84,056	87,425
Current Portion of Grants Payable	1,037,380	1,112,380
Total Current Liabilities	1,406,822	1,478,104
Grants Payable, Net of Current Portion	505,000	741,454
Total Liabilities	1,911,822	2,219,558
Net Assets:		
Unrestricted	8,253,794	8,253,413
Temporarily Restricted	275,503	272,880
Permanently Restricted	1,542,375	1,542,375
Total Net Assets	10,071,672	10,068,668
Total Liabilities and Net Assets	\$ 11,983,494	\$ 12,288,226

Statements of Activities

Scleroderma Foundation, Inc.

For the Years Ended June 30	2018				2017			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenue and Other Support:								
Contributions	\$ 2,422,761	\$ 366,178	\$ -	\$ 2,788,939	\$ 1,974,609	\$ 378,443	\$ -	\$ 2,353,052
Investment and Endowment Income, Net	636,306	76,828	-	713,134	804,039	127,430	-	931,469
Special Events, Net	501,447	-	-	501,447	620,947	-	-	620,947
Contributions Received from Affiliates	404,857	-	-	404,857	430,581	-	-	430,581
Voluntary Research Contributions	-	335,648	-	335,648	-	474,989	-	474,989
Bequests	162,512	-	-	162,512	699,891	-	-	699,891
Registration Fees	89,020	-	-	89,020	106,806	-	-	106,806
Returned Grant Awards	8,764	-	-	8,764	-	-	-	-
Other Income	-	-	-	-	2,000	-	-	2,000
Net Assets Released from Restrictions	776,031	(776,031)	-	-	982,650	(982,650)	-	-
Total Revenue and Other Support	5,001,698	2,623	-	5,004,321	5,621,523	(1,788)	-	5,619,735
Expenses:								
Program Services:								
Education and Support	2,843,263	-	-	2,843,263	2,792,323	-	-	2,792,323
Research	1,241,471	-	-	1,241,471	1,557,610	-	-	1,557,610
Total Program Services	4,084,734	-	-	4,084,734	4,349,933	-	-	4,349,933
Support Services:								
General and Administrative	704,504	-	-	704,504	649,463	-	-	649,463
Fundraising	212,079	-	-	212,079	203,168	-	-	203,168
Total Support Services	916,583	-	-	916,583	852,631	-	-	852,631
Total Expenses	5,001,317	-	-	5,001,317	5,202,564	-	-	5,202,564
Increase (Decrease) in Net Assets	381	2,623	-	3,004	418,959	(1,788)	-	417,171
Net Assets at Beginning of Year	8,253,413	272,880	1,542,375	10,068,668	7,834,454	274,668	1,542,375	9,651,497
Net Assets at End of Year	\$ 8,253,794	\$ 275,503	\$ 1,542,375	\$ 10,071,672	\$ 8,253,413	\$ 272,880	\$ 1,542,375	\$ 10,068,668

The accompanying notes are an integral part of these financial statements.

For the Year Ended June 30

2018

	Program Services			Support Services			Total Expenses
	Education and Support	Research	Total Program Services	General and Administrative	Fundraising	Total Support Services	
Grants to Affiliates	\$ 391,472	\$ -	\$ 391,472	\$ -	\$ -	\$ -	\$ 391,472
Payroll and Related:							
Salaries, Wages and Taxes	728,031	19,862	747,893	286,502	87,248	373,750	1,121,643
Fringe Benefits	68,851	2,543	71,394	36,683	11,171	47,854	119,248
Total Payroll and Related	796,882	22,405	819,287	323,185	98,419	421,604	1,240,891
Other Expenses:							
Research Grants	-	1,200,000	1,200,000	-	-	-	1,200,000
Conferences	698,509	-	698,509	19,201	325	19,526	718,035
Professional Fees	188,660	4,629	193,289	66,771	20,334	87,105	280,394
Information Technology	156,913	6,071	162,984	87,578	26,670	114,248	277,232
Occupancy and Office	125,387	2,749	128,136	39,648	12,074	51,722	179,858
Travel	98,377	-	98,377	49,106	-	49,106	147,483
Printing and Copying	90,383	-	90,383	15,370	20,505	35,875	126,258
Fees and Licenses	60,532	2,279	62,811	32,867	10,009	42,876	105,687
Advocacy	73,169	-	73,169	-	-	-	73,169
Miscellaneous	42,223	1,297	43,520	18,707	5,697	24,404	67,924
Telephone	40,898	907	41,805	13,087	3,985	17,072	58,877
Postage and Delivery	26,041	-	26,041	15,930	9,080	25,010	51,051
Insurance	27,774	1,075	28,849	15,502	4,721	20,223	49,072
Promotion	22,020	-	22,020	6,700	-	6,700	28,720
Depreciation and Amortization	2,021	59	2,080	852	260	1,112	3,192
Outreach	2,002	-	2,002	-	-	-	2,002
Total Other Expenses	1,654,909	1,219,066	2,873,975	381,319	113,660	494,979	3,368,954
Total Expenses	\$ 2,843,263	\$ 1,241,471	\$ 4,084,734	\$ 704,504	\$ 212,079	\$ 916,583	\$ 5,001,317

For the Year Ended June 30

2017

	Program Services			Support Services			Total Expenses
	Education and Support	Research	Total Program Services	General and Administrative	Fundraising	Total Support Services	
Grants to Affiliates	\$ 411,529	\$ -	\$ 411,529	\$ -	\$ -	\$ -	\$ 411,529
Payroll and Related:							
Salaries, Wages and Taxes	673,450	18,572	692,022	267,889	81,579	349,468	1,041,490
Fringe Benefits	53,414	1,865	55,279	26,894	8,190	35,084	90,363
Total Payroll and Related	726,864	20,437	747,301	294,783	89,769	384,552	1,131,853
Other Expenses:							
Research Grants	-	1,514,153	1,514,153	-	-	-	1,514,153
Conferences	706,889	5,000	711,889	27,187	9	27,196	739,085
Professional Fees	168,937	4,144	173,081	59,780	18,205	77,985	251,066
Information Technology	145,639	5,635	151,274	81,285	24,754	106,039	257,313
Occupancy and Office	120,902	2,775	123,677	40,035	12,192	52,227	175,904
Travel	105,732	603	106,335	33,189	2,569	35,758	142,093
Printing and Copying	61,390	-	61,390	14,325	33,735	48,060	109,450
Fees and Licenses	57,374	2,142	59,516	30,887	9,406	40,293	99,809
Advocacy	92,926	-	92,926	-	-	-	92,926
Miscellaneous	29,626	378	30,004	5,452	1,661	7,113	37,117
Telephone	27,375	390	27,765	5,648	1,722	7,370	35,135
Postage and Delivery	18,947	-	18,947	26,923	-	26,923	45,870
Insurance	39,699	1,536	41,235	22,156	6,745	28,901	70,136
Promotion	60,975	-	60,975	1,799	570	2,369	63,344
Depreciation and Amortization	11,022	417	11,439	6,014	1,831	7,845	19,284
Outreach	6,497	-	6,497	-	-	-	6,497
Total Other Expenses	1,653,930	1,537,173	3,191,103	354,680	113,399	468,079	3,659,182
Total Expenses	\$ 2,792,323	\$ 1,557,610	\$ 4,349,933	\$ 649,463	\$ 203,168	\$ 852,631	\$ 5,202,564

For the Years Ended June 30	2018	2017
Cash Flows from Operating Activities:		
Increase in Net Assets	\$ 3,004	\$ 417,171
Adjustments to Reconcile Increase in Net Assets to Net Cash Used in Operating Activities:		
Depreciation and Amortization	3,192	19,284
Net Unrealized Gains on Investments and Endowment	(65,319)	(463,255)
Net Realized Gains on Investments and Endowment	(477,852)	(301,542)
(Increase) Decrease in Contributions Receivable	(189,288)	6,749
(Increase) Decrease in Due from Affiliates	(33,364)	66,060
(Increase) Decrease in Prepaid Expenses and Other Current Assets	(33,401)	47,474
(Decrease) Increase in Accounts Payable	(41,616)	33,730
Increase in Accrued Expenses	21,898	4,317
Decrease in Grants Payable	(311,454)	(158,278)
Increase (Decrease) in Due to Affiliates	26,805	(23,259)
(Decrease) Increase in Deferred Revenue	(3,369)	2,574
Net Cash Used in Operating Activities	(1,100,764)	(348,975)
Cash Flows from Investing Activities:		
Proceeds from Sales of Investments and Endowment	2,688,681	5,254,773
Purchase of Investments and Endowment	(1,969,320)	(3,757,783)
Net Maturities of Certificates of Deposit	189,584	12,095
Increase in Other Assets	-	(300)
Net Cash Provided by Investing Activities	908,945	1,508,785
Net (Decrease) Increase in Cash and Cash Equivalents	(191,819)	1,159,810
Cash and Cash Equivalents, Beginning of Year	2,820,826	1,661,016
Cash and Cash Equivalents, End of Year	\$ 2,629,007	\$ 2,820,826

1. Organization and Summary of Significant Accounting Policies:

Nature of Organization: Scleroderma Foundation, Inc. (the "Organization") is dedicated to the concerns of people whose lives have been impacted by the autoimmune disease scleroderma, also known as systemic sclerosis, and related conditions. The Organization's threefold 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, advocacy efforts to increase awareness of the disease among the general public and the medical community. The Organization also has a research program that funds clinical research to find the cause and cure for scleroderma and related conditions.

The Organization operates through a consortium of chapters and affiliates. The chapter offices are controlled and operated by the Organization. All chapter activity is included in the accompanying financial statements. The affiliates are separately incorporated organizations that function as chapters and are contractually obligated to provide dues in exchange for the use of the name "Scleroderma Foundation." Affiliate operations are not reflected in the accompanying financial statements.

Method of Accounting: The financial statements of the Organization have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Classification and Reporting of Net Assets: The Organization reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets. A description of the three net asset classes follows:

- Unrestricted net assets represent the portion of net assets of the Organization that is neither permanently restricted nor temporarily restricted by donor-imposed stipulations. Unrestricted net assets include expendable funds available for support of the Organization. As of June 30, 2018 and 2017, the Board of Directors designated net assets of \$120,502 and \$373,850, respectively, to

support research programs. The use of these net assets must be approved by the Board of Directors.

- Temporarily restricted net assets represent contributions and other inflows of assets whose use by the Organization is limited by donor-imposed stipulations that either expire by passage of time or can be fulfilled and removed by actions of the Organization pursuant to those stipulations.
- Permanently restricted net assets represent contributions and other inflows of assets whose use by the Organization is limited by donor-imposed stipulations that neither expire by passage of time nor can be fulfilled or otherwise removed by actions of the Organization.

Fair Value Measurements: Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants. Fair value standards require an entity to maximize the use of observable inputs (such as quoted prices in active markets) and minimize the use of unobservable inputs (such as appraisals or valuation techniques) to determine fair value.

The fair value hierarchy is as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Organization has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

1. Organization and Summary of Significant Accounting Policies (Continued):

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs.

Contributions: Contributions, including unconditional promises to give, are recognized as revenue in the period the promise is received (pledged). Conditional promises to give are not recognized until they become unconditional; that is, at the time when the conditions on which they depend are substantially met. Contributions of assets other than cash are reported at their estimated fair value. Contributions receivable to be received after one year are discounted at an appropriate discount rate commensurate with the risk involved. Amortization of the discount is recorded as additional contribution revenue in accordance with donor-imposed restrictions, if any, on the contributions. An allowance for uncollectible contributions receivable is provided based upon management's judgment of potential defaults. The determination includes such factors as prior collection history, type of contribution and nature of fundraising activities.

Contributions recognized with donor-imposed restrictions, which are met in the same year as recognized, are reported as revenues of the temporarily restricted net asset class. Contributions received with donor-imposed restrictions that are met subsequent to the year in which they are recognized are also reported as revenues of the temporarily restricted net asset class when they are recognized. A reclassification to unrestricted net assets is made to reflect the expiration of such restrictions in the year the restriction is met.

Contributions of donated services are reported as revenues and expenses of the unrestricted net asset class at the fair value of the service received only if the services create or enhance a nonfinancial asset or would typically need to be purchased by the Organization if they had not been provided by individuals with those skills. Contributions of goods

and space to be used in program operations are reported as revenues and expenses of the unrestricted net asset class at the time the goods or space is received. During the year ended June 30, 2018 the Organization did not receive donated services. During the year ended June 30, 2017, the Organization received donated services of \$2,000.

Revenue Recognition: Revenues, when recognized, are reported as increases in unrestricted net assets unless use of the related assets is limited by donor-imposed restrictions. Gains and losses on investments and other assets or liabilities are reported as increases or decreases in unrestricted net assets unless their use is restricted by explicit donor stipulation or by law.

Registration fees for the Organization's annual conference and revenues related to special events are generally recognized when the conference or event takes place. Special event revenues are shown net of direct costs of benefits to donors.

The Organization receives contributions from affiliate organizations based on an arrangement to coordinate and unify fundraising efforts with standard terms, conditions and allocation percentages for revenue sharing. Contributions from affiliates are recognized, based on the existence of this arrangement, when the amounts are fixed or determinable and collection is probable.

The voluntary research contribution revenue is a voluntarily contribution determined by each affiliate based on their individual capacity to give. Revenues from voluntary research contributions are treated as contributions revenue and recognized when the promise is received.

Deferred Revenue: Deferred revenue consists of registration fees collected in advance of the Organization's annual conference.

Cash and Cash Equivalents: The Organization maintains deposits in accounts which may, at times, exceed federally insured limits. The Organization has a cash management program which provides for investment of excess cash balances in a sweep account. The Organization considers such highly liquid investments with original maturities of three months or less when purchased to be cash equivalents unless designated for long-term purposes.

1. Organization and Summary of Significant Accounting Policies (Continued):

Certificates of Deposit: The Organization's cash management program also provides for investment of certain excess cash in certificates of deposit with original maturities of greater than three months.

Certificates of deposit with original maturities greater than ninety days, but mature in less than one year, are included as current assets on the accompanying statements of financial position.

Grants Payable: Grants payable are recorded when awards are approved and committed to the recipients.

Investments and Investment Income: Investments are reported at fair value as of the date of the statements of financial position. Realized and unrealized gains and losses are reflected in the accompanying statements of activities. Investment income or loss, including realized and unrealized gains and losses on investments, interest and dividends, is included in unrestricted net assets unless the income or loss is restricted by the donor or by law.

Endowment and Endowment Income: The Organization's endowment consists of investments in various equity securities, corporate bonds, and money market funds. The endowment includes those net assets of donor-restricted funds that the Organization must hold in perpetuity or for a donor-specified period and board designated net assets.

Interpretation of Relevant Law: The Organization follows the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as promulgated by Massachusetts. The Organization's Board of Directors has interpreted the UPMIFA as considering the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund, and (d)

appreciation (depreciation) in the fair value of permanent endowment investments, if directed by the donor. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Organization in a manner consistent with the standard of prudence prescribed by UPMIFA.

In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate endowment funds:

- Duration and preservation of the fund
- Purposes of the Organization and the donor-restricted endowment fund
- General economic conditions
- Possible effect of inflation and deflation
- Expected total return from income and the appreciation of investments
- Other resources of the Organization
- Investment policies of the Organization

Concentration of Credit Risk: Financial instruments that potentially subject the Organization to concentration of credit risk consist primarily of cash, cash equivalents, certificates of deposit, investments, endowment and contributions receivable. The Organization maintains its cash, cash equivalents, certificates of deposit, investments and endowment with high credit-quality financial institutions. Contributions receivable are stated at the amount management expects to collect from outstanding balances. There was no allowance for doubtful accounts as of June 30, 2018 and 2017.

Property and Equipment: Property and equipment acquisitions are recorded at cost. Property and equipment donated for the Organization's operations are recorded at fair value at the date of receipt. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets, as follows:

Computer Equipment	3 Years
Furniture and Fixtures	5 Years
Leasehold Improvements	Lesser of Useful Life or Lease Term

1. Organization and Summary of Significant Accounting Policies (Continued):

Website Development Costs: The Organization capitalizes certain costs associated with website development. Capitalization of website development costs begins at the start of the application development stage and ceases once testing is complete and the website is placed in operation. Additional costs may also be capitalized subsequent to the date the website is placed in operation if the modifications result in additional functionality. Website development costs are amortized using the straight-line method over the period of five years.

Impairment of Long-Lived Assets: It is required that long-lived assets be reviewed for possible impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to future undiscounted net cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is to be measured by the amount by which the carrying amount of the assets exceeds the fair value of the assets. As of June 30, 2018 and 2017, the Organization determined that long-lived assets, including property and equipment, and website development costs, were not impaired.

Advertising and Promotion: The Organization uses advertising to promote its programs and special events among the audiences it serves. The costs of advertising are expensed as incurred. Advertising expense for the years ended June 30, 2018 and 2017 amounted to \$28,720 and \$63,344, respectively.

Functional Allocation of Expenses: The costs of providing the Organization's various programs and support services have been summarized on a functional basis. Accordingly, based upon management's estimates, certain costs have been allocated among major classes

of program services and support activities as shown in the statements of functional expenses. Expenses that can be identified with a specific program and support services are allocated directly according to their natural expenditure classification. Other expenses that are common to several functions are allocated as appropriate.

Income Taxes: 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 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 statements of activities.

Use of Estimates: Management has used estimates and assumptions relating to the reporting of assets and liabilities and the disclosure of contingent assets and liabilities in its preparation of the financial statements in accordance with GAAP. Actual results experienced by the Organization may differ from those estimates.

Subsequent Events: Management has evaluated subsequent events spanning the period from June 30, 2018 through November 13, 2018, the date the financial statements were available to be issued.

2. Investments and Endowment:

Investments and endowment as of June 30, 2018 and 2017 consist of the following:

	2018		
	Investments	Endowment	Total
Money Market			
Funds	\$ 603,470	\$ 35,973	\$ 639,443
Equity			
Securities	3,685,831	625,404	4,311,235
Mutual Funds	1,375,890	23,329	1,399,219
Corporate			
Bonds	1,350,143	978,171	2,328,314
Total	<u>\$ 7,015,334</u>	<u>\$ 1,662,877</u>	<u>\$ 8,678,211</u>
	2017		
	Investments	Endowment	Total
Money Market			
Funds	\$ 512,558	\$ 141,685	\$ 654,243
Equity			
Securities	3,716,165	671,973	4,388,138
Mutual Funds	1,124,734	-	1,124,734
Corporate			
Bonds	1,584,719	1,102,567	2,687,286
Total	<u>\$ 6,938,176</u>	<u>\$ 1,916,225</u>	<u>\$ 8,854,401</u>

For the years ended June 30, 2018 and 2017, investment and endowment income consists of the following:

	2018	2017
Net Realized Gains	\$ 477,852	\$ 301,542
Interest and Dividends	169,963	166,672
Net Unrealized Gains	65,319	463,255
Total Investment and Endowment Income	<u>\$ 713,134</u>	<u>\$ 931,469</u>

For the years ended June 30, 2018 and 2017, the Organization incurred investment fees in the amounts of \$47,773 and \$47,497, respectively. The investment fees balance is included in fees and licenses within the statement of functional expenses.

Risk Objectives and Risk Parameters: The Organization's Board of Directors has established investment policies over the endowment's general investments. The Organization's investment policy is designed, over the long-term, to produce funds for research and to preserve the value of the original gifts. To satisfy the long-term rate of return objectives determined by the Board of Directors, the Organization relies on a total return strategy in which investment returns are achieved through both current yield and capital appreciation. The Organization targets diversified assets allocations, each of which places a greater emphasis on equity-based investments to achieve the long-term return objectives. Over time, the strategy is to have 55%-70% of the endowment funds invested in equity-based investments to achieve its long-term return objectives, and 15%-75% of the endowment funds invested in fixed income securities and cash reserves to maintain prudent risk constraints.

Spending Policy: For the year ended June 30, 2018, the Organization implemented an investment and endowment spending policy. The Organization's endowment spending is determined annually at the discretion of the Organization's board of directors through the formal budgeting process. The Organization's approved annual spending program includes a withdrawal rate equal to up to 4% of the portfolio value of investments and endowments on a rolling five-year average balance of the investments and endowment's market value, in which distributions shall be made quarterly to the Organization. During the implementation year the approved budget calls for an investment and endowment spending rate greater than 4%.

2. Investments and Endowment (Continued):

Endowment: The endowment consists of a permanently restricted fund established in 2007, which has been restricted as to its use by the donor or by law to support research for the disease scleroderma, and funds designated by the Board to function as endowments. As of June 30, 2018 and 2017, the endowment consists of the following:

	2018			Total
	Unrestricted	Temporarily Restricted	Permanently Restricted	
Board Designated Endowment Funds	\$ 120,502	\$ -	\$ -	\$ 120,502
Donor Restricted Endowment Funds	-	-	1,542,375	1,542,375
Endowment, End of Year	\$ 120,502	\$ -	\$ 1,542,375	\$ 1,662,877

	2017			Total
	Unrestricted	Temporarily Restricted	Permanently Restricted	
Board Designated Endowment Funds	\$ 373,850	\$ -	\$ -	\$ 373,850
Donor Restricted Endowment Funds	-	-	1,542,375	1,542,375
Endowment, End of Year	\$ 373,850	\$ -	\$ 1,542,375	\$ 1,916,225

2. Investments and Endowment (Continued):

The change in the endowment by net asset classification for the years ended June 30, 2018 and 2017 consists of the following:

	2018			Total
	Unrestricted	Temporarily Restricted	Permanently Restricted	
Endowment, Beginning of Year	\$ 373,850	\$ -	\$ 1,542,375	\$ 1,916,225
Investment Returns:				
Interest and Dividend Income	-	37,476	-	37,476
Investment Fees	-	(11,303)	-	(11,303)
Net Realized and Unrealized Gains	-	38,890	-	38,890
Total Investment Returns	-	65,063	-	65,063
Appropriation of Endowment Assets for Donor-Designated Expenditures	(253,348)	(65,063)	-	(318,411)
Endowment, End of Year	\$ 120,502	\$ -	\$ 1,542,375	\$ 1,662,877
	2017			Total
	Unrestricted	Temporarily Restricted	Permanently Restricted	
Endowment, Beginning of Year	\$ 343,996	\$ -	\$ 1,542,375	\$ 1,886,371
Investment Returns:				
Interest and Dividend Income	-	38,378	-	38,378
Investment Fees	-	(12,157)	-	(12,157)
Net Realized and Unrealized Gains	-	88,450	-	88,450
Total Investment Returns	-	114,671	-	114,671
Appropriation of Endowment Assets for Donor-Designated Expenditures	29,854	(114,671)	-	(84,817)
Endowment, End of Year	\$ 373,850	\$ -	\$ 1,542,375	\$ 1,916,225

3. Fair Value Measurements:

Investments and endowment assets measured at fair value on a recurring basis as of June 30, 2018 and 2017 were as follows:

	2018			
	Fair Value Measurements as of June 30, 2018			
Totals	Quoted Prices in Active Markets for Identical Assets or Liabilities (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Money Market Funds	\$ 639,443	\$ 639,443	\$ -	\$ -
Equity Securities:				
Technology Sector	1,073,727	1,073,727	-	-
Consumer Goods	873,050	873,050	-	-
Healthcare Sector	808,357	808,357	-	-
Financial Sector	687,801	687,801	-	-
Industrial Sector	486,051	486,051	-	-
Energy Sector	382,249	382,249	-	-
Total Equity Securities	4,311,235	4,311,235	-	-
Corporate Bonds	2,328,314	-	2,328,314	-
Mutual Funds:				
Balanced Moderate Allocation Mutual Funds	804,114	804,114	-	-
Bond Funds	595,105	595,105	-	-
Total Mutual Funds	1,399,219	1,399,219	-	-
Total	\$ 8,678,211	\$ 6,349,897	\$ 2,328,314	\$ -

3. Fair Value Measurements (Continued):

	2017			
	Fair Value Measurements as of June 30, 2017			
	Totals	Quoted Prices in Active Markets for Identical Assets or Liabilities (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money Market Funds	\$ 654,243	\$ 654,243	\$ -	\$ -
Equity Securities:				
Technology Sector	1,231,142	1,231,142	-	-
Consumer Goods	887,778	887,778	-	-
Healthcare Sector	741,081	741,081	-	-
Financial Sector	689,368	689,368	-	-
Industrial Sector	503,619	503,619	-	-
Energy Sector	328,032	328,032	-	-
Basic Materials	7,118	7,118	-	-
Total Equity Securities	4,388,138	4,388,138	-	-
Corporate Bonds	2,687,286	-	2,687,286	-
Mutual Funds:				
Balanced Moderate Allocation Mutual Funds	769,476	769,476	-	-
Bond Funds	355,258	355,258	-	-
Total Mutual Funds	1,124,734	1,124,734	-	-
Total	\$ 8,854,401	\$ 6,167,115	\$ 2,687,286	\$ -

Money Market Funds: Valued at the daily closing price as reported by the fund from an active market.

Equity Securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate Bonds and U.S. Treasury Notes: Utilizing Level 2 inputs, are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds or notes, the bond or notes are valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available. Corporate bonds and U.S. Treasury notes seek to preserve capital while also providing a competitive level of income over time.

Balance Moderate Allocation Mutual Funds and Bond Funds: Valued at the daily closing price as reported by the fund. Balance moderate allocation mutual funds and bond funds held by the Organization are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value (NAV) and to transact at that price. The Balance moderate allocation mutual funds and bond funds held by the Organization are deemed to be actively traded.

4. Transactions with Affiliates:

The Organization is associated with separately incorporated nonprofit organizations throughout the United States of America referred to as affiliates. The affiliates share common goals and work in cooperation with the Organization.

The Organization functions as a pass-through funding source for contributions designated for the affiliates. In addition, the affiliates remit a percentage of their contributions to the Organization based on various financial factors and additional voluntary contributions. Transactions with affiliates consisted of the following for the years ended June 30, 2018 and 2017:

	2018	2017
Grants Passed-Through to Affiliates	\$ 391,472	\$ 411,529
Contributions Received from Affiliates	\$ 404,857	\$ 430,581
Voluntary Research Contributions Received from Affiliates	\$ 335,648	\$ 474,989

As of June 30, 2018 and 2017 the Organization had amounts due from/to affiliates as follows:

	2018	2017
Amounts Due from Affiliates	\$ 220,778	\$ 187,414
Amounts Due to Affiliates	\$ 86,658	\$ 59,853

5. Contributions Receivable:

Contributions receivable as of June 30, 2018 and 2017 amounted to \$267,749 and \$78,461, respectively, and represented amounts due to be received in less than one year from the statements of financial position date.

6. Property and Equipment:

Property and equipment consists of the following as of June 30, 2018 and 2017:

	2018	2017
Computer Equipment	\$ 75,101	\$ 75,101
Furniture and Fixtures	70,690	70,690
Leasehold Improvements	8,393	8,393
Land	2,000	2,000
	<u>156,184</u>	<u>156,184</u>
Less: Accumulated Depreciation	150,457	148,602
	<u>\$ 5,727</u>	<u>\$ 7,582</u>

Depreciation expense amounted to \$1,855 and \$3,132 for the years ended June 30, 2018 and 2017, respectively.

7. Website Development Costs:

As of June 30, 2018 and 2017, capitalized website development costs consist of the following:

	2018	2017
Website Development Costs	\$ 80,730	\$ 80,730
Less: Accumulated Amortization	80,730	79,393
	<u>\$ -</u>	<u>\$ 1,337</u>

Amortization expense amounted to \$1,337 and \$16,152 for the years ended June 30, 2018 and 2017, respectively. As of June 30, 2018 the Organization's website development costs are fully amortized.

8. Grants Payable:

The Organization provides grants to non-affiliates for research purposes. Grants payable as of June 30, 2018 are due to recipients as follows:

Year Ended	
June 30,	
2019	\$ 1,037,380
2020	<u>505,000</u>
	<u>\$ 1,542,380</u>

Long-term grants payable has not been discounted, as the discount would be immaterial to the financial statements taken as a whole.

9. Temporarily Restricted Net Assets:

As of June 30, 2018 and 2017, temporarily restricted net assets consist of funds restricted by donors for the following purposes:

	2018	2017
Research	\$ 250,000	\$ 250,000
Scholarships	<u>25,503</u>	<u>22,880</u>
	<u>\$ 275,503</u>	<u>\$ 272,880</u>

10. Net Assets Released from Restrictions:

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes specified by donors or by the passage of time. Net assets released from restriction during the years ended June 30, 2018 and 2017 consists of the following:

	2018	2017
Research	\$ 738,189	\$ 908,662
Scholarships	27,842	58,988
Educational Seminars	<u>10,000</u>	<u>15,000</u>
	<u>\$ 776,031</u>	<u>\$ 982,650</u>

11. Permanently Restricted Net Assets:

Permanently restricted net assets totaling \$1,542,375 as of June 30, 2018 and 2017, represent contributions for the Feeney Fund, for which such contributions have been permanently restricted by donors. Gains generated from the endowment fund may be used for research programs.

12. Special Events:

Special events revenue is shown net of direct related expenses in the accompanying statements of activities and consists of the following for the years ended June 30, 2018 and 2017:

	2018	2017
Gross Special Events Revenue	\$ 756,864	\$ 911,911
Less: Direct Costs of Benefits to Donors	<u>(255,417)</u>	<u>(290,964)</u>
	<u>\$ 501,447</u>	<u>\$ 620,947</u>

13. Operating Leases:

The Organization is party to an operating lease for office space in Danvers, Massachusetts, with an amended expiration date of April 2020. Under the terms of the amended lease agreement, the Organization is required to remit escalating monthly rental payments ranging from \$7,726 to \$8,187 through April 2020. Certain chapters of the Organization are party to operating leases on a month-to-month basis and noncancelable leases with expiration dates through February 2021. Rent expense incurred by the Organization under these lease agreements amounted to \$133,987 and \$119,867 for the years ended June 30, 2018 and 2017, respectively.

The Organization also leases certain rental equipment, with expiration dates through September 2019. Rent expense incurred by the Organization under these lease agreements amounted to \$17,750 and \$18,541 for the years ended June 30, 2018 and 2017, respectively.

13. Operating Leases (Continued):

Future minimum rental payments due under these noncancelable lease agreements as of June 30, 2018 are as follows:

Year Ended**June 30,**

2019	\$ 112,486
2020	93,875
2021	<u>7,584</u>
	<u>\$ 213,945</u>

14. Economic Dependency:

For the years ended June 30, 2018 and 2017, one and two contributors represented 18% and 30%, respectively, of total contributions and bequests. As of June 30, 2018 and 2017, two and one contributors represented 86% and 95%, respectively, of contributions receivable.

15. Retirement Plan:

The Organization sponsors an IRC Section 403(b) plan for eligible employees, which allows participants to defer a portion of their salaries into a variety of investment options. The plan allows for employee salary deferrals, not to exceed the legal limit. The Organization matches 100% of the employee contributions up to a maximum of 3% of the employee's annual compensation. The Organization's matching contribution expenses related to this plan amounted to \$20,966 and \$14,755 for the years ended June 30, 2018 and 2017, respectively.

16. Indemnifications:

In the ordinary course of business, the Organization enters into various agreements containing standard indemnification provisions. The Organization's indemnification obligations under such provisions are typically in effect from the date of execution of the applicable statute of limitations. The aggregate maximum potential future liability of the Organization under such indemnification provisions is uncertain. As of June 30, 2018 and 2017, no amounts have been accrued related to such indemnification provisions.

