			EXTENSION GRANTED UNTIL MAY 15,		OMB No. 1545-0047
	0	00	Return of Organization Exempt From		0000
For	m J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e		
Dep	artment o	of the Treasury	Do not enter social security numbers on this form as it may	•	Open to Public
_		nue Service	Go to www.irs.gov/Form990 for instructions and the lates ar year, or tax year beginning $JUL \ 1, \ 2022$ and ending	JUN 30, 2023	Inspection
_					ion number
в	Check if applicabl	le:	organization	D Employer identificat	tion number
	Addre		ONAL SCLERODERMA FOUNDATION, INC.		
F	Name		usiness as	52-1375827	7
F	Initial		and street (or P.O. box if mail is not delivered to street address) Room/su		·
Ē	Final return	300	ROSEWOOD DRIVE 105	800-722-46	573
	termir ated	n_	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	8,832,555.
	Amen return		ERS, MA 01923	H(a) Is this a group retu	
	Applic tion	^{ca-} F Name a	nd address of principal officer: MARY J. WHEATLEY	for subordinates?	Yes X No
	pendi	^{ng} SAME	AS C ABOVE	H(b) Are all subordinates inclue	ded? Yes No
<u> </u>	Tax-ex	empt status:		If "No," attach a lis	t. See instructions
	Vebsi		SCLERODERMA.ORG	H(c) Group exemption r	
			X Corporation Trust Association Other L Ye	ear of formation: 1993 M s	State of legal domicile: ${ t I}{ t L}$
Pa	art I	Summary			
Ð	1	Briefly describ	e the organization's mission or most significant activities: THE NATIO	NAL SCLERODERM	
anc			ION'S MISSION IS TO ADVANCE MEDICAL RE		
Governance	2	Check this bo		1 1	
Ň	3		ing members of the governing body (Part VI, line 1a) ependent voting members of the governing body (Part VI, line 1b)		<u> 14</u> 14
				33	
Activities &	5		of individuals employed in calendar year 2022 (Part V, line 2a)		300
tivi	6		of volunteers (estimate if necessary) b business revenue from Part VIII, column (C), line 12		0.
Ac	h		business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11		0.
		Net unrelated		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	4,462,430.	6,057,608.
Revenue	9		ce revenue (Part VIII, line 2g)	0.	0.
eve	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)	119,037.	476,604.
č	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	381,686.
	1		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,581,467.	6,915,898.
			nilar amounts paid (Part IX, column (A), lines 1-3)	2,425,000.	1,812,000.
	14	Benefits paid	o or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	2,012,197.	2,783,041.
Expenses	16a	Professional fi	Indraising fees (Part IX, column (A), line 11e)	0.	0.
a d x	b.		ng expenses (Part IX, column (D), line 25) 645,725.	1 550 545	1 0 6 6 - 0 1
ш	1 17	•	es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,773,515.	1,866,701.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,210,712.	6,461,742.
		Revenue less	expenses. Subtract line 18 from line 12	-1,629,245.	454,156.
t Assets or			-	Beginning of Current Year	End of Year
Sset	20	Total assets (F		11,463,074.	12,897,422.
Net A	-		(Part X, line 26)	2,913,453.	3,086,186.
	art II	Net assets or Signature	Block	8,549,621.	9,811,236.
		-	declare that I have examined this return including accompanying schedules and state	ments and to the best of my kn	owledge and belief it is

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

Sign	Signature of officer Date									
Here	MARY J. WHEATLEY, IOM, CAE, CHIEF EXECUTIVE OFFICER									
	Type or print name and title									
	Print/Type preparer's name Preparer's signature Date									
Paid	Paid MATTHEW KALIL, CPA, MBA MATTHEW KALIL, CPA, 01/16/24 self-employed P01517069									
Preparer	Preparer Firm's name BAKER TILLY US, LLP Firm's EIN 39-0859910									
Use Only Firm's address 1 HIGHWOOD DRIVE										
TEWKSBURY, MA 01876 Phone no.978.557.5300										
May the IF	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🗌 No									
232001 12-1	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2022)								

2-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) NATIONAL SCLERODERMA FOUNDATION, INC. 52-1375827 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE NATIONAL SCLERODERMA FOUNDATION'S MISSION IS TO ADVANCE MEDICAL
	RESEARCH, PROMOTE DISEASE AWARENESS, AND PROVIDE SUPPORT AND EDUCATION
	TO PEOPLE WITH SCLERODERMA, THEIR FAMILIES AND SUPPORT NETWORKS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$ 2,573,410. including grants of \$) (Revenue \$)
	A RELENTLESS FORCE IN FINDING A CURE AND IMPROVING THE LIVES OF PEOPLE
	AFFECTED BY SCLERODERMA, THE NATIONAL SCLERODERMA FOUNDATION ADVANCES
	MEDICAL RESEARCH, PROMOTES DISEASE AWARENESS, AND PROVIDES SUPPORT AND
	EDUCATION TO PEOPLE WITH SCLERODERMA, THEIR FAMILIES AND SUPPORT
	NETWORKS. SUPPORTED BY A NETWORK OF THOUSANDS OF INDIVIDUALS ACROSS THE
	UNITED STATES, THE FOUNDATION IS THE LEADING NONPROFIT FUNDER OF PEER-REVIEWED RESEARCH TO DISCOVER THE CAUSE, UNDERSTAND THE
	MECHANISMS, AND OVERCOME SCLERODERMA FOREVER.
	SUPPORT: THE FOUNDATION SERVES PEOPLE LIVING WITH SCLERODERMA, AS WELL
	AS THEIR CAREGIVERS AND FAMILY MEMBERS BY PROVIDING ACCESS TO SUPPORT
	GROUPS. IN THE WAKE OF THE PANDEMIC, THE FOUNDATION PIVOTED FROM
4b	(Code:) (Expenses \$2,177,271. including grants of \$1,812,000.) (Revenue \$) RESEARCH:
	IN FY 2023, THE FOUNDATION MADE A COMMITMENT OF \$1.8 MILLION TO FUND
	RESEARCH. THIS FUNDING AIMS TO STIMULATE AND SUPPORT INVESTIGATIONS
	INTO BETTER UNDERSTANDING THE MECHANISMS THAT CAUSE THE DISEASE, HOW TO
	PREVENT AND ACCURATELY DIAGNOSIS AND TREAT THE DISEASE, AND ULTIMATELY
	FIND A CURE FOR SCLERODERMA. EACH AWARD IS \$200,000 SPREAD OVER
	MULTIPLE YEARS. IN FY 2023, SIX AWARDS WERE TWO-YEAR ESTABLISHED
	INVESTIGATOR AWARDS, AND THREE AWARDS WERE THREE-YEAR NEW INVESTIGATOR AWARDS. NEW INVESTIGATOR AWARDS ARE INTENDED TO HELP EMERGING
	SCIENTISTS GATHER SUFFICIENT DATA TO DEMONSTRATE THE VALUE OF THEIR
	AREA OF INVESTIGATION AND ATTRACT LARGER FUNDING FROM OTHER SOURCES.
	THE FOUNDATION'S PEER REVIEWED RESEARCH GRANTS PROGRAM PRIORITIZES
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 4,750,681.
232002	SEE SCHEDULE O FOR CONTINUATION(S)

Form 990 (2022)		SCLERODERMA	FOUNDATION,	INC
Part IV Checklist of R	equired Scheo	dules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_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?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		_X_
С	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? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			77
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	5		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	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	14b	х	
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	-11	
15		15	х	
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	- 23	
10		16		х
17	or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			- 23
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		_ <u></u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, "			
15	complete Schedule G, Part III	19		х
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	х	

Form 990 (2022)	NATIONAL		
Part IV	Checklist	t of Required Sched	lules ₍	(continued)

			Yes	No		
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? If "Yes," complete Schedule I, Parts I and III	22	Х			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current					
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete					
	Schedule J	23	Х			
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? If "Yes," answer lines 24b through 24d and complete					
	Schedule K. If "No," go to line 25a	24a		X		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease					
	any tax-exempt bonds?	24c				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit					
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and					
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete					
	Schedule L, Part I	25b		X		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current					
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,					
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled					
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,					
	instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If					
	"Yes," complete Schedule L, Part IV	28a		X		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If					
	"Yes," complete Schedule L, Part IV	28c		X		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation					
	contributions? If "Yes," complete Schedule M	30		X		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete					
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and					
	Part V, line 1	34		X		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?					
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>		
37	7 Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI					
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?					
Der	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Х	L		
Pa						
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>				
			Yes	No		
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 17	-				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-				

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2022) NATIONAL SCLERODERMA FOUNDATION, INC. 52-1375	827	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 33			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0		x
L	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
7		7-		x
a L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			<u> </u>
С		7c		x
Ь		10		- 23
e u	If "Yes," indicate the number of Forms 8282 filed during the year	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of quantee intellectual property, did the organization me rorm boos as required in	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ũ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

	Form	990	(2022)
--	------	-----	--------

NATIONAL SCLERODERMA FOUNDATION, INC. 52-1375827

Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			·
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedAL, AK, AR, CA, CO, CT, FL, GA, HI	,IL,	KS,	KΥ
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (section 501(c)(3)s			
	for public inspection. Indicate how you made these available. Check all that apply.	•••		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	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, 105, DANVERS, MA 01923			

SEE SCHEDULE O FOR FULL LIST OF STATES

• 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 organization and any related organizations. See the instructions for the order in which to list the persons above. 										
Check this box if neither the organization ne	•			tion	con	nor	eat	ed any current officer d	irector or trustee	
(A)	(B)	Jiga	mza		<u>C)</u>	iper	isan	(D)	(E)	(F)
Name and title	Average				itior	ı		Reportable	Reportable	Estimated
Name and the	hours per					than o s both		compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	trustee or director				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	In stitutional trustee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		and related
	below	Individual t	titutic	Officer	Key employee	hest	Former			organizations
	line)	Ind	Ins	0ff	Key	e ^{Hig}	For			
(1) MARY J. WHEATLEY	40.00									
CEO				Х				226,252.	0.	17,160.
(2) MICHAEL B. HYDE	40.00									
COO/CFO				Х				150,589.	0.	31,671.
(3) COS MALLOZZI	2.00									
DIRECTOR		Х						0.	0.	0.
(4) COURTNEY CALIENDO	2.00									
DIRECTOR		Х						0.	0.	0.
(5) CHRISTINA LOCCKE	2.00									
DIRECTOR		х						0.	0.	0.
(6) MARY BLADES	2.00									
DIRECTOR		х						0.	0.	0.
(7) JEANNE THEISSEN	2.00									
DIRECTOR		х						0.	0.	0.
(8) MARK OROZCO, III, MBA	2.00									
DIRECTOR		х						0.	0.	0.
(9) LINDA BORNSTEIN BAUM, O.D.	2.00									
DIRECTOR		х						0.	0.	0.
(10) MARCIA WALKER	2.00									
DIRECTOR	2.00	х						0.	0.	0.
(11) ZEBA HYDER	2.00									
DIRECTOR	2.00	х						0.	0.	0.
(12) MICHAEL PURSEL	2.00	Λ						0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0
	2 00	Λ						0.	0.	0.
(13) KEVIN BOYANOWSKI	2.00	37		37				•	0	0
CHAIR	2 00	Х		Х				0.	0.	0.
(14) CAROL FEGHALI-BOSTWICK, PH. D	2.00								•	•
VICE CHAIR		Х		Х				0.	0.	0.
(15) MIKE LEVENGOOD, ESQ.	2.00	I								
SECRETARY		Х		Х	L			0.	0.	0.
(16) CYNDY BESSELIEVRE, CPA	2.00							_	_	_
TREASURER		Х		Х				0.	0.	0.
		l			1	1	l	1		

Employees, and Independent Contractors

Form 990 (2022)

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.

NATIONAL SCLERODERMA FOUNDATION, INC.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

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

52-1375827

Page 7

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Coordinaction		SCLEROE)ER	MA	F	OU	ND	AT	ION, INC.	52-13	1758	327	Page 8
Name and the Average week week week week week week week we			oloy	ees,			ghes	t C		· ,			
Number of independent only of the compensation from the c													
Week (in the state organization bior state organization (%2/1095 MISC/ 000-NEC) Tom multication (%2/1095 MISC/ 1090-NEC) Tother organization (%2/1095 MISC/ 1090-NEC) Tother organization (%2/1090 MISC/ 1000 MISC/ 1000 MISC/ 1000 MISC/ 10	Name and title			not c	heck r	more	than c		1 '		_		
Hold any motion organization programitations below ince Image of the status programitation organization (%2/1009-MISC) Organization (%2/1009-MISC) Organization and related organization (%2/1009-MISC) Organization (%2/1009-MISC) Organization and related organization and related organization Image of the status ince Image of the st									1 ·				
1 1		(list any	ctor										
1 1			or dire				ted				C/	from	n the
1 1			stee c	truste			pensa		1 .	1099-NEC)		•	
1 1			ual tru	ional 1		ploye	t com		1099-NEC)				
1 1			divid	stitut	fficer	ey em	ighes mploy	ormer				organiz	Lations
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.				-	0	¥	ш	ш			\rightarrow		
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			•										
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.											\rightarrow		
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			1										
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.											-		
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			1										
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.													
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			1										
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.													
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			1										
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.													
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.													
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.													
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.													
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.													
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.													
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.													
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.											-		
d Total (add lines tb and 1c) 376,841. 0. 48,831. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization are related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from may unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X 5 Did any person listed on line 1a receive or accrue compensation from may unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) 1 Complete Schedule J FIFTH STRATEGY & COMMUNICATIONS 116, 415. 2 Total number of independent contractors (including but not limited to those list												48,	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? It "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services 5 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization? tax year. (B) (C) 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation 116, 415. MARKSTEIN CONSULTING, LLC, 1801 FIFTH ST												10	
2 compensation from the organization 2 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X 5 Did any person listed to for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of services 5 X 5 Description of services Compensation Compensation 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of services Compensation Mare and business address Description of services Compensation MARKSTEIN CONSULTING, LLC, 1801 FIFTH STRATEGY & AVENUE, SUITE 200, BIRMINGHAM, AL 35203 COMMUNICATIONS 116, 415. 2 Total number of independent contractors (including but not limited to those listed above) w												48,	831.
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) (C) Complete Structure 200, BIRMINGHAM, AL 35203 COMMUNICATIONS 116, 415. 2 Total number of independent contractors (including but not limited to those listed above) who received more than		ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			2
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X 5 Section B. Independent Contractors 5 X 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. 6 (C) 1 Complete Schedule J for Such PETFTH STRATEGY & Compensation AVENUE, SUITE 200, BIRMINGHAM, AL 35203 COMMUNICATIONS 116, 415. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 4	compensation from the organization											V	
1 1 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 5 X 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) (C) Name and business address Description of services Compensation MARKSTEIN CONSULTING, LLC, 1801 FIFTH STRATEGY & AVENUE, SUITE 200, BIRMINGHAM, AL 35203 COMMUNICATIONS 116, 415. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 1 1 1											ſ	Ye	es No
 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If</i> "Yes," <i>complete Schedule J for such person</i> Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Complete this table for your five highest address Description of services Compensation MARKSTEIN CONSULTING, LLC, 1801 FIFTH STRATEGY & AVENUE, SUITE 200, BIRMINGHAM, AL 35203 COMMUNICATIONS 116, 415. 2 2 Total number of independent contractors (including but not limited to those listed above) who received more than 	č	-		•	•			Ŭ	• •	•		-	v
and related organizations greater than \$150,000? /f "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? /f "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? tax year. (B) (C) Name and business address Description of services Compensation MARKSTEIN CONSULTING, LLC, 1801 FIFTH STRATEGY & 116,415. AVENUE, SUITE 200, BIRMINGHAM, AL 35203 COMMUNICATIONS 116,415. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 1											····	3	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation MARKSTEIN CONSULTING, LLC, 1801 FIFTH STRATEGY & 116,415. AVENUE, SUITE 200, BIRMINGHAM, AL 35203 COMMUNICATIONS 116,415. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 10													7
rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation MARKSTEIN CONSULTING, LLC, 1801 FIFTH STRATEGY & 116,415. AVENUE, SUITE 200, BIRMINGHAM, AL 35203 COMMUNICATIONS 116,415. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 100,000 of compensation												4 2	<u> </u>
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		•							•		- 1	5	x
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation MARKSTEIN CONSULTING, LLC, 1801 FIFTH STRATEGY & 116,415. AVENUE, SUITE 200, BIRMINGHAM, AL 35203 COMMUNICATIONS 116,415. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 1		ipiete Scheaule	<u> </u>	or st	icn <u>r</u>	berse	on .				<u></u>	5	21
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation MARKSTEIN CONSULTING, LLC, 1801 FIFTH STRATEGY & AVENUE, SUITE 200, BIRMINGHAM, AL 35203 COMMUNICATIONS 116,415. Image: colored business of the calendar year ending with or within the organization's tax year. Image: colored business Compensation MARKSTEIN CONSULTING, LLC, 1801 FIFTH STRATEGY & Communication 116,415. Image: colored business Image: colored business Image: colored business Image: colored business AVENUE, SUITE 200, BIRMINGHAM, AL 35203 Strategy & Image: colored business Image: colored business Image: colored business Image: colored business Image: colored business Image: colored business Image: colored business Image: colored business Image: colored business Image: colored business Image: colored business Image: colored business Image: colored business Image: colored business Image: colored business Image: colored business Image: colored business Image: colored business Image: colored business Image: c	· · · ·	mnensated ind	lene	nder	nt co	ontra	actor	s th	nat received more than 9	100 000 of comp	ensat	ion from	
(A) (B) (C) Name and business address Description of services Compensation MARKSTEIN CONSULTING, LLC, 1801 FIFTH STRATEGY & AVENUE, SUITE 200, BIRMINGHAM, AL 35203 COMMUNICATIONS 116,415. AVENUE, SUITE 200, BIRMINGHAM, AL 35203 COMMUNICATIONS 116,415. 2 Total number of independent contractors (including but not limited to those listed above) who received more than Image: Compensation of the second contractors (including but not limited to those listed above) who received more than	. , , ,	•	•							•	Choat		
Name and business address Description of services Compensation MARKSTEIN CONSULTING, LLC, 1801 FIFTH STRATEGY & 116,415. AVENUE, SUITE 200, BIRMINGHAM, AL 35203 COMMUNICATIONS 116,415. Image: state of the set of the s		ine ealendar ye		- Tom	<u>ig in</u>							(C)	
AVENUE, SUITE 200, BIRMINGHAM, AL 35203 COMMUNICATIONS 116,415. Image: state of the state of		address								ervices	C		ation
Total number of independent contractors (including but not limited to those listed above) who received more than	MARKSTEIN CONSULTING, LLC	2, 1801	FI	FT:	н				STRATEGY &				
Total number of independent contractors (including but not limited to those listed above) who received more than	AVENUE, SUITE 200, BIRMIN	IGHAM, A	L	35	20	3		k	COMMUNICATIO	NS		116,	415.
		•	ot lin	nited	to t	thos 1	se lis	ted	above) who received m	ore than			

						CLE	RODERMA	FOUNDATION	, INC.	52-1375	827 Page 9
Pa	rt V	/	Statement of Re	ven	ue						
			Check if Schedule O	conta	ains a resp	onse	or note to any lin				
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ŝ	1	а	Federated campaigns		1a						
ani			Membership dues								
D D D			Fundraising events				850,362.				
ifts ar A	d Related organizations 11										
s, G nila			Government grants (conti								
Sir			All other contributions, gifts,								
ber			similar amounts not included				5,207,246.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in			\$		1			
Cor		h	Total. Add lines 1a-1f					6,057,608.			
							Business Code				
ė	2	а									
vic		b									
Ser nue		с									
am eve		d									
Program Service Revenue		е									
Pre		f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f								
	3		Investment income (inclue	ding	dividends	intere	est, and				
		other similar amounts)					203,947.			203,947.	
	4 Income from investment of tax-exempt bond pro		proceeds								
	5		Royalties	· <u>· · · · · · · ·</u>							
					(i) Re	al	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses \dots	6b							
		С	Rental income or (loss)	6c							
		d	Net rental income or (loss)	T						
	7	а	Gross amount from sales of		(i) Secu		(ii) Other				
			assets other than inventory	7a	2,046	,768.					
		b	Less: cost or other basis								
venue			and sales expenses	7b							
evel			Gain or (loss)	7c		,657.		000 650			000 650
r R	_		Net gain or (loss)					272,657.			272,657.
Other Ro	8	а	Gross income from fundraisi	-	-						
0			including \$								
			contributions reported on		,		142,546.				
		h	Part IV, line 18 Less: direct expenses				, ,				
			Net income or (loss) from			· –	112,010.	0.			
	0		Gross income from gamir								
	3	a	Part IV, line 19								
		h	Less: direct expenses								
			Net income or (loss) from			· –					
	10		Gross sales of inventory,								
			and allowances			10a					
		b	Less: cost of goods sold								
			Net income or (loss) from			· •					
		-				<i>.</i>	Business Code				
snc	11	а	RETURNED GRANT AWAR	DS			900099	381,686.			381,686.
Miscellaneous Revenue		b									
ella		с									
lisc B,		d	All other revenue								
2			Total. Add lines 11a-11d					381,686.			
	12		Total revenue. See instruction					6,915,898.	0.	0.	858,290.

	990 (2022) NATIONAL SC: t IX Statement of Functional Expensi	LERODERMA FOU	NDATION, INC	52-13
	on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must cor	nplete column (A)
<u></u>	Check if Schedule O contains a respor			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,600,000.	1,600,000.	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	12,000.	12,000.	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	200,000.	200,000.	
4	Benefits paid to or for members			
5	Compensation of current officers, directors, trustees, and key employees	454,933.	150,712.	278,236.
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	1,796,899.	1,312,560.	332,450.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,384.	24,924.	4,629.
9	Other employee benefits	295,373.	214,333.	55,378.
10	Payroll taxes	203,452.	134,278.	52,898.
11	Fees for services (nonemployees):			
	Management			
	Legal	44,927.	289.	44,638.
	Accounting	44,000.		44,000.
d				
е	Professional fundraising services. See Part IV, line 17			
f	Investment management fees	44,153.		44,153.
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	435,198.	346,560.	
12	Advertising and promotion	11,472.	6,949.	2,125.
		176 021	60 030	17 222

176,921.

326,484.

216,633.

127,272.

ete all columns. All othe	er organizations must cor	mplete column (A).	
e or note to any line in	this Part IX		
(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses

69,939.

195,890.

135,119.

82,972.

17,232.

65,297.

39,547.

22,150.

10,365.

4,856.

15,781.

30,706.

1,065,336.

895.

25,985.

151,889.

2,831. 25,662.

16,276.

88,638.

2,398.

89,750.

65,297.

41,967.

22,150.

19,193.

4,856.

15,781.

56,714.

16,338.

645,725.

	,		
	for any federal, state, or local public officials \dots		
19	Conferences, conventions, and meetings	140,626.	111,068.
20	Interest		
21	Payments to affiliates	220.	220.
22	Depreciation, depletion, and amortization	24,280.	14,568.
23	Insurance	78,906.	47,344.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)		
а	EEEA NUE ITAENAEA	176,586.	89,166.
b	OUTREACH	19,023.	1,790.
с			
d			
е	All other expenses		
25	Total functional expenses. Add lines 1 through 24e	6,461,742.	4,750,681.
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)		

Office expenses _____

Information technology Royalties

Occupancy

Travel

Payments of travel or entertainment expenses

13

14

15

16

17

18

NATIONAL SCLERODERMA F	OUNDATION,	INC.
------------------------	------------	------

52-1375827 Page 11

		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,683,332.	1	2,257,990.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			635,411.	3	270,820.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	r former	officer, director,			
		trustee, key employee, creator or founder, subs	tantial c	contributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described				6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
<	9	Prepaid expenses and deferred charges		·····	185,646.	9	348,601.
	10a	Land, buildings, and equipment: cost or other		050 045			
		basis. Complete Part VI of Schedule D		259,947. 228,239.	00 005		21 800
		Less: accumulated depreciation			29,987.		<u>31,708.</u> 9,588,217.
	11	Investments - publicly traded securities			7,887,043.	11	9,588,217.
	12	Investments - other securities. See Part IV, line -			12		
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			11 CEE	14	100 096
	15	Other assets. See Part IV, line 11			<u>41,655.</u> 11,463,074.	15	400,086. 12,897,422.
	16	Total assets. Add lines 1 through 15 (must equ			208,675.	16	315,680.
	17	Accounts payable and accrued expenses		2,620,835.	17 18	2,416,673.	
	18 19	Grants payable	4,529.	10 19	134,975.		
	20	Deferred revenue Tax-exempt bond liabilities			1,525.	20	154,575.
	20	Escrow or custodial account liability. Complete				20	
	22	Loans and other payables to any current or form				21	
Liabilities		trustee, key employee, creator or founder, subst					
iliq		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-				
		of Schedule D			79,414.	25	218,858.
	26	Total liabilities. Add lines 17 through 25			79,414. 2,913,453.	26	3,086,186.
		Organizations that follow FASB ASC 958, che	ck her	e X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			6,893,709.	27	7,687,928.
Ba	28	Net assets with donor restrictions			1,655,912.	28	2,123,308.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 9	58, che	eck here			
ц		and complete lines 29 through 33.					
s S	29	Capital stock or trust principal, or current funds				29	
sei	30	Paid-in or capital surplus, or land, building, or ed				30	
tA₅	31	Retained earnings, endowment, accumulated in			0 540 601	31	0 011 005
Ne	32	Total net assets or fund balances		·····	8,549,621.	32	9,811,236.
	33	Total liabilities and net assets/fund balances			11,463,074.	33	12,897,422.

Form **990** (2022)

Part X Balance Sheet

Form	000	(0000
FOUL	990	2022

	990 (2022) NATIONAL SCLERODERMA FOUNDATION, INC.	52-	1375827	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,915		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,461		
3	Revenue less expenses. Subtract line 2 from line 1	3			56.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,549		
5	Net unrealized gains (losses) on investments	5	807	7,4	59.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	9,811	.,2	<u>36.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

SCHED (Form 99) Department o Internal Reven	90) f the Treasury	Co	Public Chai omplete if the organ 494 At Go to www.irs.gov/l	OMB No. 1545-0047					
Name of t	the organizati	on						Employer	identification number
				ODERMA FOUND					2-1375827
Part I	Reason	for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) Se	ee instruction	S.	
The organ 1 2 3 4	A church, cor A school des A hospital or	nvention of chi cribed in sect i a cooperative search organiza	urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga	For lines 1 through 12, c n of churches described Attach Schedule E (Forr anization described in s njunction with a hospital	l in sectio n 990).) ection 170	n 170(b)(1 (b)(1)(A)(iii	j).)(iii). Enter	the hospital's name,
5	•		or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
			Complete Part II.)		-				
6	A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)(v).		
7 X	An organizati	on that norma	lly receives a substar	ntial part of its support f	rom a gove	ernmental u	unit or from th	ne general p	oublic described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	-			(1)(A)(vi). (Complete Par	-				
9	•			in section 170(b)(1)(A)	• •			-	•
		or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city,	and state of	the college	or
40	university:			ula					1
10				than 33 1/3% of its supp					
				t to certain exceptions;					-
			mplete Part III.)	(less section 511 tax) fro		ses acquir		anization a	iter June 30, 1975.
11				vely to test for public sa	fetv See	section 50	Q(a)(4)		
12	-	-	-	vely for the benefit of, to	•			rry out the	nurnoses of one or
	-	-	-	d in section 509(a)(1)				•	
			-	f supporting organization					
a	7	•		upervised, or controlled				-	aivina
			-	gularly appoint or elect a	• • • •	-			
		-	complete Part IV, Se		, ,				
b	¬ -			or controlled in connec	tion with its	s supporte	d organizatio	n(s), by hav	ing
			-	anization vested in the s			-		•
	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.	•				
c 🗌	Type III fur	nctionally inte	grated. A supporting	g organization operated	in connect	ion with, a	nd functional	ly integrate	d with,
	its supporte	ed organizatio	n(s) (see instructions)). You must complete	Part IV, Se	ctions A, I	D, and E.		
d] Type III no	n-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	ation(s)
	that is not f	unctionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution req	uirement and	an attentiv	reness
	requiremen	t (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part \	/.		
e	Check this	box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
	functionally	integrated, or	Type III non-functior	nally integrated supporti	ng organiz	ation.			
	er the number	• •	•						
	vide the followi		about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	monoton	(vi) Amount of other
,	organization			(described on lines 1-10	in your governi	ng document?	support (see in	-	support (see instructions)
	-			above (see instructions))	Yes	No		,	· · · /

Total

Schedule A (Form 990) 2022 NATIONAL SCLERODERMA FOUNDATION, INC. 52-1375827 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	4326448.	3405450.	3721793.	4462430.	6057608.	21973729.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	4326448.	3405450.	3721793.	4462430.	6057608.	21973729.			
	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)						1732619.			
6	Public support. Subtract line 5 from line 4.						20241110.			
	tion B. Total Support				1					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Amounts from line 4	4326448.	3405450.	3721793.	4462430.		21973729.			
	Gross income from interest,									
•	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	175,015.	180,407,	167.751.	175,431.	203,947.	902,551.			
9	Net income from unrelated business		20072070	10///010	1/0/1011	20079270	501,0010			
5	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
10	or loss from the sale of capital									
	•									
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						22876280.			
			(no)			12	625,408.			
12	Gross receipts from related activities, First 5 years. If the Form 990 is for th						025,4000			
13	organization, check this box and stor	•								
Sec	tion C. Computation of Publi									
	Public support percentage for 2022 (I			column (f))		14	88.48 %			
	Public support percentage from 2021		•			15	87.22 %			
	33 1/3% support test - 2022. If the c									
100	stop here. The organization qualifies	-					37			
h	33 1/3% support test - 2021. If the c		-							
~	and stop here. The organization qual									
17~	10% -facts-and-circumstances test									
170	and if the organization meets the facts	-								
	meets the facts-and-circumstances te			-		0				
L		•	•		•	7a and line 15 is				
a	10% -facts-and-circumstances test	•					1070 01			
	more, and if the organization meets the									
40	organization meets the facts-and-circu									
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									

Schedule A (Form 990) 2022

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 per- formed, 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 bus-						
	iness under section 513	<u> </u>					
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support					.	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	Add lines 10a and 10b Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizati	on,
_							
Sec	tion C. Computation of Publi	c Support Pe	rcentage			<u> </u>	
15	Public support percentage for 2022 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
	tion D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	-			•••••	ation	

b 33 1/3% support tests - 2021. 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
 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990) 2022 NATIONAL SCLERODERMA FOUNDATION, INC. 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.)

1

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **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)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2022 NATIONAL SCLERODERMA FOUNDATION, INC. 52–1375827 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a 11a b A family member of a person described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide 11b 11b in Part VI. In Part VI. Integers Integers Integers Integers

<u>detail in Part VI.</u> Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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)	1		

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?	1		
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).	2		
3	By reason of the relationship described on line 2, above, 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	3		

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 The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>
---	--	---	--

- 2 Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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 lines 3a and 3b 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? *If* "Yes" or "*No*" *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.*

2a

2b

3a

Yes No

Sche	dule A (Form 990) 2022 NATIONAL SCLERODERMA F		ION, INC.	52-1375827 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	.
Sect	ion 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		
Sect	ion 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		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2022

NATIONAL	SCLERODERMA	FOUNDATION,	INC.
----------	-------------	-------------	------

Sche Par		RODERMA FOUNDAT			2-1375827	Page 7
		allo Supporting Orga	(Continu	ied)	0	
	on D - Distributions			4	Current Yea	ar
1	Amounts paid to supported organizations to accomplish exer			1		
2	Amounts paid to perform activity that directly furthers exemp	a purposes of supported		2		
	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose	o of our ported or conizations		2		
3		es of supported organizations	5	4		
_ <u>4</u> 5	Amounts paid to acquire exempt-use assets		4 5			
<u> </u>	Qualified set-aside amounts (prior IRS approval required - pro		6			
7	Other distributions (<i>describe in</i> Part VI). See instructions. Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	o organization is responsivo		- 1		
0	(provide details in Part VI). See instructions.	le organization is responsive		8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
10		(i)	(ii)	10	(iii)	
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributior Pre-2022	IS	Distributab Amount for 2	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2018					
b	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2022

		NI T O II I			TNO		
Schedule A						52-1375827	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, 2	nation. Provide	the explanations requir	ed by Part II, line 10; Pa	art II, line 17a or 1	17b; Part III, line 12;	
	line 1; Part IV, Section A, lines 1, 2	2, 30, 30, 40, 40, 5 hes 2 and 3 Part I	V Section F lines 1c	D, and TIC, Part IV, So 2a 2b 3a and 3b Part	·V line 1·Part V	Section B line 1e. Part	, V
	Section D, lines 5, 6, and 8	; and Part V, Sect	on E, lines 2, 5, and 6.	Also complete this part	for any addition	al information.	•,
	(See instructions.)	, ,		· ·	,		

Department of the Treasury Internal Revenue Service

(Form 9	9 90)
---------	------------------

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.



Name of the organization

NATTONAL SCLERODERMA FOUNDATION TNC Employer identification number 52-1375827

Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, line								
		(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 write	iting that the assets held in donor advis	sed funds						
	are the organization's property, subject to the organization's ex	-							
6	Did the organization inform all grantees, donors, and donor adv								
	for charitable purposes and not for the benefit of the donor or c								
Pa	art 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								
	Preservation of land for public use (for example, recreation		f a historically important land area						
	Protection of natural habitat		f a certified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualified	d 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						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements		2b						
с	Number of conservation easements on a certified historic struct	ture included in (a)							
d	Number of conservation easements included in (c) acquired after	er July 25,2006, and not on a							
	historic structure listed in the National Register		2d						
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminated by the	e organization during the tax						
	year								
4	Number of states where property subject to conservation easer	ment is located							
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of							
	violations, and enforcement of the conservation easements it he	olds?	Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing cons	servation easements during the year						
-									
7	Amount of expenses incurred in monitoring, inspecting, handlin	ig of violations, and enforcing conserva	aion easements during the year						
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170	(h)(4)(B)(i)						
•									
9	In Part XIII, describe how the organization reports conservation								
-	balance sheet, and include, if applicable, the text of the footnot	•							
	organization's accounting for conservation easements.								
Pa	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Ot	ther Similar Assets.						
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 8.							
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement a	and balance sheet works						
	of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fu	urtherance of public						
	service, provide in Part XIII the text of the footnote to its financi	al statements that describes these iten	ns.						
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and	balance sheet works of						
	art, historical treasures, or other similar assets held for public ex	xhibition, education, or research in furtl	herance 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 treas								
	the following amounts required to be reported under FASB ASC	C 958 relating to these items:							
а	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. 232051 09-01-22

Schedule D (Form 990) 2022

		L SCLERODER				52-13			age 2	
Pa	rt III Organizations Maintaining C						continu	led)		
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significan	t use of its				
	collection items (check all that apply):									
а	Public exhibition	d		hange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co					ose in Part	XIII.			
5	During the year, did the organization solicit of						-		1	
De	to be sold to raise funds rather than to be ma						Yes		No	
Pa	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.									
та	Is the organization an agent, trustee, custodia								1	
	on Form 990, Part X?					L	Yes		No	
D	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:				Amount			
-	Designing belonge						Amount			
	Beginning balance									
	Additions during the year									
f	Distributions during the year									
	Ending balance Did the organization include an amount on Fo						Yes		No	
	If "Yes," explain the arrangement in Part XIII.				• • • • •					
	rt V Endowment Funds. Complete i								<u> </u>	
		(a) Current year	(b) Prior year	(c) Two years back		e years back	(e) Four	years l	back	
1a	Beginning of year balance	1,655,912.	1,881,204.	1,658,720		627,038.		662,8	877.	
	Contributions	395,455.	· ·			31,682.	31,682.			
	Net investment earnings, gains, and losses	159,524.	-155,307.	293,349		101,713.		115,9	953.	
	Grants or scholarships									
	Other expenditures for facilities									
	and programs	87,583.	69,985.	70,865		101,713.	:	151,	792.	
f	Administrative expenses									
g	End of year balance	2,123,308.	1,655,912.	1,881,204	. 1	658,720.	1,	627,0	038.	
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment 100	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held an	nd administered for	the		-			
	organization by:							Yes	No	
	(i) Unrelated organizations						3a(i)		<u>X</u>	
	(ii) Related organizations						3a(ii)		Х	
	If "Yes" on line 3a(ii), are the related organiza						3b			
4	Describe in Part XIII the intended uses of the		vment funds.							
Pa	rt VI Land, Buildings, and Equipm		Deut IV line 11e C	an Fauna 000 Davit	V line 10					
	Complete if the organization answered						<u> </u>			
	Description of property	(a) Cost or ot basis (investm			Accumula depreciatio		(d) Book	value	;	
1a	Land									
	Buildings									
	Leasehold improvements		2	1,166.	17,3	218.	3	,94	18.	
	Equipment			1,753.	130,2			, 52		
	Other			7,028.	80,			, 23		
	I. Add lines 1a through 1e. (Column (d) must e				·····			,70		

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 990 Part IV line	11b See Form 000 Part X line 12	
(a) Descrip	Dition of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
	al derivatives			,
	held equity interests			
(3) Other	······			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (I	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (I Part IX	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
Faitin		on Form 000 Port IV line	11d See Form 000 Part V line 15	
	Complete if the organization answered "Yes" (Description	110. See Form 990, Fart A, inte 15.	(b) Book value
(4)	(a)	Description		
<u>(1)</u>				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line	. 15.)		
Part X	Other Liabilities.	(15.)		
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability			(b) Book value
	deral income taxes			
	PERATING LEASE LIABILITIE	ES		218,858.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line	25.)		218,858.
	ofor uncertain tax positions. In Part XIII, provide		the organization's financial statements t	hat reports the

NATIONAL SCLERODERMA FOUNDATION, INC.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

52-1375827 Page 3

Schedule D (Form 990) 2022

_	edule D (Form 990) 2022 NATIONAL SCLERODERMA FOU				1375827 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With F	Revenue per Re	turn.	
	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	7,679,204.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	807,459.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е				2e	807,459.
3	Subtract line 2e from line 1			3	6,871,745.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	44,153.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	44,153.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	6,915,898.
	rt XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per F		
	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With	Expenses per F		
	rt XII Reconciliation of Expenses per Audited Financial State	ements With 12a.	Expenses per F		
Pa	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With 12a.	Expenses per F	Retur	n.
Pa	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	ements With	Expenses per F	Retur	n.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2a	Expenses per F	Retur	n.
Pa 1 2 a	TXII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2a 2b	Expenses per F	Retur	n.
Pa 1 2 a	TXII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2a 2b 2c	Expenses per F	Retur	n.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 12a. 2b 2c 2d	Expenses per F	Retur	n. <u>6,417,589</u> . 0.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 12a. 2b 2b 2c 2d	Expenses per F	1	n. 6,417,589.
Pa 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 12a. 2b 2b 2c 2d	Expenses per F	1 2e	n. <u>6,417,589</u> . 0.
Pa 1 2 b c d 3	TXII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per F	1 2e	n. <u>6,417,589</u> . 0.
Pa 1 2 a b c d e 3 4	TXII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 12a. 2b 2c 2d	Expenses per F	1 2e	n. <u>6,417,589</u> . 0.
Pa 1 2 a b c d e 3 4 a b	TXII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 12a. 2b 2b 2c 2d 2d	Expenses per F	1 2e	n. <u>6,417,589</u> . 0.
Pa 1 2 a b c d a b c d a b c 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 12a. 2b 2b 2c 2d 2d 4a 4b	Expenses per F	1 2e 3	n. 6,417,589. 0. 6,417,589.

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 FUNDS RESTRICTED IN PERPETUITY ESTABLISHED IN

2007 AND BOARD DESIGNATED ENDOWMENT FUNDS. THE ENDOWMENT IS TO SUPPORT

SCLERODERMA RESEARCH .

PART X, LINE 2:

THE ORGANIZATION IS A NONPROFIT ORGANIZATION 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 TRADE

OR BUSINESS ACTIVITIES UNRELATED TO THE ORGANIZATION'S EXEMPT FUNCTION.

Schedule D (Form 990) 2022 NATIONAL SCLERODERMA FOUNDATION, INC. 52-1375827 Page 5 Part XIII Supplemental Information (continued)

AS OF JUNE 30, 2023, MANAGEMENT BELIEVES THAT THE ORGANIZATION HAS NOT

GENERATED ANY UNRELATED BUSINESS TAXABLE INCOME.

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. THE ORGANIZATION HAS NOT RECOGNIZED ANY LIABILITIES FOR UNCERTAIN TAX POSITIONS OR UNRECOGNIZED BENEFITS AS OF JUNE 30, 2023. THE ORGANIZATION DOES NOT EXPECT ANY MATERIAL CHANGE IN UNCERTAIN TAX BENEFITS WITHIN THE NEXT 12 MONTHS.

	ment of the Treasury I Revenue Service	Go to w	ww.irs.gov/Form	990 for instructions and the latest i	nformation.		ection
Nam	e of the organization					Employer identif	ication number
							-
	TIONAL SCLERC	DERMA FO	ONDATION	, INC. side the United States. Comple		52-137582	/
га	Form 990, Part			side the Onited States. Comple	ete if the organ	ization answered "Y	'es" on
1	· · · · · · · · · · · · · · · · · · ·		n maintain record	ds to substantiate the amount of its gra	ints and other a	assistance	
•				he selection criteria used to award the			Yes No
		J	,		J		
2	For grantmakers. Des	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	ner assistance outsi	ide the
	United States.						
3	Activities per Region. (he following Part		n be duplicated if additional space is n	eeded.)		
	(a) Region	(b) Number of	(c) Number of			vity listed in (d)	(f) Total expenditures
		offices in the region	employees, agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service, specific type	for and
		In the region	contractors	recipients located in the region)		(s) in the region	investments
		-	in the region			., 3	in the region
NORT	'H AMERICA	0	0	GRANT AWARD	RESEARCH		200,000.
		3	Ů				200,000.
							1
2 -	Subtotal	0	0				200,000.
	Subtotal Total from continuation						200,000.
U	sheets to Part I	0	0				0.
c	Totals (add lines 3a		- -				
5	and 3b)	0	0				200,000.

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public

SCHEDULE F (Form 990)

Department of the Treasury

52-1375827

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	RESEARCH GRANT	200,000.	CHECK PAYMENT	٥.		
			recognized as charities by the f or counsel has provided a sect		involopor / lottor	` ►	1	1
3 Enter total number of						····· ►		0

Schedule F (Form 990) 2022

Page 2

52-1375827

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022		SCLERODERMA	FOUNDATION,	INC.	52-1375827	Page 4
Part IV Foreign For	ms					

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 NATIONAL SCLERODERMA FOUNDATION, INC. 52–1375827 Page 5 Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
THE FOUNDATION IS THE LEADING NONPROFIT FUNDING SCLERODERMA RESEARCH IN
THE UNITED STATES. THROUGH THIS PROGRAM, THE FOUNDATION IS COMMITTED TO
DISCOVERING THE CAUSE OF THIS DISEASE, UNDERSTANDING THE MECHANISMS
BEHIND IT, AND OVERCOMING SCLERODERMA FOREVER. SINCE ITS INCEPTION, THE
FOUNDATION HAS COMMITTED \$30 MILLION TO THIS MISSION PRIORITY. THROUGH
ITS PEER REVIEWED RESEARCH GRANTS PROGRAM, THE NATIONAL SCLERODERMA
FOUNDATION FOSTERS THE DEVELOPMENT OF INNOVATIVE, HIGH-QUALITY RESEARCH
BY NEW AND ESTABLISHED INVESTIGATORS IN FIELDS RELATED TO SCLERODERMA. TO
THAT END, THE FOUNDATION OFFERS TWO DISTINCT RESEARCH GRANTS: NATIONAL
SCLERODERMA FOUNDATION NEW INVESTIGATOR GRANT AND THE NATIONAL
SCLERODERMA FOUNDATION ESTABLISHED INVESTIGATOR GRANT. EACH GRANT
APPLICATION DETAILS SPECIFIC ELIGIBILITY AND REVIEW CRITERIA (DETAILS
REGARDING THESE REQUIREMENTS ARE AVAILABLE AT WWW.SCLERODERMA.ORG). ALL
APPLICATIONS UNDERGO A RIGOROUS PEER REVIEW PROCESS COMPARABLE TO THAT OF
THE NIH. THE FOUNDATION'S PEER REVIEWED RESEARCH COMMITTEE IS COMPRISED
OF MEDICAL AND RESEARCH EXPERTS FROM ACROSS THE UNITED STATES, WHO USE
THE SAME MERIT-BASED SCORING SYSTEM AS THE NATIONAL INSTITUTES OF HEALTH.
EACH APPLICATION IS CRITIQUED, SCORED AND RANKED ACCORDING TO THE REVIEW
CRITERIA AND OVERALL MERIT OF THE PROPOSED PROJECT. ONCE THE STUDY
SECTION HAS REVIEWED, DISCUSSED AND RANKED THE FINAL SLATE, THE COMMITTEE
ON RESEARCH PUTS FORTH FUNDING RECOMMENDATIONS TO THE BOARD OF DIRECTORS
FOR FINAL APPROVAL. PENDING NOTICE OF AWARD, EACH RECIPIENT IS REQUIRED
TO COMPLETE A FUNDING CONTRACT SIGNED BY THEIR SPONSORING ORGANIZATION
COMMITTING TO COMPLETE THE PROJECT WITHIN A SPECIFIED PERIOD OF TIME, AND
WITH NO SCIENTIFIC OR BUDGETARY OVERLAP. RECIPIENTS MUST ALSO SUBMIT
ANNUAL PROGRESS REPORTS AND FINANCIAL RECONCILIATIONS, AND COMPLY WITH 232075 10-17-22 Schedule F (Form 990) 2022

Schedule F	F (Form 990) 2022	NATIONAL	SCLERODERMA	FOUNDATION,	INC.	52-1375827	Page 5
Part V	Supplementa	al Information					i ugo e
			Part L line 2 (monitoring	of funds): Part L line 3	column (f) (accounti	ng method; amounts of	
						d); and Part III, column (c)	
	(estimated numb	er of recipients), as	applicable. Also comple	ete this part to provide a	iny additional inform	ation. See instructions.	
FOUNDA	ATION POLI	CIES.					

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on rganization entered more than \$1				r 19, d	or if the	2022
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and th	ne latest information			Inspection
Name of the organization			י שע רו		TNC		Employer 1 52-137	identification number 7 5 9 つ つ
Part I Fundrais		L SCLERODERMA FOUN Complete if the organization answe						
	complete this part		erea r	es or	i Form 990, Part IV, I	ne 17	. Form 990	EZ mers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list b If "Yes," list the 1000 	tions email solicitations itations blicitations on have a written o red in Form 990, Pa) highest paid indiv	f Solicita g Specia r oral agreement with any individual art VII) or entity in connection with p riduals or entities (fundraisers) pursu	ation of ation of I fundra I (incluc professi	non-g gover aising e ling of onal fu	overnment grants nment grants events ficers, directors, trust indraising services?		ו 🗌 ו	Yes No be
compensated at le	east \$5,000 by the	organization.	_					
(i) Name and addres or entity (fund		(ii) Activity	have c or cor	Did raiser ustody utrol of utions?	(iv) Gross receipts from activity	tò (oi fi	Amount paid r retained b undraiser ed in col. (i)	y) to (or retained by)
			Yes	No				
Total								
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	xempt from	registration

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

Schedule G (Form 990) 2022

NATIONAL SCLERODERMA FOUNDATION, INC.

52-1375827 Page 2

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.

		of fundraising event contributions and group	oss income on Form 990	· · · · · · · · · · · · · · · · · · ·		s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FOOD FIGHT -			(add col. (a) through
			ROCKY MOUNTA	STEPPING OUT	45	col. (c)
e			(event type)	(event type)	(total number)	
Revenue			0.0	71 COR		
Rev	1	Gross receipts	86,614.	71,637.	834,657.	992,908.
	2	Less: Contributions	74,179.	61,352.	714,831.	850,362.
	2			01/0011	, , 00 _ 1	
	3	Gross income (line 1 minus line 2)	12,435.	10,285.	119,826.	142,546.
	4	Cash prizes				
s	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		10,285.	119,826.	142,546.
	10	Direct expense summary. Add lines 4 through				142,546.
	11		ine 3, column (d)			0.
Pa	rt I	Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		· · · · · · · · · · · · · · · · · · ·		
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c)
Ĩ						
	1	Gross revenue				
	~	Cash prizes				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
\neg	5		Yes %	Yes %	Yes %	
	6	Volunteer labor			□ No //	
	-					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	í from line 1, column <u>(</u> d)		<u>.</u>	
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
		he organization licensed to conduct gaming a				Yes No
b	lf "	No," explain:				
_						
		ere any of the organization's gaming licenses re			ear?	Yes No
b	I† "	Yes," explain:				

232082 10-27-22

Schedule G (Form 990) 2022

Sch	nedule G (Form 990) 2022	NATIONAL	SCLERODERMA	FOUNDATION,	INC. 52-	1375827	Page 3
11	Does the organization conduct g	aming activities witl	h nonmembers?			Yes	No
12	Is the organization a grantor, ben						
	to administer charitable gaming?					Yes	No
	Indicate the percentage of gamin					11	
	a The organization's facility						%
	b An outside facility Enter the name and address of th					13b	%
17			ares the organization s	gaming/special events b	ooks and records.		
	Name						
	Address						
15	a Does the organization have a cor	itract with a third pa	arty from whom the orga	anization receives gamin	g revenue?	Yes	└── No
1	b If "Yes," enter the amount of gan	nina revenue receivo	ed by the organization	\$	and the amount		
	of gaming revenue retained by th		ed by the organization	Ψ			
(c If "Yes," enter name and address						
	Name						
	Address						
16	Gaming manager information:						
10	daming manager mormation.						
	Name						
	Gaming manager compensation	\$					
	Description of some issue must ideal						
	Description of services provided						
	Director/officer	Employee	Indeper	ident contractor			
	Mandatory distributions:			f			
	a Is the organization required unde retain the state gaming license?			• • •		Yes	🗌 No
I	b Enter the amount of distributions		te law to be distributed				
	organization's own exempt activi	ties during the tax y	/ear \$		-		
Pa	art IV Supplemental Info					Part III, lines 9, 9	b, 10b,
	15b, 15c, 16, and 17b, a	s applicable. Also p	rovide any additional inf	ormation. See instruction	ns.		

Schedule G	(Form 990) Supplemental Infor	NATIONAL	SCLERODERMA	FOUNDATION,	INC.	52-1375827	Page 4
Part IV	Supplemental Infor	mation (continue	ed)				

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
Department of the Treasury Attach to Form 990.										
Name of the organization NATIONAL	SCLERODERI	MA FOUNDATI	ON, INC.				Employer identification number 52-1375827			
Part I General Information on Grants and Assistance										
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	tance, and the selecti				
criteria used to award the grants or assis	tance?						X Yes No			
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	l States.						
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
BENAROYA RESEARCH INSTITUTE AT										
VIRGINIA MASON - ATTN: ACCOUNTS										
PAYABLE, 1201 NINTH AVENUE -										
SEATTLE, WA 98101	91-0653422	501(C)3	200,000.	٥.			RESEARCH			
BOSTON CHILDRENS HOSPITAL										
ATTN: RESEARCH FINANCE, P.O. BOX										
414413	414413									
- BOSTON, MA 02241	04 - 2774441	501(C)3	200,000.	٥.			RESEARCH			
BOSTON UNIVERSITY										
TRUSTEES OF BOSTON UNIVERSITY,										
UNIVERSITY GRANTS RECEIVABLES,										
P.O. BOX 28763	04-2103547	501(C)3	200,000.	٥.			RESEARCH			
BOSTON UNIVERSITY										
TRUSTEES OF BOSTON UNIVERSITY,										
GRANTS RECEIVABLES, P.O. BOX 28763										
- NEW YORK	04-2103547	501(C)3	200,000.	0.			RESEARCH			
HACKENSACK UNIVERSITY MEDICAL										
CENTER - HMH HOSPITALS										
CORPORATION, LOCKBOX # 7360, PO										
BOX 95000 - PHILADELPHA, PA 19195	XOX 95000 - PHILADELPHA, PA 19195 22-1487576 501(C)3 200,000. 0. RESEARCH									
MEDICAL UNIVERSITY OF SOUTH										
CAROLINA - 1 SOUTH PARK CIRCLE,										
MUSC-RESEARCH & SPONSORED PROGRAM,										
BUILDING 1, SUITE 40 - CHARLESTON,	57-6000722	501(C)3	200,000.	٥.			RESEARCH			
2 Enter total number of section 501(c)(3) ar	nd government org	ganizations listed in the	e line 1 table							
3 Enter total number of other organizations	listed in the line 1	I table					0.			

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

NATIONAL SCLERODERMA FOUNDATION, INC. Schedule I (Form 990)

52-1375827 Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NIVERSITY OF MINNESOTA							
EGENTS OF THE UNIVERSITY OF							
INNESOTA, NW 5957,,P.O. BOX 1450							
MINNEAPOLIS	41-6007513	501(C)3	200,000.	0.			RESEARCH
NIH BIOMARKERS CONSORTIUM PROJECT 70 ROSEWOOD DRIVE, #105							
ANVERS, MA 01923	52-1986675	501(C)3	200,000.	0.			RESEARCH

Schedule I (Form 990)

Schedule I (Form 990) 2022 NATI

NATIONAL SCLERODERMA FOUNDATION, INC.

52-1375827

Page 2

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				
PRE-DOCTORAL SUMMER FELLOWSHIP AWARDS- \$2,000 PER RECIPIENT	6	12,000.	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:									

THE FOUNDATION IS THE LEADING NONPROFIT FUNDING SCLERODERMA RESEARCH IN THE

UNITED STATES. THROUGH THIS PROGRAM, THE FOUNDATION IS COMMITTED TO

DISCOVERING THE CAUSE OF THIS DISEASE, UNDERSTANDING THE MECHANISMS BEHIND

IT, AND OVERCOMING SCLERODERMA FOREVER. SINCE ITS INCEPTION, THE FOUNDATION

HAS COMMITTED \$30 MILLION TO THIS MISSION PRIORITY. THROUGH ITS PEER

REVIEWED RESEARCH GRANTS PROGRAM, THE NATIONAL SCLERODERMA FOUNDATION

FOSTERS THE DEVELOPMENT OF INNOVATIVE, HIGH-QUALITY RESEARCH BY NEW AND

ESTABLISHED INVESTIGATORS IN FIELDS RELATED TO SCLERODERMA. TO THAT END,

NATIONAL SCLERODERMA FOUNDATION, INC. 52-1375827 Page 2 Schedule I (Form 990) Part IV Supplemental Information THE FOUNDATION OFFERS TWO DISTINCT RESEARCH GRANTS: NATIONAL SCLERODERMA FOUNDATION NEW INVESTIGATOR GRANT AND THE NATIONAL SCLERODERMA FOUNDATION ESTABLISHED INVESTIGATOR GRANT. EACH GRANT APPLICATION DETAILS SPECIFIC ELIGIBILITY AND REVIEW CRITERIA (DETAILS REGARDING THESE REQUIREMENTS ARE AVAILABLE AT WWW.SCLERODERMA.ORG). ALL APPLICATIONS UNDERGO A RIGOROUS PEER REVIEW PROCESS COMPARABLE TO THAT OF THE NIH. THE FOUNDATION'S PEER REVIEWED RESEARCH COMMITTEE IS COMPRISED OF MEDICAL AND RESEARCH EXPERTS FROM ACROSS THE UNITED STATES, WHO USE THE SAME MERIT-BASED SCORING SYSTEM AS THE NATIONAL INSTITUTES OF HEALTH. EACH APPLICATION IS CRITIQUED, SCORED AND RANKED ACCORDING TO THE REVIEW CRITERIA AND OVERALL MERIT OF THE PROPOSED PROJECT. ONCE THE STUDY SECTION HAS REVIEWED, DISCUSSED AND RANKED THE FINAL SLATE, THE COMMITTEE ON RESEARCH PUTS FORTH FUNDING RECOMMENDATIONS TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL. PENDING NOTICE OF AWARD, EACH RECIPIENT IS REQUIRED TO COMPLETE A FUNDING CONTRACT SIGNED BY THEIR SPONSORING ORGANIZATION COMMITTING TO COMPLETE THE PROJECT WITHIN A SPECIFIED PERIOD OF TIME, AND WITH NO SCIENTIFIC OR BUDGETARY OVERLAP. RECIPIENTS MUST ALSO SUBMIT ANNUAL PROGRESS REPORTS AND FINANCIAL RECONCILIATIONS, AND COMPLY WITH FOUNDATION POLICIES.

SCI	IEDULE J	Compensation Information		OMB No. 1	545-004	47
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		
Depar	ment of the Treasury	Attach to Form 990.		Open to	Publ	ic
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					
Nam	e of the organizatior			identificatio		mber
		NATIONAL SCLERODERMA FOUNDATION, INC.	52-1	137582	7	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	°				
	Travel for com					
		ation and gross-up payments				
	Discretionary s	pending account Personal services (such as maid, chauffer	ur, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
•	•			1b		
	•	require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indianta which if or	v of the following the examination used to establish the companyation of the examination?				
3		y, of the following the organization used to establish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organizati				
	·	tion of the CEO/Executive Director, but explain in Part III.				
	·		ommittoo			
		her organizations	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	-	e payment or change-of-control payment?		4a		x
		eive payment from a supplemental nonqualified retirement plan?				X
						x
Ū	c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the re					
а	•					X
		ation?				X
		r 5b, describe in Part III.				
6	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the n	et earnings of:				
а	The organization?	-		6a		X
		ation?				X
		r 6b, describe in Part III.				
7	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	3			
		es 5 and 6? If "Yes," describe in Part III		7		X
		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	-			8		X
		d the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?	<u></u>	9		
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2022

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARY J. WHEATLEY	(i)	226,252.	0.	0.	6,421.	10,739.	243,412.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL B. HYDE	(i)	150,589.	0.	0.	4,644.	27,027.	182,260.	0.
COO/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

232113 10-18-22

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



52-1375827

INC.

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

NATIONAL SCLERODERMA FOUNDATION,

AWARENESS, AND PROVIDE SUPPORT AND EDUCATION TO PEOPLE WITH

SCLERODERMA, THEIR FAMILIES AND SUPPORT NETWORKS.

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

IN-PERSON TO VIRTUAL COMMUNITY SUPPORT, ALLOWING FOR MEMBERS OF THE

SCLERODERMA COMMUNITY TO CONNECT NO MATTER WHERE THEY WERE IN THE

COUNTRY. THIS ALSO ALLOWED FOR THE CREATION OF MORE TARGETED, TOPICAL

SUPPORT GROUPS SUCH AS ONE FOR MEN, WHICH MAKE UP JUST 20% OF THE

POPULATION IMPACTED BY SCLERODERMA, AND BIPOC, AS WELL AS YOUNG ADULTS.

EDUCATION: THE FOUNDATION PROVIDES EDUCATION ABOUT HOW TO LIVE BETTER WITH SCLERODERMA FOR THOSE AFFECTED BY THE DISEASE, AS WELL AS THEIR CAREGIVERS, FAMILIES AND SUPPORT NETWORKS. THE FOUNDATION IS ALSO A CME AND CNE PROVIDER, EDUCATING HEALTHCARE PROVIDERS ABOUT SIGNS AND SYMPTOMS, TIMELY DIAGNOSIS, AND CUTTING-EDGE TREATMENTS AND THERAPIES. THE NATIONAL SCLERODERMA CONFERENCE ATTRACTS MORE THAN 500 PARTICIPANTS ANNUALLY. DUE TO THE ONGOING PANDEMIC, THE FOUNDATION HELD A VIRTUAL CONFERENCE IN FY 2023, WHICH PROVIDED COMMUNITY SUPPORT, WORLD CLASS EDUCATION, AND NETWORKING OPPORTUNITIES FOR THE COMMUNITY VIA WEBINARS. THE WEBINARS OFFERED EDUCATION AND NETWORKING OPPORTUNITIES FOR PEOPLE LIVING WITH SCLERODERMA, CAREGIVERS, FAMILY MEMBERS, AND FRIENDS. ΤN ADDITION, THE WEBINARS SERVE AS AN EXCELLENT RESOURCE FOR PHYSICIANS AND OTHER HEALTHCARE PROFESSIONALS, WHO ALSO NEED COMPREHENSIVE INFORMATION ABOUT THE DISEASE.

Schedule O (Form 990) 2022	Page 2
Name of the organization NATIONAL SCLERODERMA FOUNDATION, INC.	Employer identification number 52-1375827
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	TS:
SCIENTIFIC MERIT AND IS ADMINISTERED BY THE FOUNDATION'S R	ESEARCH
COMMITTEE. THIS COMMITTEE, COMPOSED OF SCLERODERMA EXPERTS	FROM ACROSS
THE COUNTRY, MAKES FUNDING RECOMMENDATIONS TO THE BOARD OF	DIRECTORS
ANNUALLY AFTER A RIGOROUS PEER REVIEW PROCESS.	
THE PEER-REVIEW RESEARCH COMMITTEE IS COMPOSED OF HIGHLY R	ESPECTED
SCIENTIFIC EXPERTS WHO REVIEW, CRITIQUE, AND RANK ALL APPL	ICATIONS
BASED ON THE NATIONAL INSTITUTES OF HEALTH'S RANKING SYSTE	M. ONLY
PROJECTS OF SIGNIFICANT SCIENTIFIC MERIT ARE FUNDED. EACH	GRANT
APPLICATION CONTAINS VERY SPECIFIC ELIGIBILITY AND REVIEW	CRITERIA.
DETAILS REGARDING THESE REQUIREMENTS ARE AVAILABLE AT	
WWW.SCLERODERMA.ORG. ALL APPLICATIONS UNDERGO RIGOROUS PEE	R REVIEW AND
ARE SCORED AND RANKED ACCORDING TO THE REVIEW CRITERIA AND	OVERALL
MERIT OF THE PROPOSAL. PEER REVIEW RANKINGS ARE SENT TO TH	Έ
FOUNDATION'S RESEARCH COMMITTEE FOR QUALIFICATION BEFORE B	EING
PRESENTED TO THE FOUNDATION BOARD OF DIRECTORS FOR FINAL A	PPROVAL OF
FUNDING. AFTER THE AWARDS ARE MADE, ALL RECIPIENTS ARE REQ	UIRED TO
COMPLETE FUNDING CONTRACTS WITH INSTITUTIONAL SIGN-OFF AND	MUST ALSO
SUBMIT ANNUAL REPORTS ON THEIR PROGRESS. ALL REPORTS ARE R	EVIEWED BY
THE FOUNDATION'S RESEARCH COMMITTEE TO ENSURE COMPLIANCE W	/ITH
PROGRAMMATIC, SCIENTIFIC, AND FISCAL AND ADMINISTRATIVE PO	LICES AND
REQUIREMENTS.	

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 11B:

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

ALL MEMBERS OF THE BOARD OF DIRECTORS SUBMIT ANNUAL DISCLOSURE STATEMENTS,

WHICH ARE THEN REVIEWED BY THE COMMITTEE ON CORPORATE GOVERNANCE AND

NOMINATIONS AND FILED WITH LEGAL COUNSEL. ANY MEMBER WHO GIVES NOTICE OF

POTENTIAL CONFLICT IS ADVISED TO ABSTAIN FROM PARTICIPATING IN ANY ITEM OF

BUSINESS RELATED TO THAT CONFLICT(S) WHICH MAY COME BEFORE THE BOARD.

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

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.

Schedule O (Form 990) 2022	Page 2
Name of the organization NATIONAL SCLERODERMA FOUNDATION, INC.	Employer identification number 52-1375827
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILI	TY FOR
OVERSIGHT FOR THE AUDIT OF ITS FINANCIAL STATEMENTS AND SE	LECTION OF AN
INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED DURI	NG THE YEAR.