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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning****and ending****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type

See Specific Instructions

C Name of organization**SCLERODERMA FOUNDATION/TRI-STATE, INC. CHAPTER**

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

59 FRONT STREET

Room/suite

City or town, state or country, and ZIP + 4

BINGHAMTON, NY 13905**F** Name and address of principal officer: **JEFF MACE****59 FRONT ST, BINGHAMTON, NY 13905****D** Employer identification number**13-3128296****E** Telephone number**607-723-2239****G** Gross receipts \$**750888.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.SCLERODERMA.ORG/CHAPTER/TRISTATE****K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1982****M** State of legal domicile **NY****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PUBLIC AWARENESS, EDUCATION, RESEARCH		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a) 3 12		
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 12		
	5	Total number of employees (Part V, line 2a) 5 7		
	6	Total number of volunteers (estimate if necessary) 6 100		
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0.		
7b	Net unrelated business taxable income from Form 990-T, line 34 7b 0.			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	186187.	181242.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38581.	55311.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	478056.	370707.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	702824.	607260.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	37470.	75000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	204251.	211931.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 111420.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	251922.	282396.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	493643.	569327.
19	Revenue less expenses. Subtract line 18 from line 12	209181.	37933.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1428229.	1465933.
	22	Net assets or fund balances. Subtract line 21 from line 20	1428229.	1465933.

Part II Signature Block

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

Sign Here

Signature of officer

JEFFREY MACE

Type or print name and title

Date

5/11/2010

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

Kenneth Mazon CPA**KENNETH MAZZONE CPA PC
738 SMITHTOWN BYPASS
SMITHTOWN NY 11787**

Date

5/6/10Check if self-employed ☒

Preparer's identifying number (see instructions)

EIN ▶

Phone no ▶ **631-382-4900**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

EDUCATION AND SUPPORT TO PEOPLE WITH SCLERODERMA; STIMULATE AND
SUPPORT RESEARCH DESIGNED TO IDENTIFY CAUSE AND CURE; ENHANCE PUBLIC
AWARENESS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 75000 . including grants of \$ 75000 .) (Revenue \$)
GRANT AWARDED TO HOSPITAL FOR SPECIAL SURGERY TO FUND THE HOSPITAL'S
SCLERODERMA COORDINATOR POSITION.THE POSITION WILL PLAY A CRITICAL ROLE
IN THE DEVELOPMENT OF A CURE AND BETTER TREATMENT FOR PATIENTS AFFECTED
WITH SCLERODERMA

4b (Code:) (Expenses \$ 166700 . including grants of \$) (Revenue \$)
THE ASSESSMENT AND RESTRICTED RESEARCH PLEDGE AWARDED TO SCLERODERMA
FOUNDATION-NATL TO BE USED TOWARDS RESEARCH GRANTS AS WELL AS OTHER
PROGRAMS AFFILIATED WITH THE NATIONAL OPERATIONS.

4c (Code:) (Expenses \$ 146487 . including grants of \$) (Revenue \$)
PROGRAM SERVICES INCLUDE INDIVIDUAL AND FAMILY COUNSELING, EDUCATIONAL
MEETINGS, TELEPHONE HELPLINE, NEWSLETTERS AND OTHER PATIENT EDUCATIONAL
INFORMATION.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 388187.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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Part IV Checklist of Required Schedules (continued)

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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	7	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NY, NJ, CT**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JAY PEAK - 607-723-2239**
59 FRONT STREET, BINGHAMTON, NY 13905

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GEROLD KIRSCHNER BOARD MEMBER	2.00							0.	0.	0.
DEBRA SIGMORELLI BOARD MEMBER	2.00							0.	0.	0.
JOAN WEICK BOARD MEMBER	2.00							0.	0.	0.
ROSEMARY MARKOFF TREASURER/EXECUTIVE DIRECTOR	40.00							9230.	0.	0.
JEFF MACE PRESIDENT	5.00							0.	0.	0.
BRUCE COWAN VICE PRESIDENT	5.00							0.	0.	0.
PATRICK BORGES BOARD MEMBER	2.00							0.	0.	0.
ANDREA GOLDSTEIN BOARD MEMBER	2.00							0.	0.	0.
ESTELLE RANDOLPH BOARD MEMBER	2.00							0.	0.	0.
PATRICIA WASZMER BOARD MEMBER	2.00							0.	0.	0.
MARYANN CALIRI BOARD MEMBER	2.00							0.	0.	0.
COREY HRIBAR EXECUTIVE DIRECTOR	40.00							28625.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								37855.	0.	0.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

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

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SCLERODERMA FOUNDATION/TRI-STATE, INC.

Form 990 (2009)

CHAPTER

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	10035.				
	c Fundraising events	1c					
	d Related organizations	1d	8278.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	162929.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			181242.			
Program Service Revenue	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			36645.			36645.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			18666.			18666.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		449857.			
	b Less: direct expenses	b		79150.			
	c Net income or (loss) from fundraising events			370707.	370707.		
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			607260.	370707.	0.	55311.	

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Form **990** (2009)

SCLERODERMA FOUNDATION/TRI-STATE, INC.

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CHAPTER

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	75000.	75000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9230.	4154.	922.	4154.
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	172856.	77785.	17286.	77785.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4081.	1836.	409.	1836.
9 Other employee benefits	10432.	4694.	1044.	4694.
10 Payroll taxes	15332.	6900.	1532.	6900.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	6382.		6382.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	160.	72.	16.	72.
13 Office expenses	10722.		10722.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a FEDERATION ASSESSMENT &	166700.	166700.		
b PATIENT EDUCATION	16214.	16214.		
c NEWSLETTER	13174.	13174.		
d RENT	12260.		12260.	
e SUPPORT GROUPS	6806.	3063.	680.	3063.
f All other expenses	49978.	18595.	18467.	12916.
25 Total functional expenses. Add lines 1 through 24f	569327.	388187.	69720.	111420.
26 Joint costs. Check here ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

SCLERODERMA FOUNDATION/TRI-STATE, INC.

Form 990 (2009)

CHAPTER

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	85239.	1	276821.
	2 Savings and temporary cash investments	578679.	2	703235.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	764311.	12	485877.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1428229.	16	1465933.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1235010.	27	1347615.
	28 Temporarily restricted net assets	193219.	28	118318.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1428229.	33	1465933.
	34 Total liabilities and net assets/fund balances	1428229.	34	1465933.

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2009)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
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 or 990-EZ) 2009

SCLERODERMA FOUNDATION/TRI-STATE, INC.

Schedule A (Form 990 or 990-EZ) 2009 **CHAPTER**

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	229093.	189612.	184081.	186187.		788973.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	376731.	348183.	418934.	560289.		1704137.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	605824.	537795.	603015.	746476.		2493110.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						2493110.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	605824.	537795.	603015.	746476.		2493110.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17102.	34117.	45087.	38581.		134887.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	17102.	34117.	45087.	38581.		134887.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)	622926.	571912.	648102.	785057.		2627997.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	94.87 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	95.43 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	5.13 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	4.57 %

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **SCLERODERMA FOUNDATION/TRI-STATE, INC.
CHAPTER**

Employer identification number
13-3128296

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____

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

a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

	Amount
1c	
1d	
1e	
1f	

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

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

0.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
FIDELITY-MUTUAL FUND	47316.	END-OF-YEAR MARKET VALUE
FIXED INCOME INVESTMENTS AND		
CDS-NBT BANK	438561.	END-OF-YEAR MARKET VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►	485877.	

Part VIII	Investments - Program Related. See Form 990, Part X, line 13.
------------------	--

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ►		

Part IX	Other Assets. See Form 990, Part X, line 15.
----------------	---

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	▶

Part X	Other Liabilities. See Form 990, Part X, line 25.
---------------	--

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)		

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

CHAPTER

Schedule D (Form 990) 2009

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1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	607260.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	569327.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	37933.
4	Net unrealized gains (losses) on investments	4	-229.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-229.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	37704.

1	Total revenue, gains, and other support per audited financial statements	1	607031.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-229.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	-229.
3	Subtract line 2e from line 1	3	607260.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	607260.

1	Total expenses and losses per audited financial statements	1	569327.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	569327.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	569327.

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization **SCLERODERMA FOUNDATION/TRI-STATE, INC.**
CHAPTER

Employer identification number	13-3128296
--------------------------------	------------

Part I

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

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

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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

[illegible]

SCLERODERMA FOUNDATION/TRI-STATE, INC.

Schedule G (Form 990 or 990-EZ) 2009

CHAPTER

13-3128296 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		WALKS	ANNUAL RAFFLE	10		
		(event type)	(event type)	(total number)		
1	Gross receipts	369796.	23480.	56581.	449857.	
2	Less: Charitable contributions					
3	Gross income (line 1 minus line 2)	369796.	23480.	56581.	449857.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	63503.	6491.	9156.	79150.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(79150)
	11	Net income summary. Combine line 3, column (d), and line 10				370707.

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

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

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

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

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

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.**c** If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

2009

Open to Public Inspection

Name of the organization	SCLERODERMA FOUNDATION/TRI-STATE, INC. CHAPTER

Employer identification number
13-3128296

Part I	General Information on Grants and Assistance
---------------	---

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.**

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

- 2 Enter total number of section 501(c)(3) and government organizations

- ### **3 Enter total number of other organizations**

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

Schedule I (Form 990) 2009

part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
----------------	--

[illegible]

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

SCLERODERMA FOUNDATION/TRI-STATE, INC.
CHAPTER

Employer identification number
13-3128296

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 AND FINANCIAL STATEMENTS

DISCUSSED WITH EXECUTIVE DIRECTOR AND TREASURER BEFORE FILING

FORM 990, PART VI, SECTION B, LINE 12C: MONITORS DURING BOARD MEETINGS

FORM 990, PART VI, SECTION B, LINE 15: DISCUSSED AT BOARD MEETINGS

FORM 990, PART VI, SECTION C, LINE 19: ALL INFORMATION IS AVAIABLE UPON
REQUEST

FORM 990, XI, LINE 2C

NO CHANGE

***SCLERODERMA FOUNDATION/
TRI-STATE, INC. CHAPTER
FINANCIAL STATEMENTS
DECEMBER 31, 2009***

**Kenneth Mazzone CPA PC
Certified Public Accountant**

SCLERODERMA FOUNDATION/TRI-STATE, INC. CHAPTER

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DECEMBER 31, 2009

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**Kenneth Mazzone CPA PC
Certified Public Accountant**

KENNETH MAZZONE, CPA, PC
Certified Public Accountant

To the Board of Directors of
Scleroderma Foundation/Tri-State, Inc. Chapter:

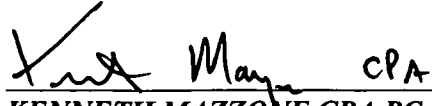
INDEPENDENT AUDITOR'S REPORT

I have audited the accompanying statements of financial Position of Scleroderma Foundation/Tri-State, Inc. Chapter (a nonprofit organization) as of December 31, 2009 and 2008, and the related statements of activities and change in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Organization's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. I believe that my audit provides a reasonable basis for my opinion.

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Scleroderma Foundation/Tri-State, Inc. Chapter as of December 31, 2009 and 2008, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States Of America.

My audit was made for the purpose of forming an opinion on the financial statements referred to in the first paragraph taken as a whole. Schedules I and II are presented for the purposes of additional analysis and are not a required part of the above financial statements. Such information has been subjected to the auditing procedures applied in the audit of the financial statements referred to above and, in my opinion, the information is fairly stated in all material respects in relation to the basic financial statements taken as a whole.


KENNETH MAZZONE CPA PC
Certified Public Accountant

Smithtown, New York
April 21, 2010

738 Smithtown Bypass, Suite 110, Smithtown, NY 11787
Office: 631 382-4900 • Fax: 631 382-4909

SCLERODERMA FOUNDATION/TRI-STATE, INC. CHAPTER

STATEMENTS OF FINANCIAL POSITION

DECEMBER 31,

ASSETS:

	<u>2009</u>	<u>2008</u>
Current Assets:		
Cash and Cash Equivalents	\$ 980,056	\$ 663,918
Investments, at Fair Market Value (Note 2)	485,877	699,833
Cash Surrender Value Annuity Contract, at Fair Market Value (Note 2)	<u>0</u>	<u>64,478</u>
Total Current Assets	<u>1,465,933</u>	<u>1,428,229</u>
Property and Equipment, at Cost (Note 3):		
Net Property and Equipment	<u>0</u>	<u>0</u>
Total Assets	<u>\$ 1,465,933</u>	<u>\$ 1,428,229</u>

LIABILITIES AND NET ASSETS

Liabilities:	\$ <u>0</u>	\$ <u>0</u>
Net Assets:		
Unrestricted	1,347,615	1,235,010
Temporarily Restricted (Note 7)	<u>118,318</u>	<u>193,219</u>
Total Net Assets	<u>1,465,933</u>	<u>1,428,229</u>
Total Liabilities and Net Assets	<u>\$ 1,465,933</u>	<u>\$ 1,428,229</u>

*The accompanying notes are an
integral part of the financial statements.*

**Kenneth Mazzone CPA PC
Certified Public Accountant**

SCLERODERMA FOUNDATION/TRI-STATE, INC. CHAPTER

STATEMENTS OF ACTIVITIES

AND CHANGE IN NET ASSETS

FOR THE YEARS ENDED DECEMBER 31,

	<u>2009</u>	<u>2008</u>
<i>UNRESTRICTED NET ASSETS</i>		
Changes In Unrestricted Net Assets:		
Revenue and Gains		
Contributions, Gifts, Bequests and Dues	\$ 176,442	\$ 171,252
Special Fund Raising Events - Schedule I (Note 4)	370,707	478,056
Interest and Dividend Income	36,645	38,057
Unrealized Gain (Loss) on Investment Securities and Annuity Contract (Note 2)	(229)	(16,490)
Realized Gain (Loss) on Investment Securities and Annuity Contract (Note 2)	<u>18,666</u>	<u>524</u>
Unrestricted Income	602,231	671,399
Net Assets Released from Restrictions - Research and Program Services	<u>4,800</u>	<u>14,935</u>
Total Unrestricted Income	<u>607,031</u>	<u>686,334</u>
Less: Expenses and Losses		
Program Services - Schedule II (Note 5)	388,187	319,796
Management and General - Schedule II (Note 5)	69,720	66,515
Fund Raising - Schedule II (Note 5)	<u>111,420</u>	<u>107,332</u>
Total Expenses and Losses	<u>569,327</u>	<u>493,643</u>
Increase In Unrestricted Net Assets	<u>37,704</u>	<u>192,691</u>
<i>TEMPORARILY RESTRICTED NET ASSETS</i>		
Changes In Temporarily Restricted Net Assets:		
Contributions	4,800	14,935
Less: Net Assets Released from Donor Restrictions: Satisfaction of Program Services Restricted to Research	<u>(4,800)</u>	<u>(14,935)</u>
Increase In Temporarily Restricted Net Assets	<u>0</u>	<u>0</u>
<i>TOTAL INCREASE IN NET ASSETS</i>	37,704	192,691
<i>NET ASSETS BEGINNING OF YEAR</i>	<u>1,428,229</u>	<u>1,235,538</u>
<i>NET ASSETS END OF YEAR</i>	<u>\$ 1,465,933</u>	<u>\$ 1,428,229</u>

*The accompanying notes are an
integral part of the financial statements.*

**Kenneth Mazzone CPA PC
Certified Public Accountant**

SCLERODERMA FOUNDATION/TRI-STATE, INC. CHAPTER

STATEMENTS OF CASH FLOWS

INCREASE (DECREASE) IN CASH

FOR THE YEARS ENDED DECEMBER 31,

	<u>2009</u>	<u>2008</u>
Cash Flows from Operating Activities:		
Change in Net Assets	\$ 37,704	\$ 192,691
Adjustments to Reconcile Changes in Net Assets to Net Cash Provided By Operating Activities:		
Unrealized Loss (Gain) on Investments and Annuity Contract (Net)	229	16,490
Realized Loss (Gain) on Investment Securities and Annuity Contract	(18,666)	(524)
Changes in Assets and Liabilities:		
Reimbursed Expenses - National	0	2,751
Total Adjustments	(18,437)	18,717
Net Cash Provided by Operating Activities	19,267	211,408
Cash Flows from Investing Activities:		
Purchase of Investments	(286,273)	(401,805)
Sale/Maturity of Investments	583,144	185,000
Net Cash Provided by (Used In) Investing Activities	296,871	(216,805)
Cash Flows from Financing Activities	0	0
Net Increase (Decrease) in Cash	316,138	(5,397)
Cash - Beginning	663,918	669,315
Cash - End	\$ 980,056	\$ 663,918

*The accompanying notes are an
integral part of the financial statements.*

**Kenneth Mazzone CPA PC
Certified Public Accountant**

SCLERODERMA FOUNDATION/TRI-STATE, INC. CHAPTER

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

This summary of significant accounting policies of Scleroderma Foundation/Tri-State, Inc. Chapter is presented to assist in the understanding of the Organization's financial statements. The financial statements and notes are representations of Management, who is responsible for their integrity and objectivity. These accounting policies have been consistently applied in the preparation of the financial statements.

a) History and Activity:

The Scleroderma Foundation/Tri-State, Inc. Chapter is a charitable organization incorporated under the Laws of New York State on July 20, 1982. Prior to 1992, the Organization was known as the Scleroderma Society Of Greater New York, Inc. In 1992 the name was changed to Scleroderma Federation Of The Tri-State Area, Inc. Subsequently the name was officially changed to the Scleroderma Foundation/Tri-State, Inc. Chapter by a resolution of the Board of Directors on February 28, 2000. The purpose of the Organization is to provide funds for research, provide patient and family education and to create public awareness of the disease, Scleroderma.

b) Support and Revenue:

The Organization's support and revenue is generated through contributions, gifts, bequests and special fund raising events and activities. {See Note 4}. All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted or permanently restricted support that increases those net asset classes. When a temporary restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

c) Accounting Basis:

The financial statements of Scleroderma Foundation/Tri-State, Inc. Chapter are prepared on the accrual basis of accounting, whereby revenues are recognized when earned and expenses are recognized when incurred. Contributions are recorded when received unless susceptible to accrual. In accordance with Statement of Financial Accounting Standards No. 117, financial statements of not-for-profit organization, net assets are classified as unrestricted, temporarily restricted or permanently restricted as defined below:

SCLERODERMA FOUNDATION/TRI-STATE, INC. CHAPTER

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED):

c) Accounting Basis (Continued)

Unrestricted Net Assets:

Net assets that are not subject to donor-imposed stipulations.

Temporarily Restricted Net Assets:

Net assets subject to donor-imposed stipulations that may or will be met, either by actions of the Organization and/or the passage of time. When a restriction expires, temporarily restricted net assets are classified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Permanently Restricted Net Assets:

Net assets subject to donor-imposed stipulations that they will be maintained permanently by the Organization. Generally, the donors of these assets permit the Organization to use all or part of the income earned on any related investments for general or specific purposes.

d) Income Taxes:

On March 10, 1983 the Internal Revenue Service approved the Organization's application for exemption from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code.

Subsequently, New York State Department of Taxation and Finance, State of New Jersey Department of The Treasury, and the State of Connecticut have approved the Organization's application for exemption from corporate franchise taxes.

e) Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

SCLERODERMA FOUNDATION/TRI-STATE, INC. CHAPTER

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED):

f) Cash and Cash Equivalents:

- a)*** The Organization maintains cash balances at several banks. Accounts at each institution are insured by the Federal Deposit Insurance Corporation up to \$250,000.
- b)*** The Organization maintains an account with NBT Bank Trust and Investment Division. The account contains Cash, Federal Money Market Fund, Certificates of Deposit and US Treasury Notes. The Federal Money Market Fund is collateralized dollar for dollar with government securities. The US Treasury Notes are backed by the US Government and the Certificates of Deposit are backed with FDIC Insurance.
- c)*** At times the balances in each account may exceed federally insured limits. The Organization has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk.

NOTE 2 - INVESTMENTS:

Investments are stated at market value at the balance sheet date. Dividends and interest are accrued as earned and recorded as unrestricted revenue unless income is restricted by the donor. Unrealized changes in market value are disclosed below. The unrealized gain or loss for the current period is reported as investment income.

SCLERODERMA FOUNDATION/TRI-STATE, INC. CHAPTER

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

NOTE 2 - INVESTMENTS (CONTINUED):

During 2000 a member of the Organization made a contribution to the Scleroderma Foundation/Tri-State, Inc. Chapter by the transfer of a variable annuity naming the Organization as owner and beneficiary. The annuity contract was surrendered on December 31, 2009 for the full cash value of \$83,144 as outlined below and in Note 7.

	<i>Fair Value</i> <i>At</i> <i>December</i> <i>31, 2008</i>			<i>Unrealized</i> <i>Gain (Loss)</i> <i>2009</i>		<i>Realized</i> <i>Gain (Loss)</i> <i>2009</i>		<i>Fair Value</i> <i>At</i> <i>December</i> <i>31, 2009</i>	
		<i>Purchases</i>	<i>(Maturity)</i>						
Mutual Fund - Fidelity	\$ 44,079	\$ 1,273	\$ 0	\$ 1,964	\$ 0	\$ 47,316			
Fixed Income Securities -									
NBT Bank	<u>655,754</u>	<u>285,000</u>	<u>(500,000)</u>	<u>(2,193)</u>	<u>0</u>	<u>438,561</u>			
Total investments	699,833	286,273	(500,000)	(229)	0	485,877			
Cash surrender value -									
annuity contract	<u>64,478</u>	<u>0</u>	<u>(83,144)</u>	<u>0</u>	<u>18,666</u>	<u>0</u>			
Total	<u>\$ 764,311</u>	<u>\$ 286,273</u>	<u>\$ (583,144)</u>	<u>\$ (229)</u>	<u>\$ 18,666</u>	<u>\$ 485,877</u>			

NOTE 3 - PROPERTY AND EQUIPMENT:

Property and equipment are stated at cost. Depreciation is computed using the Modified Accelerated Cost Recovery System over the estimated useful lives (5-7 years) of the related assets. Cost and the related accumulated depreciation are deducted from the accounts on retirement or disposal and any resulting gain or loss is reflected in income. Maintenance and repairs are charged to expense when incurred. Betterments and major renewals or replacements are capitalized if material. Obsolete fully depreciated fixed assets were written off in 2006. The cost of equipment under ten thousand dollars is shown as functional expense in the current period.

SCLERODERMA FOUNDATION/TRI-STATE, INC. CHAPTER

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

NOTE 4 - SPECIAL FUND RAISING EVENTS:

During the current year, the Organization has held a number of special fund raising events as listed on Schedule I. Each special fund raising event has contributed to the public awareness of the disease, Scleroderma. The net proceeds from each event are used in achieving the Organization's exempt purpose.

NOTE 5 - FUNCTIONAL EXPENSES:

The allocation of functional expenses between program services, management and general and fund raising as per schedule II has been determined by management of the Organization. Forty-five percent of common expenses have been allocated to both program service and fund raising. The remaining ten percent of these expenses have been allocated to management and general. This estimated allocation of common expenses has been determined by management.

NOTE 6 - OPERATING LEASE:

The Organization leases its facility located in Binghamton, New York under a two year lease for \$1,025 per month commencing on October 1, 2008 and ending September 30, 2010. Rental cost for the year ended December 31, 2009 totaled \$12,260.

SCLERODERMA FOUNDATION/TRI-STATE, INC. CHAPTER

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

NOTE 7 - TEMPORARILY RESTRICTED NET ASSETS:

Temporarily restricted net assets consists of the following major contributions that were restricted for research:

Variable annuity - at cash surrender value on	
November 7, 2000 - date of gift	\$ 74,901
Estate of Seymour Barry Baraban	<u>127,420</u>
Total	<u>202,321</u>
Previously released from restrictions	<u>(9,102)</u>
Subtotal	193,219
Various contributions restricted during 2008	14,935
Less: Satisfaction of restricted contributions during 2008	<u>(14,935)</u>
Temporarily restricted net assets at December 31, 2008	193,219
Various contributions restricted during 2009	4,800
Less: Satisfaction of restricted contributions during 2009	(4,800)
Less: Variable annuity released from restrictions	<u>(74,901)</u>
Temporarily restricted net assets at December 31, 2009	<u>\$ 118,318</u>

SCLERODERMA FOUNDATION/TRI-STATE, INC. CHAPTER

SCHEDULE I

SPECIAL FUND RAISING EVENTS

FOR THE YEARS ENDED DECEMBER 31,

	<u>2 0 0 9</u>			<u>2 0 0 8</u>		
	<u>Revenue</u>	<u>Expenses</u>	<u>Income</u>	<u>Revenue</u>	<u>Expenses</u>	<u>Income</u>
Annual Raffle	\$ 23,480	\$ 6,491	\$ 16,989	\$ 20,963	\$ 6,090	\$ 14,873
Delisa Fr - New Jersey	1,635	0	1,635	525	0	525
Estelle Randolph Appeal	280	0	280	733	0	733
Golf Outing - New York	14,296	927	13,369	12,990	462	12,528
Lord & Taylor Benefit	456	0	456	411	0	411
CT Dinner Dance	1,260	292	968	1,730	0	1,730
Love Joy Wine Tasting	0	0	0	575	0	575
Miscellaneous	6,813	1,183	5,630	1,120	5,353	(4,233)
Gala	0	0	0	20,150	0	20,150
NYC Young Professionals	0	0	0	1,342	769	573
Dance Event - Staten Island	10,866	4,998	5868	16,115	8,250	7,865
Walks	369,796	63,503	306,293	457,539	57,555	399,984
Van Name Fundraising	696	0	696	0	0	0
Kitsa Jobeless Fundraiser	1,760	0	1,760	0	0	0
Year-End Appeal	<u>18,519</u>	<u>1,756</u>	<u>16,763</u>	<u>26,096</u>	<u>3,754</u>	<u>22,342</u>
Total	<u>\$ 449,857</u>	<u>\$ 79,150</u>	<u>\$ 370,707</u>	<u>\$ 560,289</u>	<u>\$ 82,233</u>	<u>\$ 478,056</u>

*The accompanying notes are an
integral part of the financial statements.*

**Kenneth Mazzone CPA PC
Certified Public Accountant**

SCLERODERMA FOUNDATION/TRI-STATE, INC. CHAPTER

SCHEDULE II

STATEMENT OF FUNCTIONAL EXPENSES

FOR THE YEARS ENDED DECEMBER 31,

	2 0 0 9			
	<i>Total</i>	<i>Program Services</i>	<i>Management and General</i>	<i>Fund Raising</i>
Advertising	\$ 160	\$ 72	\$ 16	\$ 72
Advocacy	4,276	4,276	0	0
Audit Fees	6,382	0	6,382	0
Bank Fees	5,859	0	5,859	0
Board Expenses	3,828	1,722	384	1,722
Computer Expenses	1,878	845	188	845
Copy Machine	6,608	2,974	660	2,974
Equipment Rental	560	0	560	0
Foundation Assessment	163,175	163,175	0	0
Gifts	721	324	73	324
Health Fairs	1,063	1,063	0	0
Insurance	3,488	0	3,488	0
Internet Charges	712	0	712	0
Lending Library	340	340	0	0
Meetings - National	5,396	2,428	540	2,428
Meetings - Other	227	102	23	102
Miscellaneous - Management and General	3,084	0	3,084	0
Newsletter	13,174	13,174	0	0
Office Supplies	10,722	0	10,722	0
Patient Education	16,214	16,214	0	0
Payroll Taxes, Health Insurance & TIA CREF	29,845	13,430	2,985	13,430
Payroll Preparation Service	1,018	0	1,018	0
Postage	5,653	2,544	565	2,544
Printing	1,040	468	104	468
Rent	12,260	0	12,260	0
Research Pledge - Restricted Contributions	3,525	3,525	0	0
Restricted Pledge - National - Voluntary	0	0	0	0
Salaries	182,086	81,939	18,208	81,939
Scleroderma Program - Hospital for Special Surgery	75,000	75,000	0	0
Staff Development	247	0	247	0
Support Groups	6,806	3,063	680	3,063
Telephone	3,354	1,509	336	1,509
Travel	608	0	608	0
Water	18	0	18	0
Total Functional Expenses	\$ 569,327	\$ 388,187	\$ 69,720	\$ 111,420

2008

	<i>Total</i>	<i>Program Services</i>	<i>Management and General</i>	<i>Fund Raising</i>
Advertising.....	\$ 0	\$ 0	\$ 0	\$ 0
Advocacy.....	0	0	0	0
Audit Fees.....	5,265	0	5,265	0
Bank Fees.....	5,733	0	5,733	0
Board Expenses.....	1,364	614	136	614
Computer Expenses.....	1,485	668	149	668
Copy Machine.....	0	0	0	0
Equipment Rental.....	833	0	833	0
Foundation Assessment.....	136,445	136,445	0	0
Gifts.....	682	307	68	307
Health Fairs.....	1,688	1,688	0	0
Insurance.....	3,219	0	3,219	0
Internet Charges.....	734	0	734	0
Lending Library.....	1,613	1,613	0	0
Meetings - National.....	2,253	1,014	225	1,014
Meetings - Other.....	1,336	601	134	601
Miscellaneous - Management and General.....	2,556	0	2,556	0
Newsletter.....	19,107	19,107	0	0
Office Supplies.....	10,208	0	10,208	0
Patient Education.....	16,141	16,141	0	0
Payroll Taxes, Health Insurance & TIA CREF.....	27,382	12,322	2,738	12,322
Payroll Preparation Service.....	1,131	0	1,131	0
Postage.....	10,715	4,822	1,071	4,822
Printing.....	0	0	0	0
Rent.....	11,500	0	11,500	0
Research Pledge - Restricted Contributions.....	12,470	12,470	0	0
Research Pledge - National - Voluntary.....	25,000	25,000	0	0
Salaries.....	176,869	79,591	17,687	79,591
Scleroderma Program - Hospital for Special Surgery.....	0	0	0	0
Staff Development.....	508	0	508	0
Support Groups.....	12,583	5,662	1,259	5,662
Telephone.....	3,847	1,731	385	1,731
Travel.....	886	0	886	0
Water.....	90	0	90	0
Total Functional Expenses.....	\$ 493,643	\$ 319,796	\$ 66,515	\$ 107,332

*The accompanying notes are an
integral part of the financial statements.*

**Kenneth Mazzone CPA PC
Certified Public Accountant**