

Form **990**

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

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **SICKLE CELL DISEASE ASSOCIATION OF AMERICA INC**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) / Room/suite: **3700 KOPPERS ST / 570**
 City or town, state or province, country, and ZIP or foreign postal code: **BALTIMORE, MD 21227**

D Employer identification number: **23-7175985**

E Telephone number: **410-528-1555**

F Name and address of principal officer: **BEVERLEY FRANCIS-GIBSON SAME AS C ABOVE**

G Gross receipts \$: **2,691,766.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (Insert no.) 4947(a)(1) or 527

J Website: **WWW.SICKLECELLDISEASE.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1972** **M** State of legal domicile: **MD**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO ADVOCATE FOR PEOPLE AFFECTED BY SICKLE CELL CONDITIONS AND EMPOWER COMMUNITY-BASED ORGANIZATIONS	
2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	3 16
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 16
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 12
6 Total number of volunteers (estimate if necessary)	6 28
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b 0.
Revenue	
8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,355,400. Current Year 2,106,792.
9 Program service revenue (Part VIII, line 2g)	474,820. 535,761.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,106. -373.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,483. 5,109.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,857,809. 2,647,289.
Expenses	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,280,727. 1,040,055.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	726,666. 820,593.
16a Professional fundraising fees (Part IX, column (A), line 11a)	0. 0.
16b Total fundraising expenses (Part IX, column (D), line 25)	152,933.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	797,754. 866,480.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,805,147. 2,727,128.
19 Revenue less expenses. Subtract line 18 from line 12	52,662. -79,839.
Net Assets or Fund Balances	
20 Total assets (Part X, line 16)	Beginning of Current Year 1,127,694. End of Year 938,257.
21 Total liabilities (Part X, line 26)	608,106. 434,420.
22 Net assets or fund balances. Subtract line 21 from line 20	519,588. 503,837.

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: *Beverley Francis-Gibson* Signature of officer, Date: **10/3/2018**
David Braxton Signature of preparer, Date: **11/26/2018**
BEVERLEY FRANCIS-GIBSON, PRESIDENT type or print name and title

Paid Preparer Use Only:
 Print/type preparer's name: **SVETLANA CHEBAKINA**
 Preparer's signature: *[Signature]*
 Date: **10/02/18**
 Check self-employed PTIN: **P01399152**
 Firm's name: **HALT, BUZAS & POWELL, LTD.**
 Firm's EIN: **26-0004395**
 Firm's address: **1199 N. FAIRFAX ST. 10TH FLOOR ALEXANDRIA, VA 22314**
 Phone no.: **(703) 836-1350**

SICKLE CELL DISEASE ASSOCIATION
OF AMERICA INC

Form 990 (2017)

23-7175985 Page 2

Part 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:
**TO ADVOCATE FOR PEOPLE AFFECTED BY SICKLE CELL CONDITIONS AND EMPOWER
COMMUNITY-BASED ORGANIZATIONS TO MAXIMIZE QUALITY OF LIFE AND RAISE
PUBLIC CONSCIOUSNESS WHILE ADVANCING THE SEARCH FOR A UNIVERSAL CURE.**

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 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 \$ 576,349. including grants of \$ 58,798.) (Revenue \$ 534,434.)
**SCDAA PROGRAM SERVICES: SCDAA AND ITS MEMBER ORGANIZATIONS ENGAGE IN
COMMUNITY OUTREACH AND PROGRAM EFFORTS THROUGHOUT THE UNITED STATES AND
CANADA. THESE EFFORTS INCLUDE BUT ARE NOT LIMITED TO: EDUCATIONAL
CAMPAIGNS THAT BUILD AWARENESS OF SCD AND RELATED CONDITIONS AND
PROGRAMS THAT PROVIDE SERVICES SUCH AS GENETIC TESTING AND COUNSELING,
CASE MANAGEMENT, AND PSYCHOSOCIAL SUPPORT FOR INDIVIDUALS AND FAMILIES
IMPACTED BY SICKLE CELL DISEASE.**

4b (Code:) (Expenses \$ 135,088. including grants of \$ 0.) (Revenue \$)
**PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE: TO DEVELOP A NATIONAL
ADVOCATE NETWORK OF SICKLE CELL DISEASE PATIENTS, FAMILIES, CAREGIVERS
AND OTHER STAKEHOLDERS EXPERTS THAT CAN PARTNER WITH CLINICIANS AND
RESEARCHERS TO DESIGN, IMPLEMENT AND EVENTUALLY DISSEMINATE PATIENT
CENTERED OUTCOMES RESEARCH AND COMPARATIVE EFFECTIVENESS RESEARCH
(PCOR/CER) PROJECTS THAT IMPROVE OUTCOMES TO PATIENTS WITH SICKLE CELL
DISEASE (SCD).**

4c (Code:) (Expenses \$ 1,625,156. including grants of \$ 981,257.) (Revenue \$)
**HEALTH RESOURCES AND SERVICES ADMINISTRATION: TO PROVIDE A NEWBORN
SCREENING FOLLOW-UP PROGRAM THAT ENSURES ACCESS TO CARE FOR INDIVIDUALS
WITH SICKLE CELL DISEASE (SCD). IT INCLUDES PROVIDING FOLLOW-UP
SERVICES: EDUCATION, COUNSELING, LEAD ADVOCACY INITIATIVES, AND ACCESS
TO A MEDICAL HOME.**

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

4e Total program service expenses **2,336,593.**

Form 990 (2017)

**SICKLE CELL DISEASE ASSOCIATION
OF AMERICA INC**

Part IV Checklist of Required Schedules

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

**SICKLE CELL DISEASE ASSOCIATION
OF AMERICA INC**

Form 990 (2017)

23-7175985 Page 4

Part IV Checklist of Required Schedules (continued)

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

Form 990 (2017)

**SICKLE CELL DISEASE ASSOCIATION
OF AMERICA INC**

Form 990 (2017)

23-7175985 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
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 (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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?		
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 as charitable contributions?		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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring 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		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2017)

**SICKLE CELL DISEASE ASSOCIATION
OF AMERICA INC**

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	16		
b Enter the number of voting members included in line 1a, above, who are independent	1b	16		
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			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?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
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			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		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	9			X

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

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
b 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			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		X	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		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	15a		X	
b Other officers or key employees of the organization	15b		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?	16a			X
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			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ MD, NY, CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**
THE ORGANIZATION - 410-528-1555
3700 KOPPERS ST, NO. 570, BALTIMORE, MD 21227

**SICKLE CELL DISEASE ASSOCIATION
OF AMERICA INC**

Form 990 (2017)

23-7175985 Page 7

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DENNIS TAYLOR VICE CHAIR	5.00	X		X				0.	0.	0.
(2) JAKELA PARKER TREASURER	5.00	X		X				0.	0.	0.
(3) BIREE ANDEMARIAM CHIEF MEDICAL OFFICER	5.00	X						0.	0.	0.
(4) LEWIS HSU VICE CHIEF MEDICAL OFFICER	5.00	X						0.	0.	0.
(5) GENICE NELSON SECRETARY	5.00	X		X				0.	0.	0.
(6) LENNETTE BENJAMIN MEMBER	5.00	X						0.	0.	0.
(7) KIM SMITH-WHITLEY MEMBER	5.00	X						0.	0.	0.
(8) LISA HALL MEMBER	5.00	X						0.	0.	0.
(9) CHRISTOPHER HOLLINS MEMBER	5.00	X						0.	0.	0.
(10) WANDA WHITTEN-SHURNEY MEMBER	5.00	X						0.	0.	0.
(11) CRYSTAL RILEY MEMBER	5.00	X						0.	0.	0.
(12) BERNIE LAWRENCE-WATKINS MEMBER	5.00	X						0.	0.	0.
(13) GWENDOLYN POLES MEMBER	5.00	X						0.	0.	0.
(14) ED FLOWERS MEMBER	5.00	X						0.	0.	0.
(15) DAVID BRAXTON CHAIR	5.00	X		X				0.	0.	0.
(16) DR. GLADYS ROBINSON MEMBER	5.00	X						0.	0.	0.
(17) SONJA BANKS PRESIDENT AND COO	45.00			X				115,000.	0.	8,479.

**SICKLE CELL DISEASE ASSOCIATION
OF AMERICA INC**

Form 990 (2017)

23-7175985 Page **9**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 81,047.						
	b Membership dues	1b 23,980.						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e 1,625,944.						
	f All other contributions, gifts, grants, and similar amounts not included above	1f 375,821.						
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f	▶ 2,106,792.						
	Program Service Revenue	2 a CONVENTION & SPECIAL E					Business Code 900099	535,761.
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f		▶ 535,761.						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 100.				100.		
	4 Income from investment of tax-exempt bond proceeds	▶						
	5 Royalties	▶ 5,906.				5,906.		
	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	35,473.					
		c Gain or (loss)	-473.					
		d Net gain or (loss)	▶ -473.					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events	▶					
	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 7,677.							
	b Less: cost of goods sold	b 9,004.						
	c Net income or (loss) from sales of inventory	▶ -1,327.					-1,327.	
Miscellaneous Revenue		Business Code						
11 a OTHER INCOME	900099	530.				530.		
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d	▶ 530.						
12 Total revenue. See instructions.	▶ 2,647,289.	534,434.		0.	6,063.			

**SICKLE CELL DISEASE ASSOCIATION
OF AMERICA INC**

Form 990 (2017)

23-7175985 Page **10**

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,040,055.	1,040,055.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	123,479.	91,600.	11,754.	20,125.
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	597,826.	445,605.	54,003.	98,218.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	48,985.	33,981.	7,893.	7,111.
10 Payroll taxes	50,303.	34,896.	8,105.	7,302.
11 Fees for services (non-employees):				
a Management				
b Legal	7,561.		7,561.	
c Accounting	14,271.		14,271.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	406,305.	347,995.	43,273.	15,037.
12 Advertising and promotion	9,748.		5,071.	4,677.
13 Office expenses	87,494.	15,668.	71,462.	364.
14 Information technology				
15 Royalties				
16 Occupancy	64,492.		64,492.	
17 Travel	27,698.	16,730.	10,869.	99.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	228,796.	228,796.		
20 Interest	13,967.		13,967.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,668.		1,668.	
23 Insurance	4,105.		4,105.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	375.		375.	
b INDIRECT COSTS	0.	81,267.	-81,267.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,727,128.	2,336,593.	237,602.	152,933.
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)

**SICKLE CELL DISEASE ASSOCIATION
OF AMERICA INC**

Form 990 (2017)

23-7175985 Page **11**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	225,842.	1	231,229.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	383,577.	3	148,063.	
	4 Accounts receivable, net	42,541.	4	23,450.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use	7,599.	8	4,330.	
	9 Prepaid expenses and deferred charges		9	1,002.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	137,915.			
	b Less: accumulated depreciation	136,081.			
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	459,488.	12	523,203.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	5,145.	15	5,146.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,127,694.	16	938,257.		
Liabilities	17 Accounts payable and accrued expenses	304,591.	17	139,195.	
	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 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23 Secured mortgages and notes payable to unrelated third parties	284,265.	23	264,206.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	19,250.	25	31,019.	
	26 Total liabilities. Add lines 17 through 25	608,106.	26	434,420.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	487,124.	27	471,373.	
	28 Temporarily restricted net assets	32,464.	28	32,464.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	519,588.	33	503,837.		
34 Total liabilities and net assets/fund balances	1,127,694.	34	938,257.		

Form **990** (2017)

**SICKLE CELL DISEASE ASSOCIATION
OF AMERICA INC**

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,647,289.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,727,128.
3	Revenue less expenses. Subtract line 2 from line 1	3	-79,839.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	519,588.
5	Net unrealized gains (losses) on investments	5	64,088.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	503,837.

Part XII Financial Statements and Reporting

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

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

SICKLE CELL DISEASE ASSOCIATION

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	830,356.	488,677.	1355907.	3355400.	2106792.	8137132.
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	830,356.	488,677.	1355907.	3355400.	2106792.	8137132.
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)						454,075.
6 Public support. Subtract line 5 from line 4.						7683057.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	830,356.	488,677.	1355907.	3355400.	2106792.	8137132.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,156.	23,446.	19,440.	18,748.	6,006.	79,796.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	14,413.	21,060.	-2,493.	62.	530.	33,572.
11 Total support. Add lines 7 through 10						8250500.
12 Gross receipts from related activities, etc. (see instructions)					12	1,965,867.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	93.12 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	93.31 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

SICKLE CELL DISEASE ASSOCIATION

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

SICKLE CELL DISEASE ASSOCIATION

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

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

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

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

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

SICKLE CELL DISEASE ASSOCIATION

Schedule A (Form 990 or 990-EZ) 2017 OF AMERICA INC

23-7175985 Page 7

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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

Schedule A (Form 990 or 990-EZ) 2017

SICKLE CELL DISEASE ASSOCIATION

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 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, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization SICKLE CELL DISEASE ASSOCIATION OF AMERICA INC	Employer identification number 23-7175985
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization SICKLE CELL DISEASE ASSOCIATION OF AMERICA INC	Employer identification number 23-7175985
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PFIZER INC. 500 ARCOLA ROAD COLLEGEVILLE, PA 19426	\$ 139,095.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE SW WASHINGTON, DC 20201	\$ 1,625,944.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NOVARTIS 1 HEALTH PLAZA EAST HANOVER, MD 07936	\$ 79,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SICKLE CELL DISEASE ASSOCIATION OF AMERICA INC	Employer identification number 23-7175985
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization SICKLE CELL DISEASE ASSOCIATION OF AMERICA INC	Employer identification number 23-7175985
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization SICKLE CELL DISEASE ASSOCIATION OF AMERICA INC Employer identification number 23-7175985

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring expenses.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

**SICKLE CELL DISEASE ASSOCIATION
OF AMERICA INC**

Schedule D (Form 990) 2017

23-7175985 Page **3**

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENTS	523,203.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	523,203.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	14,263.
(3) REFUNDABLE ADVANCES	16,756.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	31,019.

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

Schedule D (Form 990) 2017

**SICKLE CELL DISEASE ASSOCIATION
OF AMERICA INC**

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

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

1	Total revenue, gains, and other support per audited financial statements	1	2,720,381.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	64,088.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	9,004.
e	Add lines 2a through 2d	2e	73,092.
3	Subtract line 2e from line 1	3	2,647,289.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,647,289.

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

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

1	Total expenses and losses per audited financial statements	1	2,736,132.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	9,004.
e	Add lines 2a through 2d	2e	9,004.
3	Subtract line 2e from line 1	3	2,727,128.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,727,128.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ASSOCIATION IS EXEMPT FROM FEDERAL AND LOCAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ON INCOME DERIVED FROM ACTIVITIES RELATED TO ITS EXEMPT PURPOSE. THIS CODE SECTION ENABLES THE ASSOCIATION TO ACCEPT DONATIONS THAT QUALIFY AS CHARITABLE CONTRIBUTIONS TO THE DONOR. THE ASSOCIATION IS SUBJECT TO INCOME TAXES ON TAXABLE INCOME FROM UNRELATED BUSINESS ACTIVITIES. FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016, THE ASSOCIATION DID NOT RECOGNIZE INCOME TAX EXPENSE IN THE ACCOMPANYING FINANCIAL STATEMENTS AS THERE WAS NO UNRELATED BUSINESS TAXABLE INCOME.

THE ASSOCIATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE THEIR

Part XIII Supplemental Information (continued)

TAX-EXEMPT STATUS THAT WOULD REQUIRE RECOGNITION IN THE ACCOMPANYING FINANCIAL STATEMENTS. GENERALLY, TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR UP TO THREE YEARS FROM THE DATE A COMPLETED RETURN IS FILED. IF THERE ARE MATERIAL OMISSIONS OF INCOME, TAX RETURNS MAY BE SUBJECT TO EXAMINATION FOR UP TO SIX YEARS. IT IS THE ASSOCIATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN THE ACCOMPANYING FINANCIAL STATEMENTS. AS OF DECEMBER 31, 2017 AND 2016, THE ASSOCIATION HAD NO UNCERTAIN TAX POSITIONS WHICH SHOULD BE RECOGNIZED AS A LIABILITY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 9,004.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 9,004.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **SICKLE CELL DISEASE ASSOCIATION OF AMERICA INC** Employer identification number **23-7175985**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SICKLE CELL ANEMIA FOUNDATION OF OREGON - 4927 NE 55TH AVENUE - PORTLAND, OR 97218	93-0884562	501(C)(3)	29,689.	0.	FMV		TO FUND SCD RESEARCH
SICKLE CELL FOUNDATION OF GEORGIA 2391 BENJAMIN E MAYS JR. DRIVE ATLANTA, GA 30311	58-1122346	501(C)(3)	113,735.	0.	FMV		TO FUND SCD RESEARCH AND SCHOLARSHIPS
SCDAA PHILADELPHIA/DELAWARE VALLEY CHAPTER - 5070 PARKSIDE AVENUE, SUITE 1404 - PHILADELPHIA, PA 19131	22-2436381	501(C)(3)	19,864.	0.	FMV		TO FUND SCD RESEARCH
CHILDRENS SICKLE CELL FOUNDATION, INC. - GOVE BUSINESS CENTER 226 PAUL STREET, SUITE 105 - PITTSBURGH, PA 15211	02-0649650	501(C)(3)	56,316.	0.	FMV		TO FUND SCD RESEARCH
ST. LOUIS SICKLE CELL ASSOCIATION P.O. BOX 2751 FLORISSANT, MO 63032	36-4713585	501(C)(3)	33,142.	0.	FMV		TO FUND SCD RESEARCH AND SCHOLARSHIPS
SICKLE CELL DISEASE FOUNDATION OF CALIFORNIA - 3602 INLAND EMPIRE BOULEVARD, SUITE B220 - ONTARIO, CA 91764	95-6155962	501(C)(3)	91,653.	0.	FMV		TO FUND SCD RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 24.

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) (2017)

**SICKLE CELL DISEASE ASSOCIATION
OF AMERICA INC**

Schedule I (Form 990)

23-7175985

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SICKLE CELL DISEASE ASSOCIATION OF ILLINOIS - 8100 S. WESTERN AVENUE - CHICAGO, IL 60620	23-7157702	501(C)(3)	69,661.	0.	FMV		TO FUND SCD RESEARCH AND SCHOLARSHIPS
SICKLE CELL DISEASE ASSOCIATION OF AMERICA - MICHIGAN CHAPTER, INC - 18516 JAMES COUZENS FWY - DETROIT, MI 48235	38-1963640	501(C)(3)	64,058.	0.	FMV		TO FUND SCD RESEARCH AND SCHOLARSHIPS
PIEDMONT HEALTH SERVICES 1102 E. MARKET STREET GREENSBORO, NC 27401	23-7362747	501(C)(3)	87,408.	0.	FMV		TO FUND SCD RESEARCH AND SCHOLARSIHPS
SICKLE CELL ASSOCIATION OF NEW JERSEY, INC. - 565 N. 11TH STREET - NEWARK, NJ 07104	80-0474935	501(C)(3)	47,089.	0.	FMV		TO FUND SCD RESEARCH AND SCHOLARSHIPS
MARYLAND SICKLE CELL DISEASE ASSOCIATION, INC. - 8775 CENTRE PARK DRIVE ,SUITE 701 - COLUMBIA, MD 21045	20-5906340	501(C)(3)	41,508.	0.	FMV		TO FUND SCD RESEARCH AND SCHOLARSHIPS
SICKLE CELL FOUNDATION OF TENNESSEE - 680 OAKLEAF, SUITE 101 - MEMPHIS, TN 38117	26-3954703	501(C)(3)	38,310.	0.	FMV		TO FUND SCD RESEARCH AND SCHOLARSHIPS
MARTIN CENTER SICKLE CELL 3545 & 3549 N. COLLEGE AVENUE INDIANAPOLIS, IN 46205	23-7058960	501(C)(3)	46,700.	0.	FMV		TO FUND SCD RESEARCH
SICKLE CELL FOUNDATION OF GREATER MONTGOMERY, INC. - 3181 SELMA HIGHWAY 80 - WEST MONTGOMERY, AL 36108	63-0830977	501(C)(3)	16,331.	0.	FMV		TO FUND SCD RESEARCH
OHIO SICKLE CELL & HEALTH 341 SOUTH 3RD STREET, SUITE 200 COLUMBUS, OH 43215	31-0968012	501(C)(3)	27,186.	0.	FMV		TO FUND SCD RESEARCH AND SCHOLARSHIPS

Schedule I (Form 990)

**SICKLE CELL DISEASE ASSOCIATION
OF AMERICA INC**

Schedule I (Form 990)

23-7175985

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JAMES R CLARK MEMORIAL SICKLE CELL FOUNDATION - 1420 GREGG STREET - COLUMBIA, SC 29201	57-0858930	501(C)(3)	48,664.	0.	FMV		TO FUND SCD RESEARCH AND SCHOLARSHIPS
SCDAA CENTRAL ALABAMA CHAPTER 813 AVENUE "I" BIRMINGHAM, AL 35218	63-0760935	501(C)(3)	79,620.	0.	FMV		TO FUND SCD RESEARCH
CAYENNE WELLNESS CENTER PO BOX 3856 GLENDALE, CA 91221	81-0621107	501(C)(3)	16,656.	0.	FMV		TO FUND SCD RESEARCH
TOVA HEALTHCARE, LLC 601 NEW CASTLE AVENUE WILMINGTON, DE 19801	35-2419176	501(C)(3)	8,315.	0.	FMV		TO FUND SCD RESEARCH
COMMUNITY HEALTH INTERVENTIONS 2409 MURCHISON ROAD FAYETTEVILLE, NC 28301	56-1097597	501(C)(3)	15,166.	0.	FMV		TO FUND SCD RESEARCH
SICKLE CELL THALASSEMIA PATIENTS NETWORK - 1139 ST. JOHNS PLACE - BROOKLYN, NY 11213	11-3106037	501(C)(3)	28,768.	0.	FMV		TO FUND SCD RESEARCH
QUEENS SICKLE CELL ADVOCACY 207-8 HOLLIS AVENUE QUEENS VILLAGE, NY 11429	11-3373180	501(C)(3)	35,003.	0.	FMV		TO FUND SCD RESEARCH AND SCHOLARSHIPS
SOUTH CENTRAL PA SCC 2000 LINGLESTOWN ROAD #204 HARRISBURG, PA 17110	25-1750370	501(C)(3)	6,645.	0.	FMV		TO FUND SCD RESEARCH AND SCHOLARSHIPS
EMORY UNIVERSITY 201 DOWMAN DRIVE ATLANTA, GA 30322	58-0566256		6,468.	0.	FMV		TO FUND SCHOLARSHIPS

Schedule I (Form 990)

**SICKLE CELL DISEASE ASSOCIATION
OF AMERICA INC**

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

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:

INTERNAL CONTROL PROCEDURES INCLUDE SEPARATION OF DUTIES TO ENSURE THAT ASSETS ARE PROTECTED AGAINST FRAUD, WASTE AND ABUSE. REIMBURSEMENT REQUESTS ARE PREPARED ONLY AFTER THE EXPENDITURES HAVE BEEN INCURRED. THE DIRECTOR OF FINANCE ENSURES THAT THE ALLOWABLE COST ARE IN COMPLIANCE WITH FUNDING REQUIREMENTS AND COST PRINCIPLES FOR ALL GRANTS UTILIZING FEDERAL FUNDING AND OTHER. REQUISITIONS, PURCHASE ORDERS AND EXPENDITURES ARE MONITORED, DOCUMENTED, REVIEWED AND APPROVED BY THE PRESIDENT.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization	SICKLE CELL DISEASE ASSOCIATION OF AMERICA INC	Employer identification number	23-7175985
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 TO MAXIMIZE QUALITY OF LIFE AND RAISE PUBLIC CONSCIOUSNESS WHILE
 ADVANCING THE SEARCH FOR A UNIVERSAL CURE.

FORM 990, PART VI, SECTION B, LINE 11B:
 PRIOR TO FILING, THE FORM 990 IS PRESENTED AT A SPECIAL BOARD MEETING FOR
 REVIEW AND COMMENTS.

FORM 990, PART VI, SECTION B, LINE 12C:
 OFFICERS AND DIRECTORS ARE REQUIRED TO SUBMIT AN ANNUAL QUESTIONNAIRE

FORM 990, PART VI, SECTION B, LINE 15:
 COMPENSATION POLICY IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS

FORM 990, PART VI, SECTION C, LINE 18:
 THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA
 THE FEDERAL AUDIT CLEARINGHOUSE.

FORM 990, PART VI, SECTION C, LINE 19:
 GOVERNING DOCUMENTS ALONG WITH CONFLICT OF INTEREST POLICY AND FINANCIAL
 STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

FORM 990, PART IX, LINE 11G, OTHER FEES:
 CONSULTANTS:

PROGRAM SERVICE EXPENSES	347,995.
MANAGEMENT AND GENERAL EXPENSES	43,273.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization SICKLE CELL DISEASE ASSOCIATION OF AMERICA INC	Employer identification number 23-7175985
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FUNDRAISING EXPENSES	15,037.
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TOTAL EXPENSES	406,305.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	406,305.
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FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. SICKLE CELL DISEASE ASSOCIATION OF AMERICA INC	Employer identification number (EIN) or 23-7175985
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3700 KOPPERS ST, NO. 570	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21227	

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

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

THE ORGANIZATION

• The books are in the care of ▶ **3700 KOPPERS ST, NO. 570 - BALTIMORE, MD 21227**
Telephone No. ▶ **410-528-1555** Fax No. ▶ **410-528-1495**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

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

- ▶ calendar year **2017** or
- ▶ tax year beginning _____, and ending _____.

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

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

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

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

California Exempt Organization Annual Information Return

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name
**SICKLE CELL DISEASE ASSOCIATION
OF AMERICA INC**

California corporation number
0699197

Additional information. See instructions.
FEIN
23-7175985

Street address (suite or room)
3700 KOPPERS ST, NO. 570

City
BALTIMORE

State
MD

ZIP code
21227

Foreign country name _____ Foreign province/state/country _____ Foreign postal code _____

A First Return Yes No

B Amended Return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final Information Return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$ _____

L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

P Is federal Form 1023/1024 pending? Yes No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	584,974.00
	2	Gross dues and assessments from members and affiliates	2	23,980.00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	2,082,812.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	2,691,766.00
	5	Cost of goods sold STMT 3 STMT 2	5	9,004.00
	6	Cost or other basis, and sales expenses of assets sold	6	35,473.00
	7	Total costs. Add line 5 and line 6	7	44,477.00
	8	Total gross income. Subtract line 7 from line 4	8	2,647,289.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,727,128.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-79,839.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Information K	12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Information F	15	N/A 00
	16	Penalties and Interest. See General Information J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer **PRESIDENT** Title Date _____

Paid Preparer's Use Only

Preparer's signature _____ Date **10/02/18** Check if self-employed

Firm's name (or yours, if self-employed) and address **HALT, BUZAS & POWELL, LTD.
1199 N. FAIRFAX ST. 10TH FLOOR
ALEXANDRIA, VA 22314**

Telephone **P01399152
26-0004395
(703) 836-1350**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

**SICKLE CELL DISEASE ASSOCIATION
OF AMERICA INC**

23-7175985

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

728951 12-06-17

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	7,677.00	
	2	Interest	•	2	00	
	3	Dividends	•	3	100.00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	5,906.00	
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 4 •	6	35,000.00	
	7	Other income	SEE STATEMENT 5 •	7	536,291.00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	584,974.00	
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 6 •	9	1,040,055.00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 7 •	11	123,479.00	
	12	Other salaries and wages	•	12	597,826.00	
	Expenses and Disbursements	13	Interest	•	13	13,967.00
		14	Taxes	•	14	50,303.00
		15	Rents	•	15	64,492.00
		16	Depreciation and depletion (See instructions)	•	16	1,668.00
		17	Other Expenses and Disbursements	SEE STATEMENT 8 •	17	835,338.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	2,727,128.00

	Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)		
Assets						
1 Cash		225,842.		•	231,229.	
2 Net accounts receivable		42,541.		•	23,450.	
3 Net notes receivable				•		
4 Inventories		7,599.		•	4,330.	
5 Federal and state government obligations				•		
6 Investments in other bonds				•		
7 Investments in stock				•		
8 Mortgage loans				•		
9 Other investments STMT 9		459,488.		•	523,203.	
10 a Depreciable assets	137,915.		137,915.			
b Less accumulated depreciation	(134,413.)	3,502.	(136,081.)		1,834.	
11 Land				•		
12 Other assets STMT 10		388,722.		•	154,211.	
13 Total assets		1,127,694.			938,257.	
Liabilities and net worth						
14 Accounts payable		304,591.		•	139,195.	
15 Contributions, gifts, or grants payable				•		
16 Bonds and notes payable				•		
17 Mortgages payable		284,265.		•	264,206.	
18 Other liabilities STMT 11		19,250.			31,019.	
19 Capital stock or principal fund				•		
20 Paid-in or capital surplus. Attach reconciliation				•		
21 Retained earnings or income fund		519,588.		•	503,837.	
22 Total liabilities and net worth		1,127,694.			938,257.	

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	•	-79,839.	7 Income recorded on books this year not included in this return	•	
2 Federal income tax	•		8 Deductions in this return not charged against book income this year	•	
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8		
4 Income not recorded on books this year	•		10 Net income per return.		
5 Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6		-79,839.
6 Total. Add line 1 through line 5		-79,839.			

CA 199 CASH CONTRIBUTIONS STATEMENT 1
INCLUDED ON PART I, LINE 3

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	<u>DATE OF GIFT</u>	<u>AMOUNT</u>
PFIZER INC.	500 ARCOLA ROAD COLLEGEVILLE, PA 19426	12/31/17	139,095.
DEPARTMENT OF HEALTH AND HUMAN SERVICES	200 INDEPENDENCE AVENUE SW WASHINGTON, DC 20201	12/31/17	1,625,944.
NOVARTIS	1 HEALTH PLAZA EAST HANOVER, MD 07936	12/31/17	79,000.
TOTAL INCLUDED ON LINE 3			<u>1,844,039.</u>

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

1. INVENTORY AT BEGINNING OF YEAR		7,599
2. MERCHANDISE PURCHASED.		
3. COST OF LABOR.		
4. MATERIALS AND SUPPLIES		
5. OTHER COSTS.	5,735	
6. ADD LINES 1 THROUGH 5		13,334
7. INVENTORY AT END OF YEAR		4,330
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		9,004

CA 199	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	3
DESCRIPTION		AMOUNT	
PURCHASES		5,735.	
TOTAL INCLUDED ON FORM 199, PART I, LINE 5		5,735.	

CA 199	GROSS AMOUNT FROM SALE OF ASSETS			STATEMENT	4
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
INVESTMENTS			PURCHASED		
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE	
	35,473.	0.	0.	35,000.	
TOTAL TO FORM 199, PAGE 2, LN 6	35,473.	0.	0.	35,000.	

CA 199	OTHER INCOME	STATEMENT	5
DESCRIPTION		AMOUNT	
OTHER INCOME		530.	
CONVENTION & SPECIAL EVENTS		535,761.	
TOTAL TO FORM 199, PART II, LINE 7		536,291.	

CA 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	6
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ACTIVITY CLASSIFICATION: SCHOLARSHIPS TO COLLEGE STUDENTS

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
EMORY UNIVERSITY	201 DOWMAN DRIVE - ATLANTA, GA 30322	NONE	6,468.

TOTAL FOR THIS ACTIVITY	6,468.
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ACTIVITY CLASSIFICATION: SUBAWARDS/SCHOLARSHIPS

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
PIEDMONT HEALTH SERVICES & SICKLE CELL A	1102 EAST MARKET STREET - GREENSBORO, NC 27401	MEMBER ORGANIZATION	87,408.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SICKLE CELL DISEASE ASSOCIATION OF ILLIN	8100 SOUTH WESTERN AVENUE - CHICAGO, IL 60620	MEMBER ORGANIZATION	69,661.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SICKLE CELL DISEASE FOUNDATION OF CALIFO	3602 INLAND EMPIRE BOULEVARD, SUITE B220 - ONTARIO, CA 91764	MEMBER ORGANIZATION	91,653.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
THE SICKLE CELL ASSOCIATION OF NEW JERSE	P.O. BOX 9501 - NEWARK, NJ 07104	MEMBER ORGANIZATION	47,089.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SICKLE CELL DISEASE ASSOCIATION OF AMERI	18516 JAMES COUZENS FWY - DETROIT, MI 48235	MEMBER ORGANIZATION	64,058.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SICKLE CELL ANEMIA FOUNDATION OF OREGON	4927 NE 55TH AVENUE - PORTLAND, OR 97218	MEMBER ORGANIZATION	29,689.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SICKLE CELL FOUNDATION OF GEORGIA	2391 BENJAMIN E. MAYS JR. DRIVE - ATLANTA, GA 30311	MEMBER ORGANIZATION	113,735.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SICKLE CELL DISEASE ASSOCIATION OF AMERI	5070 PARKSIDE AVENUE, SUITE 1404 - PHILADELPHIA, PA 19131	MEMBER ORGANIZATION	19,864.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHILDREN'S SICKLE CELL FOUNDATION INC.	GOVE BUSINESS CENTER, 226 PAUL STREET, SUITE 105 - PITTSBURGH, PA 15211	MEMBER ORGANIZATION	56,316.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ST. LOUIS SICKLE CELL ASSOCIATION	P.O. BOX 2751 - FLORISSANT, MO 63032	MEMBER ORGANIZATION	33,142.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MARYLAND SICKLE CELL DISEASE ASSOCIATION	8775 CENTRE PARK DRIVE SUITE 701 - COLUMBIA, MD 21045	MEMBER ORGANIZATION	41,508.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SICKLE CELL FOUNDATION OF TENNESSEE	680 OAKLEAF, SUITE 101 - MEMPHIS, TN 38117	MEMBER ORGANIZATION	38,310.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MARTIN CENTER SICKLE CELL	3545 & 3549 N. COLLEGE AVENUE - INDIANAPOLIS, IN 46205	MEMBER ORGANIZATION	46,700.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SICKLE CELL FOUNDATION OF GREATER MONTGO	3181 SELMA HIGHWAY 80 - WEST MONTGOMERY, AL 36108	MEMBER ORGANIZATION	16,331.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OHIO SICKLE CELL & HEALTH	341 SOUTH 3RD STREET, SUITE 200 - COLUMBUS, OH 43215	MEMBER ORGANIZATION	27,186.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JAMES R CLARK MEMORIAL SICKLE CELL FOUND	1420 GREGG STREET - COLUMBIA, SC 29201	MEMBER ORGANIZATION	48,664.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SCDAA CENTRAL ALABAMA CHAPTER	813 AVENUE "I" - BIRMINGHAM, AL 35218	MEMBER ORGANIZATION	79,620.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CAYENNE WELLNESS CENTER	PO BOX 3856 - GLENDALE, CA 91221	NONE	16,656.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TOVA HEALTHCARE, LLC	601 NEW CASTLE AVENUE - WILMINGTON, DE 19801	NONE	8,315.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COMMUNITY HEALTH INTERVENTIONS	2409 MURCHISON ROAD - FAYETTEVILLE, NC 28301	MEMBER ORGANIZATION	15,166.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
QUEENS SICKLE CELL ADVOCACY	207-8 HOLLIS AVENUE - QUEENS VILLAGE, NY 11429	MEMBER ORGANIZATION	35,003.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE SOUTH CENTRAL PA SICKLE CELL COUNCIL	2000 LINGLESTOWN ROAD SUITE 204 - HARRISBURG, PA 17110	MEMBER ORGANIZATION	6,645.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SICKLE CELL THALASSEMIA PATIENTS NETWORK	1139 ST JOHNS PLACE - BROOKLYN, NY 11213	NONE	28,768.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OTHER ORGANIZATIONS	3700 KOPPERS STREET - BALTIMORE, MD 21227	MEMBER ORGANIZATION	12,100.

TOTAL FOR THIS ACTIVITY 1,033,587.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 1,040,055.

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	7
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION	
DENNIS TAYLOR 3700 KOPPERS ST, NO. 570 BALTIMORE, MD 21227	VICE CHAIR 5.00	0.	
JAKELA PARKER 3700 KOPPERS ST, NO. 570 BALTIMORE, MD 21227	TREASURER 5.00	0.	
BIREE ANDEMARIAM 3700 KOPPERS ST, NO. 570 BALTIMORE, MD 21227	CHIEF MEDICAL OFFICER 5.00	0.	
LEWIS HSU 3700 KOPPERS ST, NO. 570 BALTIMORE, MD 21227	VICE CHIEF MEDICAL OFFICER 5.00	0.	
GENICE NELSON 3700 KOPPERS ST, NO. 570 BALTIMORE, MD 21227	SECRETARY 5.00	0.	
LENNETTE BENJAMIN 3700 KOPPERS ST, NO. 570 BALTIMORE, MD 21227	MEMBER 5.00	0.	
KIM SMITH-WHITLEY 3700 KOPPERS ST, NO. 570 BALTIMORE, MD 21227	MEMBER 5.00	0.	
LISA HALL 3700 KOPPERS ST, NO. 570 BALTIMORE, MD 21227	MEMBER 5.00	0.	
CHRISTOPHER HOLLINS 3700 KOPPERS ST, NO. 570 BALTIMORE, MD 21227	MEMBER 5.00	0.	
WANDA WHITTEN-SHURNEY 3700 KOPPERS ST, NO. 570 BALTIMORE, MD 21227	MEMBER 5.00	0.	
CRYSTAL RILEY 3700 KOPPERS ST, NO. 570 BALTIMORE, MD 21227	MEMBER 5.00	0.	

SICKLE CELL DISEASE ASSOCIATION OF AMERI

23-7175985

BERNIE LAWRENCE-WATKINS 3700 KOPPERS ST, NO. 570 BALTIMORE, MD 21227	MEMBER	5.00	0.
GWENDOLYN POLES 3700 KOPPERS ST, NO. 570 BALTIMORE, MD 21227	MEMBER	5.00	0.
ED FLOWERS 3700 KOPPERS ST, NO. 570 BALTIMORE, MD 21227	MEMBER	5.00	0.
DAVID BRAXTON 3700 KOPPERS ST, NO. 570 BALTIMORE, MD 21227	CHAIR	5.00	0.
DR. GLADYS ROBINSON 3700 KOPPERS ST, NO. 570 BALTIMORE, MD 21227	MEMBER	5.00	0.
SONJA BANKS 3700 KOPPERS ST, NO. 570 BALTIMORE, MD 21227	PRESIDENT AND COO	45.00	0.

TOTAL TO FORM 199, PART II, LINE 11

0.

CA 199	OTHER EXPENSES	STATEMENT	8
DESCRIPTION		AMOUNT	
MISCELLANEOUS		375.	
INDIRECT COSTS		0.	
OTHER EMPLOYEE BENEFITS		48,985.	
LEGAL FEES		7,561.	
ACCOUNTING FEES		14,271.	
OTHER PROFESSIONAL FEES		406,305.	
ADVERTISING AND PROMOTION		9,748.	
OFFICE EXPENSES		87,494.	
TRAVEL		27,698.	
CONFERENCES AND CONVENTIONS		228,796.	
INSURANCE		4,105.	
TOTAL TO FORM 199, PART II, LINE 17		835,338.	

CA 199	OTHER INVESTMENTS	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
INVESTMENTS	459,488.	523,203.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	459,488.	523,203.	

CA 199	OTHER ASSETS	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	383,577.	148,063.	
PREPAID EXPENSES AND DEFERRED CHARGES	0.	1,002.	
OTHER ASSETS	5,145.	5,146.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	388,722.	154,211.	

CA 199	OTHER LIABILITIES	STATEMENT	11
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEFERRED RENT	19,250.	14,263.	
REFUNDABLE ADVANCES	0.	16,756.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	19,250.	31,019.	

TAXABLE YEAR
2017

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name SICKLE CELL DISEASE ASSOCIATION OF AMERICA INC	Identifying number 23-7175985
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Part I Electronic Return Information (whole dollars only)	
1 Total gross receipts (Form 199, line 4)	1 2,691,766.00
2 Total gross income (Form 199, line 8)	2 2,647,289.00
3 Total expenses and disbursements (Form 199, line 9)	3 2,727,128.00

Part II Settle Your Account Electronically for Taxable Year 2017

4 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyyy)

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____

6 Account number _____ 7 Type of account: Checking Savings

Part IV Declaration of Officer


I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2017 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

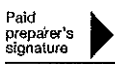
Sign Here  10/3/18 Date PRESIDENT Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature 	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P01399152
	Firm's name (or yours if self-employed) and address	HALT, BUZAS & POWELL, LTD. 1199 N. FAIRFAX ST. 10TH FLOOR ALEXANDRIA, VA			FEIN 26-0004395 ZIP code 22314

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address			