Form	9	90	Return of Organization Exampt From Incor	no Tay		OMB No. 1545-0047			
FOIII	990 Return of Organization Exempt From Income Tax 2017								
		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)							
Depar		Open to Public							
	100 100 million	nue Service	Go to www.irs.gov/Form990 for instructions and the latest inform			Inspection			
_			ar year, or tax year beginning , 2017, and en	ding		, 20			
		applicable:	C Name of organization EHLERS-DANLOS NATIONAL FOUNDATION Doing business as EHLERS-DANLOS SOCIETY		□	Employer identification no.			
	ddress		38-2813140						
	ame ch		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E	Telephone number			
	itial retu		PO BOX 87463			(703)506-2892			
		urn/terminated	City or town, state or province, country, and ZIP or foreign postal code		G	Gross receipts			
		d return	MONTGOMERY VILLAGE, MD 20886			\$ 952,561			
	pplicatio	on pending	F Name and address of principal officer:	H(a) Is this a group					
			501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	H(b) Are all subor					
	/ebsite:	1				list. (see instructions)			
-			. EDNF . ORG Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: 15	H(c) Group exer					
Par		Summar		988 M State	of legal	domicile: MI			
		and the second			ROOT				
	· ·	3 5 (pe the organization's mission or most significant activities: <u>THE ORGANIZATION</u> BY THE CONNECTIVE TISSUE DISORDER, EHLERS-DANLOS SYNDE						
Governance			FING ACCURATE INFORMATION, PROVIDING A NETWORK OF SUPPO						
rna			G AND FUNDING RESEARCH.	DRI AND COM	MONI	CATION, AND			
ove	2		x ► if the organization discontinued its operations or disposed of more than 25% of	its net assets					
ö	3		ting members of the governing body (Part VI, line 1a)		3	10			
Activities &	4		dependent voting members of the governing body (Part VI, line 1b)		4	13			
tie	5		of individuals employed in calendar year 2017 (Part V, line 2a)		5	13			
tivi	6		of volunteers (estimate if necessary)		6	0			
Ac	7a		d business revenue from Part VIII, column (C), line 12	•••••	7a	15			
	000.000		business taxable income from Form 990-T, line 34	•••••	7b	0			
3		Net unrelated			41	(658)			
	8	Contributions	and grants (Part VIII, line 1h)	Prior Year	770	Current Year			
e	9		ice revenue (Part VIII, line 2g)	543,770 174,139		751,928			
Revenue	10	-	come (Part VIII, column (A), lines 3, 4, and 7d)	1/4,		198,472			
ev	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13	45			
œ	12				14	2,116			
	12	104 C. (0 C)	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	717,		952,561			
	14		milar amounts paid (Part IX, column (A), lines 1-3)	221,	,839	100,000			
		A				0			
es	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	12,	900	60,200			
sue	1200000000			and an and a second	(Hereita (M)	0			
Expenses	0.000		ing expenses (Part IX, column (D), line 25) 21,670		219(29)				
ш	17	25.127 × 10.2	es (Part IX, column (A), lines 11a-11d, 11f-24e)	528,		448,919			
	18 19		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	763,		609,119			
, <i>v</i>	19	Revenue less	expenses. Subtract line 18 from line 12 · · · · · · · · · · · · · · · · · ·	CALIFORNIA CONTRACTOR CONTRACTOR	106				
ts ol	20	Total accote (I	Part X, line 16)	eginning of Current		End of Year			
Bala			(Part X, line 26)	246,		491,682			
Net Assets or Fund Balances			fund balances. Subtract line 21 from line 20	208,		110,276			
Par		Signatur		37,	964	381,406			
			are that I have examined this return, including accompanying schedules and statements, and to the best of my ki	nowledge and belief i	tis				
			aration of preparer (other than officer) is based on all information of which preparer has any knowledge.	towiedge and beller, i	113				
		DICUA				· · · · · · · · · · · · · · · · · · ·			
Sign		Signature	RD MALENFANT		Date				
Here					Date				
1010		2.13	RD MALENFANT, TREASURER		-				
-		<u> </u>							
Paid		Print/Type prep	The signature the signature of the tweel	Check		ΓIN			
Prep				self-employed	d	P00283398			
Use			HARTWELL & WOLF	Firm's EIN					
036	Unity	Firm's address		Phone no.	-				
M 1		dianus duis	SAINT JOSEPH MI 49085			3-2212			
			eturn with the preparer shown above? (see instructions)	••••	• • •				
FOR Pa	aperw	ORK REQUCTION	n Act Notice, see the separate instructions.			Form 990 (2017)			

	n 990 (2017) EHLERS-DANLOS NATIONAL FOUNDATION	38-2813140	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		•••□
1	Briefly describe the organization's mission:		
	THE ORGANIZATION CREATES RESOURCES FOR THOSE AFFECTED BY THE CONNECTIVE TI:		
	EHLERS-DANLOS SYNDROME, BY CREATING AND DISTRIBUTING ACCURATE INFORMATION,		
	NETWORK OF SUPPORT AND COMMUNICATION, AND FOSTERING AND FUNDING RESEARCH.	·····	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		
	If "Yes," describe these new services on Schedule O.	···· Yes 📉	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
J	services?		No ·
	If "Yes," describe these changes on Schedule O.		NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur	red by	
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 470,308 including grants of \$) (Revenue	\$ 38,9	00)
	SUPPORT FOR THE CONSTRUCTION, OPENING, AND OPERATION OF THE EDNF CENTER FOR		/
	GBMC'S HARVEY INSTITUTE FOR HUMAN GENETICS TO DEVELOP AND PROVIDE COMPREHEN		
	FOR PATIENTS, PROFESSIONAL EDUCATION FOR PHYSICIANS, AND A ROBUST RESEARCH		
	ADVANCE THE UNDERSTANDING AND TREATMENT OF EHLERS-DANLOS SYNDROME.	141	
	· · · · · · · · · · · · · · · · · · ·		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	· · · · · · · · · · · · · · · · · · ·)
	PROVIDE SUPPORT, COMMUNICATION, AND NETWORKING OPPORTUNITIES TO THOSE AFFEC	CTED BY	
	EHLERS-DANLOS SYNDROME.		
		•	
		· · · · · · · · · · · · · · · · · · ·	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	·
		Ψ	/
			· · · ·
		·····-	
4d	Other program services (Describe in Schedule O.)		
-	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 470,308	· · · · · · · · · · · · · · · · · · ·	
EEA		Form 9	90 (2017)

-	n 990 (2017) EHLERS-DANLOS NATIONAL FOUNDATION 38-281.	3140	F	Page 3
Pa	art 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)? If "Yes,"			
	complete Schedule A	- 1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	• 2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	- 3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	• 4		Х
5	ls 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? If "Yes," complete Schedule C,			
	Part III •••••••••••••••••••••••••••••••••	- 5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	. 6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	- 7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	. 8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	. 9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	. 10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.	1.1.1		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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? If "Yes," complete Schedule D, Part VIII	11c		Х
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? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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)? If "Yes," complete Schedule D, Part X	111f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E.	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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? If "Yes," complete Schedule F, Parts II and IV	15		Х
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			<u></u>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<u> </u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			- 11
-	If "Yes," complete Schedule G, Part III •••••••••••••••••••••••••••••••••	19		Х
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Form 990 (2017)

_	n 990 (2017) EHLERS-DANLOS NATIONAL FOUNDATION 38-2813	140	F	⊃age 4
Pa	Int IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21		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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete Schedule J	23		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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	1	<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			1
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u>├</u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<u> </u>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I · · · · · · · · · · · · · · · · · ·	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			<u> </u>
	current or former officers, directors, trustees, key employees, highest compensated employees, or			ĺ
	disqualified persons? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			<u></u>
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1.1	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		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? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	<u> </u>		
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part /	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			- 23
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			<u> </u>
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000		_ <u>_</u>
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		
~~	related organization?/f "Yes," complete Schedule R, Part V, line 2	36		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		_X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI · · · · · · · · · · · · · · · · · ·	97		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		X
	19? Note. All Form 990 filers are required to complete Schedule O.	20		
		38	X	

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	n 990 (2017) EHLERS-DANLOS NATIONAL FOUNDATION 38-2813	L40	F	page 8
Pa	Int 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			an star
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		1 - F 4	
	reportable gaming (gambling) winnings to prize winners?	1c		-
2a				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			1.1 4
b	If at least one is reported on line 2a, dld the organization file all required federal employment tax returns?	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	•		· ·
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	_3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
h		4a		X
b		a ferra		
	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?		51	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		Х
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	х.	Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization seli, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
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?	8		
9	Sponsoring organizations maintaining donor advised funds.	1.1		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			:
a	Initiation fees and capital contributions included on Part VIII, line 12		·	· !
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		· .	
11	Section 501(c)(12) organizations. Enter:			
a L	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		÷ .	
12-	against amounts due or received from them.)	40		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	494		
а	Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			• •
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		Δ
		1-10		

Part VI Governance, Management, and Disclosure for each *res*response to time 3 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or charges in Schedule O. See instruct Check If Schedule O. contains a response or hole to any line in this Part VI Section A. Governing Body and Management 1a 1a Enter the number of voling members of the governing body, or If the governing body degled broad athorhy to an executive committe or similar committee, explain in Schedule O. b Enter the number of voling members included in line 1a, above, who are independent 1b 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? 1b 3 Did the organization degled control over management dutes customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 1b 4 Did the organization became aware during the year of a significant diversion of the organization research? 50 5 Did the organization neceme aware during the year of a significant diversion of the organization reserved to for subject to approval by members, stockholders? 50 6 Did the organization necerning body? 50 7a Did the organization members, stockholders? 50 7b Did the organization contemporaneously docu	ons.		Page 6
Check If Schedule Contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 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 employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a 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? 2 Did the organization have members or stockholders? 3 Did the organization have members or stockholders? 4 Did the organization have members or stockholders? 5 Did the organization notemporaneously document the meetings held or written actions undertaken during the year by the following: 6 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7 Did the organization nakemporaneously document the moetings held or written actions undertaken during the year by the following: 8 Did the organization nakemporaneously document themeetings he	13 13 · · 2 · · 3		,
Check If Schedule Contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or 1b If there are material differences in voting rights among members of the governing body, or 1b Dolt any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a 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? 4 Did the organization have members or stockholders? Tot the organization have members or stockholders? 6 Did the organization have members or stockholders? Did the organization have members or stockholders? 7 Did the organization notemporaneously document the meetings held or written actions undertaken during the year of the governing body? 6 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7 Did the organization notemporaneously document the maeetings held or written actions undertaken during the arganization contemporaneously document and addresses in Schedule O	13 13 · · 2 · · 3		,
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 b Each committee with authority to act on behalf of the governing body? 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? <i>If "Yes," provide the names and addresses in Schedule O</i> Section B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>) 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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? <i>If "No," go to line 13</i> b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization negularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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 invest in, contribute assets to, or participate in a joint venture or similar arrangement 	80	v .	1.1.1
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16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	•• 15b	<u>)</u>	X
	· · ·		
		· · ·	
with a taxable entity during the year?	•• <u>16a</u>		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)	L
Section C. Disclosure			
17 List the states with which a copy of this Form 990 is required to be filed Statement #17			
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 X Upon request Other (explain in Schedule O)			
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
financial statements available to the public during the tax year.			
20 State the name, address, and telephone number of the person who possesses the organization's books and records:			
SHANE ROBINSON (703)506-2892, PO BOX 87463, MONTGOMERY VILLAGE, MD 20886			

Form 990 (201	7) EHLERS-DANLOS NATIONAL FOUNDATION	38-2813140	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	nsated Employee	s, 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 t organization's	his table for all persons required to be listed. Report compensation for the calendar year ending with or within th tax year.	e	
	f the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amo Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ount of	

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. Т

Т

				,	(C)					
(A)	(B)	(10)			sition	han one		(D)	(E)	(F)
Name and Title	Average	box	unle	ss pe	rson i	is both ar		Reportable	Reportable	Estimated
	hours per week (list any	offic	er an	d a di	recto	r/trustee))	compensation from	compensation from related	amount of other
	hours for							the	organizations	compensation
	related organizations	ndīvi	nstitu	Officer	Key employee	-lighe	Forme	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	ector	Itiona	Ä	empic	yee c	^e	, ,		and related
	line)	Individual trustee or director	Institutional trustee		yee	mpe				organizations
		ă	tie e		i	Highest compensated employee	1			
						ă.				
	<u> </u>									
(1) RICHARD MALENFANT	1.00									
TREASURER		X		X			- 1	0	0	0
(2) LINDA NEUMANN-POSTASH	 	37								
DIRECTOR	1 00	Х						0	0	0
(3) JOHN ZONARICH	1.00	Х		Х						_
SECRETARY (4) CLAIR FRANCOMANO, MD	1.00			~				0	0	0
(4) CLAIR FRANCOMANO, MD DIRECTOR	<u> </u>	х						0	0	0
(5) SANDRA CHACK	1.00							0	0	0
CHAIR	=	х		Х				0	0	0
(6) FRANSISKA MALFAIT, MD	1.00									<u>`</u>
DIRECTOR		Х		1				0	0	0
(7) SHANE ROBINSON	40.00								· · ·	
EXECUTIVE DIRECTOR		Х		Χ				60,200	0	0
(8) SUSAN HASKELL, MD	1.00									
DIRECTOR		X						0	0	0
(9) SUSAN_HAWKINS	1.00									
VICE CHAIR		X		Х				0	0	0
(10) JAKOB RASMUSSEN	<u> </u>									
DIRECTOR	1 00	Х					_	0	0	0_
(11)JANE_MITAKIDES DIRECTOR	1.00	x								
· · · · · · · · · · · · · · · · · · ·	1.00	~	-+					0	0	0
(12)FRASER HENDERSON, MD DIRECTOR		X						0	0	0
(13)			-+				+		0	0
<u> </u>										
(14)			\neg							·····
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	990 (2017) EHLERS-DANLOS NATI									38-2813	140 Pa	age 8
Par	t VII Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd H			Comp	ens	ated Employees (« I	continued)	T	
	(A)	(B)				C) ition			(D)	(E)	(5)	
	Name and title	Average					нап оле		Reportable	(=) Reportable	(F) Estimated	
		hours per					s both ar /trustee)		compensation	compensation from	amount of	
		week (list any		_	- I	_			from the	related	other	_
		hours for related	Individual trustee or director	institutional trustee	Officer	Key employee	:mplc	Former	organization	organizations (W-2/1099-MISC)	compensation from the	n
		organizations	of ual t	tiona		卥	yee o	4	(W-2/1099-MISC)		organization	
		below dotted line)	LISte	l trus		yee	mpe	Ì			and related organizations	
			ŏ	stee			Highest compensated employee					
(45)												
<u>(</u> 15)_								1				
(16)												
		[·						·
<u>(17)</u>												
(18)												
<u>(19)</u>												
(20)												
·····												
<u>(21</u>)												
(22)					_							
<u></u> /												
(23)											· · · · · · · · · · · · · · · · · · ·	
(24)												
<u>(</u> 24)												
(25)												
	Sub-total											<u>.</u>
1b							•••	>				
C d	Total from continuation sheets to Part VII, Sectio Total (add lines 1b and 1c)						• • •					
<u> </u>	Total number of individuals (including but not limited f								60,200 than \$100,000 of	0		0
	reportable compensation from the organization			•,					anan	0		
											Yes	No
3	Did the organization list any former officer, director, d			loye	e, or	-		•				
	employee on line 1a? If "Yes," complete Schedule J f			•					•••••		3	<u>X</u>
4	For any individual listed on line 1a, is the sum of repo											
	organization and related organizations greater than \$								or sucn			37
5	Did any person listed on line 1a receive or accrue co										4	<u>X</u>
Ť	for services rendered to the organization? If "Yes," co	•		-			•				5	х
Secti	on B. Independent Contractors								<u> </u>			25
1	Complete this table for your five highest compensate	d independer	nt cont	racto	ors t	hati	receive	ed m	ore than \$100,000	of		
	compensation from the organization. Report compens	sation for the	e calen	dar y	year	end	ling wi	th or	within the organization	ation's tax		
-	year.									······································		
	(A)								(B)		(C)	
	Name and business address								Description of a	ervices	Compensation	
2	Total number of independent contractors (including bu	ut not limited	to tho:	se lis	sted	abo	ve) wł	10				·

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Form 9			38-2813140 Page				
Part	VIII	Statement of Revenue	· · · · · · · · · · · · · · · · · · ·				
		Check if Schedule O contains a response	or note to any line in th	is 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	1a b c d	Membership dues	1a 1b 1c 1d 1e				
Contributions, and Other Sim	f g h	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1	1f 751,928	751,928			
tevenue	2a b c	CONFERENCES EDUCATIONAL PRODUCTS	Business Code 611710 611710	177,460	the method is a second s		
Program Service Revenue		All other program service revenue					
ш 	9 3	Total. Add lines 2a-2f	est,	198,472			
	4 5	Income from Investment of tax-exempt bond p Royalties	proceeds · · · Þ	45	45		
	b c	Gross rents	· · · · · · · · · · · · · · · · · · ·				
		Gross amount from sales of (i) Securities	(il) Other				
<u>0</u>	c d	Less: cost or other basis and sales expenses Gain or (loss)	· · · · · · · · · · •				
Other Revenue		Gross income from fundraising events (not including \$					
	c 9a	Net income or (loss) from fundralsing events Gross income from gaming activities. See Part IV, line 19 • • • • • • • • • • • • • • • • • •	a				
	C	Less: direct expenses Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances					
		Less: cost of goods sold	b				
	11a b c	GAIN/LOSS INVESTMENT	900001	2,116	2,116		
	e	All other revenue • • • • • • • • • • • • • • • • • • •		2,116			
,	12	Total revenue. See instructions		952,561	200,633	0	0

Form 990 (2017)

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17) EHLERS-DANLOS NATIONAL FOUNDATION Statement of Functional Expenses

38-2813140

Page	10

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 (A) Total expenses Do not include amounts reported on lines 6b, 7b, (B) (C) (D) Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 100,000 100,000 2 Grants and other assistance to domestic 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 Compensation of current officers, directors, 5 trustees, and key employees 60,200 60,200 Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) . . 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): а 5,149 5,149 b С Accounting d Professional fundraising services. See Part IV, line 17 . е Investment management fees f g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . 149,836 149,836 12 Advertising and promotion 19,534 9,767 9,767 13 Office expenses 9,426 9,426 14 Information technology 19,469 19,469 15 16 17 29,916 29,916 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 189,887 189,887 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 5,808 5,808 23 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.) EDS INTERNATIONAL 669 669 а b DUES, FEES & SUBSCRIPTIONS 3,500 3,500 CREDIT CARD CHARGES C 1,630 1,630 d FUNDRAISING 11,903 11,903 All other expenses e 2,192 2,192 Total functional expenses. Add lines 1 through 24e 25 609,119 470,308 117,141 21,670 Joint costs. Complete this line only if the 26 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)

	990 (2		3	<u>8-28</u>	13140 Page 11
Par	t 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
	1	Cash - non-interest-bearing	36,164	1	384,722
	2	Savings and temporary cash investments		2	1,986
	3	Pledges and grants receivable, net	200,000	3	100,000
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.		· · · .	
		Complete Part II of Schedule L	the second s	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 instructions). Complete Part II of Schedule L	n terre de la companya de la company La companya de la comp	6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	·····	9	
	10a	Land, buildings, and equipment: cost or			
	IVa	other basis. Complete Part VI of Schedule D • • • • 10a			
	b	Less: accumulated depreciation		100	
	11	Investments - publicly traded securities		10c 11	
	12	Investments - other securities. See Part IV, line 11			
	13			12	
		Investments - program-related. See Part IV, line 11		13	
	14		10,782	14	4,974
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	246,946	16	491,682
	17	Accounts payable and accrued expenses	8,982	17	10,276
	18	Grants payable	200,000	18	100,000
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors,		$[1, k] \in \mathbb{R}^{n}$	
ilit		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	208,982	26	110,276
		Organizations that follow SFAS 117 (ASC 958), check here 🛛 🕨 🔣 and	and the spectrum states of		
ces		complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	(166,735)	27	176,707
Bal	28	Temporarily restricted net assets	204,699	28	204,699
. <u>P</u>	29	Permanently restricted net assets		29	
2 Balances 2 2		Organizations that do not follow SFAS 117 (ASC 958), check here 🛛 🕨 🔲 and			
٦ ۵		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et ⊿	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	37,964	33	381,406
·	34	Total liabilities and net assets/fund balances	246,946	34	491,682
EEA				L	Form 990 (2017)

Form 990 (2017)

	990 (2017) EHLERS-DANLOS NATIONAL FOUNDATION	38-281:	3140	Pa	age 12
Pa	rt 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		952,	561
2	Total expenses (must equal Part IX, column (A), line 25)	2		609,:	119
3	Revenue less expenses. Subtract line 2 from line 1	3		343,4	442
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		37,9	964
5	Net unrealized gains (losses) on investments	5			
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	:	381,4	406
Par	t 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: 🔲 Cash 🛛 🖾 Accrual 🔲 Other		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1.1		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		•• 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			12.12	
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		11		
b	Were the organization's financial statements audited by an independent accountant?		•• 2b		Х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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?		· · 2c		1.4.4
	If the organization changed either its oversight process or selection process during the tax year, explain in		2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		•• 3a		Х
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		•• 3b		
EEA			Form	990 (2	2017)

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Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047 2017

(For	m 99	90 or 990-EZ)	Complete it the organi	ization is a section 50	ri(c)(3) organization or a s	section 494	r(a)(1) none	exempt charitable trust.	2017
-		t of the Treasury		► Att	ach to Form 990 or For	m 990-EZ.			Open to Public
-		venue Service	>	Go to www.irs.ge	ov/Form990 for instruct	tions and f	ihe latest i	nformation.	Inspection
Name	of th	e organization						Employer identifica	ation number
внт	ERS	-DANLOS NA	ATIONAL FOUNDA	TTON .				38-281314	
	rt I				rganizations must o	complete	this no		
					-				0.
	orga				s 1 through 12, check on	•	•		
1	Ц		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	Ľ	A school descr	ribed in section 170(b)(1)(A)(ii) . (Attach S	Schedule E (Form 990 or	990-EZ).)			
3		A hospital or a	cooperative hospital s	service organization	described in section 17	0(b)(1)(A)(iii).		
4	Π	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the							
			e, city, and state:	·····					
5	П	-						-1	
ð					iniversity owned or opera	ated by a g	overnment	ai unit described in	
_)(1)(A)(iv). (Complete						
6	Ц	A federal, state	e, or local government	or governmental ur	it described in section 1	170(b)(1)(A	.)(v).		
7	Ш	An organizatio	n that normally receive	es a substantial part	of its support from a gov	vernmental	unit or from	m the general public	
		described in se	ection 170(b)(1)(A)(vi	i). (Complete Part II.)				
8			rust described in sect i						
9	Ē				opera	ated in coni	iunction wit	th a land-grant college	
					ee instructions). Enter th				
		-	a non-sana-grant com	oge of agriculture (s		e name, ci	iy, anu siai	e of the conege of	
40	k.z	university:	- 41 4 11		4/00/ 61				
10	Х				1/3% of its support from				
		-			ubject to certain exception	•	· .		
		support from g	ross investment incom	ne and unrelated bu	siness taxable income (le	ess section	i 511 tax) fi	rom businesses	
		acquired by the	e organization after Ju	ne 30, 1975. See se	ection 509(a)(2). (Compl	ete Part III	.)		
11		An organization	n organized and opera	ited exclusively to te	st for public safety. See	section 50	9(a)(4).		
12	Π				he benefit of, to perform			carry out the purposes	1
	l-ard				ed in section 509(a)(1) o				·
	_	proved and a second sec			e type of supporting orga				<u>2g.</u>
	а				ed, or controlled by its si				
		the suppor	ted organization(s) the	e power to regularly	appoint or elect a majori	ty of the di	rectors or t	rustees of the	
		supporting	organization. You mu	ist complete Part I	V, Sections A and B.				
	b	Type II. As	supporting organizatio	n supervised or con	trolled in connection with	n its suppor	ted organi:	zation(s), by having	
		control or n	nanagement of the su	pporting organizatio	n vested in the same pe	rsons that	control or r	nanage the supported	
			n(s). You must comp	-	•			G 11 1 1	
	с	— [•]	• •	-	nization operated in conn	ection with	and funct	ionally integrated with	
	•								
		_			must complete Part IV,				
	d				organization operated in)
					enerally must satisfy a di			t and an attentiveness	
		requiremen	nt (see instructions). Y	ou must complete	Part IV, Sections A and	d D, and P	art V.		
	е	Check this	box if the organization	received a written	determination from the IF	RS that it is	a Type I, *	Type II, Type III	
		functionally	integrated, or Type III	I non-functionally int	egrated supporting organ	nization.			
	f		er of supported organ						
	g		owing information abo		anization/s)				
	-	Name of supported		······································		0.1.0		() A	
	(I)	i Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	1 * * *	rganization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docun		Instructions)	instructions)
						L			
						Yes	Nò		
(A)									
(A)									
							· ·		
(B)									
(C)									
(D)									
						ļ	ļ		
(E)							ļ		
							}		

Total

	Int II Support Schedule for Or	CRS-DANLOS N	ATIONAL FOUN	DATION	(1)(1)(1) and	38-281314(Page 2
10	(Complete only if you check	yanizations D	escribed in Se	of Dort Lor if th	(1)(A)(IV) and	170(D)(1)(A)(V))
	Part III. If the organization	fails to qualify	under the tests	listed below p	le organization	o Dort III)	/ under
800	tion A. Public Support	Tails to quality	under the tests	nsted below, p	liease complet	e Part III.)	
		() 0040	(1) (2) (4)	1.1.00.17	(1) 00(0		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Glfts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levled for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				•		
5	The portion of total contributions by						1.4
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4				an the area po		······
Sec	tion B. Total Support		· · · · · · · · · · · ·	I		I	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here						▶□
Sec	tion C. Computation of Public Su		~				
14	Public support percentage for 2017 (line 6, c						%
15	Public support percentage from 2016 Sched						%
16a	33 1/3% support test - 2017. If the organization						_
•	box and stop here. The organization qualifie						· · · 🕨 🔲
b	33 1/3% support test - 2016. If the organiza						<u> </u>
4-	this box and stop here. The organization qu		+				· · · 🕨 📋
17a	10%-facts-and-circumstances test - 2017.	-					
	10% or more, and if the organization meets t				•		
	Part VI how the organization meets the "fact		_				. –
	organization						🕨 📋
b	10%-facts-and-circumstances test - 2016.	-				9	
	15 is 10% or more, and if the organization m				•		
	Explain in Part VI how the organization meet			• •		•	
10						•••••	••• ► 📋
18	Private foundation. If the organization did n						۰ n
EEA	instructions						
LEA						Schedule & (Forn	n 990 or 990-EZ) 2017

	adule A (Form 990 or 990-EZ) 2017 EHLE	RS-DANLOS NA			0)	38-2813140) Page 3
	(Complete only if you check					to qualify undo	n Dont II
	If the organization fails to c						Fart II.
Se	ction A. Public Support	adiny and of the		ciow, piedse co	ompiete i art ii.	/	
	endar 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	641,473	818,414	375,892	543,770		3,131,479
3	organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 .	156,611	145,701	123,838	174,139	198,472	798,761
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	798,084	964,115	499,730	717,909	950,402	3,930,240
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 • •	453,558	247,360				700,918
	Add lines 7a and 7b	453,558	247,360	Algorith and post		and a second	700,918
8	Public support. (Subtract line 7c from line 6.)						3,229,322
	endar year (or fiscal year beginning in)	(-) 2012	(1-) 0044	(-) 0045	4-10-0040	() 0017	1 m 1
9	Amounts from line 6	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	-	798,084	964,115	499,730	717,909	950,402	3,930,240
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources	1		32	13		46
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b	1		32	13		46
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.)	798,085	964,115	499,762	717,922	950,402	3,930,286
	First five years. If the Form 990 is for the org organization, check this box and stop here						► 🗌
	ction C. Computation of Public Su	• • •	<u> </u>				
15	Public support percentage for 2017 (line 8, co	••				15	82.17 %
<u>16</u>	Public support percentage from 2016 Schedul					16	77.92 %
	ction D. Computation of Investmer					47	
17 18	Investment income percentage for 2017 (line ' Investment income percentage from 2016 Sch		•	···········		17 18	<u>0.00 %</u> 0.00 %
19a	33 1/3% support tests - 2017. If the organization of the test of the organization of the test of	tion did not check th	ie box on line 14, a	and line 15 is more es as a publicly sur	⊥ than 33 1/3%, and pported organizatio	line	···· ► 🛛
b	33 1/3% support tests - 2016. If the organizat line 18 is not more than 33 1/3%, check this be	tion did not check a	box on line 14 or li	ine 19a, and line 16	5 is more than 33 1	/3%, and	•••• □
20	Private foundation. If the organization did not	t check a box on line	e 14, 19a, or 19b, c	check this box and	see instructions		· · · · ► 🔲

ar	t IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	Secto		
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete	molet	ns P	•
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part I	art V)	5	
oct	ion A. All Supporting Organizations	art v.j		
	ion A. All oupporting organizations		Yes	
	Are all of the organization's supported organizations listed by name in the organization's governing		165	<u> - '</u>
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1.1	1.13 1.13	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	· · · ·	ŀ
	Did the organization have any supported organization that does not have an IRS determination of status	-	<u></u>	┢
1	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
2	organization was described in section 509(a)(1) or (2).	2	. <u>.</u>	┝
a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			[
L.	(b) and (c) below.	<u>3a</u>		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5), or (6) and ortified the number of the support tests under section $500(c)(4)$?			1.
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			1
_	organization made the determination.	3b		<u> </u>
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
_	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	30		
a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
L	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		\vdash
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	a 1.111 1996		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		land.	
	despite being controlled or supervised by or in connection with its supported organizations.	4b		L.
	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		110	ŀ.
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c	-	
	Did the organization add, substitute, or remove any supported organizations during the tax year? 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;	and the second		
	(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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		1.1	
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		,
	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		: 4	14
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
	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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		.
	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	·	
	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	30		
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	·	
	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	30	· · · ·	
		0-		
	from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c		
	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

	Lule A (Form 990 or 990-EZ) 2017 EHLERS-DANLOS NATIONAL FOUNDATION 38-2813140		F	Page 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
	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?	11a		
	A family member of a person described in (a) above?	11b		
	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.	11c		
Sec	tion 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.	1	· · ·	1.1
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	A A A A A A A A A A A A A A A A A A A		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
	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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	a start.	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		 ,
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	etrue	tions	<u> </u>
a	The organization satisfied the Activities Test. Complete line 2 below.	อและ	uons	<i>.</i>
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity ((000 h	anteur	tional
2	Activities Test. Answer (a) and (b) below.	3 66 [Yes	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	No
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1.	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		· · .	
	more supported organizations and explain now more detailed underly interfered 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.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.*

3a 3b

Schedule A (Form 990 or 990-EZ) 2017

2a

2b

Schedule A (Form 990 or 990-EZ) 2017 EHLERS-DANLOS NATIONAL FOUNDATION		38-281	3140 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organi	izatio	ns must complete Sectio	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	······	<u> </u>
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		and the first states and a	
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 Check here if the current year is the organization's first as a non-functionally	-integ	grated Type III supporting	organization (see
instructions).	```		· •

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Schedule A (Form 990 or 990-EZ) 2017

Schee	ule A (Form 990 or 990-EZ) 2017 EHLERS-DANLOS NATIONAL FOUNDATION	38-2813140	Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (con	ntinued)	
Se	ction D - Distributions	Curr	ent 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

EEA

	n 990 or 990-EZ) 2017 Page	э 8
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.)	
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		.
		
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SCHEDULE I (Form 990)	-D G O K G O K	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	Assistance to As	 Organization the United State 	s, tes		OMB No. 1545-0047 2017
Department of the Treasury	Complet	e if the organization at	■ Attach to Form 990.	rm 990, Part IV, line 2	l or 22.	<u> </u>	Open to Public
Internal Revenue Service		Go to www.irs.g	Go to www.irs.gov/Form990 for the latest information.	atest information.	-		Inspection
Name of the organization EHLERS-DANLOS NATIONAL FOUNDATION	TION					Employer identification number	number
Part I General Information on Grants and Assistance	Grants and Assis	stance					2
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	to substantiate the am	ount of the grants or ass	istance, the grantees'	eligibility for the grants	or assistance, and		1
sele scrib	grants or assistance? ocedures for monitorin	g the use of grant funds i	in the United States.	States.	••••••		· []Yes 🖾 No
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	recipient that receiv	ganizations and Do ed more than \$5.000	mestic Governmei). Part II can be dup	nts. Complete if the licated if additional s	organization answered	l "Yes" on Form	
 (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,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GREATER BALTIMORE MEDICAL C 6701 NORTH CHARLES STREET BALTIMODE MN 21204				:	omerj		SUPPORT EDNF
	00005700-70	SULUE					CENTER
(3)							
(4)							
(5)							
(9)							
(1)							
. (8)							
(6)							
(10)							
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 	and government organi s listed in the line 1 tab	zations listed in the line	1 table				
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ne Instructions for For	m 990.					Schedule I (Form 990) (2017)

Schedule I (F	Schedule (Form 990) (2017) EHLERS-DANLOS NATIONAL FOUNDATION 38-2813140	TAL FOUNDATION				38-2813140 Page 2
	Part III can be duplicated if additional space is needed.	mestic Individua space is needed.	als. Complete if th∈	e organization ansv	vered "Yes" on Form 99	
1	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
2						
3						
4						
ណ						
9						
۲						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information re	equired in Part I, lin	ie 2; Part III, colum	n (b); and any other add	ditional information.
				:		
EEA						Schedule I (Form 990) (2017)

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-E2 Complete to provide information for responses to specific questions on	Z OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	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.	Open to Public Inspection
Name of the organization EHLERS-DANLOS NA	TIONAL FOUNDATION	Employer identification number 38-2813140
01. Form 990 gov	erning body review (Part VI, line 11)	
	D BY EXECUTIVE DIRECTOR	
TORM 990 REVIEWE.	D DI EXECUTIVE DIRECTOR	
	interest policy compliance (Part VI, line 12c)	
BYLAWS CALL FOR 3	ANNUAL WRITTEN DISCLOSURES OF POSSIBLE CONFLICTS OF INTERES	<u>3T.</u>
03. CEO, executi	ve director, top management comp (Part VI, line 15a)	
THE ORGANIZATION	HAS A CONTRACT WITH A MANAGEMENT COMPANY TO MANAGE THE ORC	GANIZATION. THE
BOARD WILL APPROV	/E THE AMOUNT THAT THE MANAGEMENT COMPANY COMPENSATES THE E	SXECUTIVE
DIRECTOR.	· · ·	
04. Governing do	cuments, etc, available to public (Part VI, line 19)	
GOVERNING DOCUMEN	NTS ARE AVAILABLE TO PUBLIC UPON WRITTEN REQUEST TO ORGANIZ	TATION'S
EXECUTIVE DIRECTO	DR.	
	· · · · · · · · · · · · · · · · · · ·	
05. List of othe	r fees for services expenses (Part IX, line 11g)	
PROGRAM SERVICE		
	· · · · · · · · · · · · · · · · · · ·	
CONTRACT CEO-EDS	INT'L 91,038	
CONTRACT ED SERVI	CES 12,900	
SOUTHIOT HD DEAV	14/300	
	· · · · · · · · · · · · · · · · · · ·	

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Form 4562

Depreciation and Amortization

			(Includi	ng Informa				operty)			2017
Depa	riment of the Treasury			Attach t	-						Attachment
	al Revenue Service (99)		Go to www.irs.go	v/Form4562 f	r				nation.		Sequence No. 179
	(s) shown on return					•		this form relates			Identifying number
	LERS-DANLO					<u>RM 99</u>		- 1			38-2813140
Ра		-	se Certain Pr								
			/ listed property			· · · · -		plete Part I.			
1	Maximum amount (•	,			• • • • •	•••		• • •	1	· · · · · · · · · · · · · · · · · · ·
2	Total cost of section				•		• • •	• • • • • • •	• • •	2	
3	Threshold cost of s		-		•	tructions)				3	
4	Reduction in limitat					• • •	• • •		•••	4	
5	Dollar limitation for	-						-			
	separately, see inst	tructions		• • • • • • • •						5	
		(a) Description of	property		(b) Cost	(business us	se only)) (c) Ele	cted cost		
					[1				
7	Listed property. Ent						7				
8	Total elected cost o				(c), lines (3 and 7	•••	••••	• • •	8	·
9	Tentative deduction				• • • • •	• • • •	• • •	• • • • • •		9	and the second se
10	Carryover of disalic		-				•••	• • • • • •	• • •	10	
11	Business income lin						or line	e 5 (see instru	uctions)	11	
12	Section 179 expense					n line 11	r			12	
13	Carryover of disallo					<u> </u>	13				
	: Don't use Part II or							····			
Ра									listed p	ropert	y.) (See instructions.)
14	Special depreciation			(other than list	ted prope	rty) place	d in s	ervice			
	during the tax year	(see instruction	18) • • • • • •		• • • • •		•••	• • • • • •		14	
15	Property subject to		•		• • • • •	• • • •	• • •		•••	15	
16	Other depreciation			<u></u>						16	5,808
Pa	rt III MACRS	5 Depreciat	ion (Don't inc				struc	tions.)			
				·	ection A						
17	MACRS deductions				-		• • •		• • •	17	
18	If you are electing to		-	_				-	r		
	asset accounts, che										
	Section	n B - Assets	Placed in Servi			Year U	sing	the Gener	al Depi	reciat	ion System
	(a) Classification of p	roperty	(b) Month and year placed in service	(c) Basis for de (business/inves only-see instr	tment use	(d) Reco perior		(e) Convention	(f) Mel	hoď	(g) Depreciation deduction
19a	3-year property										
b	5-year property										
C	7-year property										
d	10-year property										
e	15-year property										
f	20-year property										······
g	25-year property					25 yr	s.		S/	Ľ	
h	Residential rental			· · · · · · · · · · · · · · · · · · ·		27.5 y		MM	S/	'L	
	property					27.5 y		MM	S	l I	
i	Nonresidential real					39 yr		MM	S/	L	
	property					· ·	[MM	S/		······
	Section C	- Assets Pla	ced in Service	During 201	7 Tax Ye	ear Usir	ng th	e Alternativ	ve Dep	reciat	ion System
20a	Class life			<u> </u>			<u> </u>		s/	1	,
	12-year					12 yr	s		S/		
C	40-year					40 yr		MM	S/		
	and the second se	ry (See inst	ructions.)			1, 10 91				l	
21	Listed property. Ent									21	
22	Total. Add amounts			lines 19 and	20 in colu	mn (ດ) ອ	nd line	e 21. Enter			
	here and on the app		-							22	5,808
23	For assets shown a		•		-		2 11 10 1				5,000
~~	portion of the basis						23				
							<u> </u>				

For Paperwork Reduction Act Notice, see separate instructions.

OMB No. 1545-0172

	Federal Supporting Statements	2017 PG01
Name(s) as shown on return		FEIN
EHLERS-DANLOS NATIONA	L FOUNDATION	38-2813140
FORM 99	0, PART VI, SECTION C, LINE 17	STATEMENT #017
States where a copy o is required to be fil		
Alaska	New Hampshire	
Alabama	New Jersey	
Arkansas	New Mexico	
Arizona	Nevada	
California	New York	
Colorado	Ohio	
Connecticut	Oklahoma	
District of Columbia	Oregon	
Delaware	Pennsylvania	
Florida	Rhode Island	
Georgia	South Carolina	
Hawaii	South Dakota	
Iowa	Tennessee	
Idaho	Texas	
Illinois	Utah	
Indiana	Virginia	
Kansas	Vermont	
Kentucky	Washington	
Louisiana	Wisconsin	
Massachusetts	West Virginia	
Maryland	Wyoming	
Maine		
Michigan		
Minnesota Missouri		
Mississippi		
Montana North Carolina		
North Dakota		
North Dakota Nebraska		
Nedlaska		

	990-T		Exempt Organiza				Return	 	OMB No. 1545-0687	7
Form			• •	-	er sec	tion 6033(e))			2017	
		For cale	ndar year 2017 or other tax year i			, 2017, and ending	, 20	-·	Z U11	
•	rtment of the Treasury	Be Dor	Go to www.irs.gov/For not enter SSN numbers on this					Oper	n to Public Inspectio	
A	al Revenue Service	1 001	Name of organization (Che						(c)(3) Organizations r Identification num	
	address changed	-	EHLERS-DANLOS NA						ees' trust, see instruct	
X	empt under section 501(C) (3)	Print	Number, street, and room or suite					2020	19140	
<u></u>	408(e) 220(e)	or	PO BOX 87463		00 110 200			38-28 E Unrelate	1 5 1 4 0 d business activity (codes
	408A 530(a)	Туре	City or town, state or province, co	untry, and ZIP or for	relan post	al code			ructions.)	
	529(a)		MONTGOMERY VILLA		÷ ,			900099		
C Bo	ok value of all assets	F Gro	oup exemption number (See		•			0000000		
at	end of year 491,682		eck organization type		c) corpo	ration 501(c) tr	ust 40	1(a) trust	Other tr	ust.
Н			rimary unrelated business a			S OF EDUCATIO				
			corporation a subsidiary in a						. ► Yes	X No
			dentifying number of the pa			,				<u></u>
	The books are in care		SHANE ROBINSON			Telephon	e number 🕨	(703) 5	06-2892	
Pa	rt I Unrelated		e or Business Incon	ne		(A) Income	(B) Exp		(C) Net	
1a	Gross receipts or s	ales	21,070					and the p		
b	Less returns and a	llowance	s 58	c Balance 🕨	• 1c	21,012				
2	Cost of goods sold	(Schedu	ıle A, line 7)		2	21,670			he and the	
3	Gross profit. Subtra	act line 2	from line 1c · · · ·		3	(658)			(658)
4a	Capital gain net inc	ome (atl	ach Schedule D)		4a	*				/_
b	Net gain (loss) (For	rm 4797	, Part II, line 17) (attach For	m 4797) •	4b			signa a s		
C	Capital loss deduct	ion for tr	usts		4c					
5	Income (loss) from pa	urtnership	s and S corporations (attach st	atement) • •	5			1.11		
6	Rent income (Sche	dule C)			6					
7	Unrelated debt-fina	nced inc	ome (Schedule E)		7					
8	Interest, annuities, royalt	les, and re	nts from controlled organizations (S	Schedule F)	8					
9	investment income of a s	ection 501	(c)(7), (9), or (17) organization (Sch	nedule G)	9					
10	Exploited exempt a	ctivity in	come (Schedule I)		10	· · · · · · · · · · · · · · · · · · ·				
11	Advertising income	(Schedi	ule J)		11					
12	Other income (See	instructi	ons; attach schedule)		12					
13	Total. Combine line				13	(658)			(658)
Pa	rt II Deduction	ns Not	: Taken Elsewhere (\$	See instruct	ions fo	or limitations on c	leductions.) (Excep	ot for contribu	itions,
	deduction	s must	be directly connected	d with the ur	nrelate	d business incor	ne.)			
14	•	-	irectors, and trustees (Sche					. 14		
15										
16			. 							
17										
18										
19										
20	Charitable contribut	ions (Se	e instructions for limitation i	rules) • • •			• • • • • •	20		
21	Depreciation (attach	n Form 4	562) • • • • • • • • • •			21				
22	Less depreciation c	laimed o	n Schedule A and elsewher	e on return		22a		22b		
23										
24			mpensation plans •••							
25										
26			Schedule I)							
27			chedule J)							
28			hedule) · · · · · ·							
29			s 14 through 28 🔹 🔹 🛌							
30			income before net operating						()	658)
31			n (limited to the amount on l	-						
32			income before specific dedu							658)
33			y \$1,000, but see line 33 in					33		000
34			e income. Subtract line 33							
			ine 32 • • • • • • • •			<u></u>		34	((658)
For F	aperwork Reductio	n Act N	otice, see instructions.						Form 990-T (

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Form	990-T ((2017) EHLERS-DANLOS NATIONAL FOUNDATION	3	8-2813140		Page 2
Pa	rt III	Tax Computation				
35	Organ	nizations Taxable as Corporations. See instructions for tax computation. Controlled group				
	memb	pers (sections 1561 and 1563) check here See instructions and:				
а	Enter y	your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		1000		
	(1) \$	S (2) \$ (3) \$				
b		organization's share of: (1) Additional 5% tax (not more than \$11,750) \$		1200		
		ditional 3% tax (not more than \$100,000)	4			
С		e tax on the amount on line 34		35c		
36		s Taxable at Trust Rates. See instructions for tax computation. Income tax on				
		nount on line 34 from: Tax rate schedule or Schedule D (Form 1041)		36		
37		tax. See instructions		37		
38	- 50 - 50 - 50 - 50 - 50 - 50 - 50 - 50	ative minimum tax		38		
39		n Non-Compliant Facility Income. See instructions		39		
40		Add lines 37, 38 and 39 to line 35c or 36, whichever applies				
-		Tax and Payments		40		
L				681234C2		
41a		In tax credit (corporations attach Form 1118; trusts attach Form 1116) •• 41a				
b		credits (see instructions)				
C		al business credit. Attach Form 3800 (see instructions) ••••••• 41c				
d		for prior year minimum tax (attach Form 8801 or 8827) ••••••• 41d				
e		credits. Add lines 41a through 41d		41e		
42		Inct line 41e from line 40 · · · · · · · · · · · · · · · · · ·		42		
43		axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach		43		
44		tax. Add lines 42 and 43		44		
45a		ents: A 2016 overpayment credited to 2017 • • • • • • • • • • • • • • • • • • •				
b		estimated tax payments • • • • • • • • • • • • • • • • • • •				
С	1999-10004 (P-000-019	posited with Form 8868 • • • • • • • • • • • • • • • • •				
d		n organizations: Tax paid or withheld at source (see instructions) •••• 45d				
е		p withholding (see instructions) ••••••••••••••••••••••••••••••••••••				
f	Credit f	for small employer health insurance premiums (Attach Form 8941) • • • 45f				
g	Other c	credits and payments: Form 2439				
		m 4136 Other Total 🕨 45g				
46		payments. Add lines 45a through 45g		46		
47		ted tax penalty (see instructions). Check if Form 2220 is attached	harrison of the second s	47		
48	Tax du	ue. If line 46 is less than the total of lines 44 and 47, enter amount owed	🕨	48		
49	Overpa	ayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	🕨	49		
		he amount of line 49 you want: Credited to 2018 estimated tax 🕨 Refund	and the second	50		
Par	t V	Statements Regarding Certain Activities and Other Information (see instr	ructions)		
51	At any t	time during the 2017 calendar year, did the organization have an interest in or a signature or other a	uthority		Yes	No
	over a f	financial account (bank, securities, or other) in a foreign country? If YES, the organization may have	to file		「「「「「「」」」	Next 1
	FinCEN	N Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign co	ountry			1 and a start
	here 🕨					
52	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to,	, a foreign	trust?		
	If YES,	see instructions for other forms the organization may have to file.				
53	Enter th	he amount of tax-exempt interest received or accrued during the tax year 🛛 🕨 \$				Staff.
	Under	er penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my kno	wledge and belief, it	is	
Sign	true, c	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle	adge.			
Here		TREASURER		May the IRS discus with the preparer sl		
	Sign	nature of officer Date Title		(see instructions)?	5.7	ΠΝο
		Print/Type preparer's name Preparer's signature J Land Date	Check	if PTIN	NAME OF TAXABLE PARTY.	Construction of the local division of the lo
Paid		himas I ter theeld	self-employed		3398	6
Prep	arer	Firm's name	Firm's EIN	38-288841		
Use	Only		Phone no.			
		SAINT JOSEPH MI 49085		269-983-2	212	
EEA				Form 9		2017)

Form 990-T (2017) EH	LERS-DANLO	S NATIONAL	FOUNDATIC	DN		3	8-2813	140	Page 3
Schedule A - Cost of Ge	oods Sold. I	Enter method	of inventory	valuation	OST				
1 Inventory at beginning of y	/ear · · · ·	1	6	Inventory at	end o	fyear • • • • • •	6		
2 Purchases	••••	2 21,	670 7	Cost of goo	ods so	old. Subtract			
3 Cost of labor	[3		line 6 from l	ine 5. I	Enter here and			
4a Additional section 263A co	osts			in Part I, line	÷2 ·		7	21	,670
(attach schedule)		la	8	Do the rules	ofse	ction 263A (with respec	t to	Yes	
b Other costs (attach sched	ule) • • • • •	4b				l or acquired for resale)			
5 Total. Add lines 1 through	· ·	5 21.	670			1?			x
Schedule C - Rent Incor (see instructions)	me (From R								
1 Description of property									
(1)									
(2)						<u></u>			
(3)									
(4)						·			
	2. Rent rec	elved or accrued	· · · · · · · · · · · · · · · · · · ·						·
			······						
(a) From personal property (if the p for personal property is more than more than 50%)		percentage of	eai and personal rent for persona rent is based or	property exce	eds	3(a) Deductions direc in columns 2(a) a	tly connecte nd 2(b) (atta	d with the inc ich schedule)	;ome)
(1)							· · · ·		
(2)									
(3)									
(4)			- U					v i	
Total		Total	······			(h) Total deduction			· · · · · · · · · · · ·
(c) Total income. Add totals of c here and on page 1, Part I, line 6						 (b) Total deduction Enter here and on part I, line 6, column 	age 1,		
Schedule E - Unrelated	Debt-Financ	ed Income (see instruct	ions)		•			
1. Description of de	abt-financed prope	rfv	2. Gross inc allocable to c			3. Deductions directly con debt-financ	ed property		
			prop		(a) 5	Straight line depreciation (attach schedule)		other deduction attach schedu	
(1)						·			
(2)									
(3)						····			
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or al debt-finan	adjusted basis locable to ced property schedule)	6. Colu 4 divid by colu	led	7. G	Gross Income reportable column 2 x column 6)	(column (cable deducti 6 x total of co 3(a) and 3(b))	olumns
(1)				%	<u> </u>				
(2)			†	%		<u> </u>	<u> </u>		
(3)				%					
(4)				%					
<u></u>				7		r here and on page 1, I, line 7, column (A).		re and on pa ne 7, colum	
Totals			• • • • • • •	• • • • •					
Total dividends-received deduc	ctions included	n column 8 🔹			• • •	<u> </u>			
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Schedule F - Interest, Annu	uities, Royaltie	s, and R	lents Fr	om Controlle	d Orga	nizatio	ns (see	e instru	ctions)
				Organizations					
1. Name of controlled organization	2. Employer identification number		lated incom instructions		ade i	5. Part of co Included in t ganization's	he control	lling co	Deductions directly nnected with income in column 5
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organizations								l	
7. Taxable Income	8. Net unrelated in (loss) (see instruct			Total of specified bayments made	Inc	Part of colu cluded in the anization's (e controllin	ng con	 Deductions directly anected with income in column 10
(1)				<u></u>					
(2)									
(3)									· · · · ·
(4)	******								
Totals					En P:	dd columns ter here and art I, line 8, i	l on page	1, Ente	d columns 6 and 11. r here and on page 1, t [, line 8, column (B).
Schedule G - Investment Inco	ne of a Section	501(c)(7)	, (9), or (17) Organizati	on (see	instructio	ons)		
1. Description of income	2. Amount of inc		3. I direct	Deductions ly connected ch schedule)	1	I. Set-aside: ach schedu	5		otal deductions set-asides (col. 3 plus col. 4)
(1)									<u>pido (di. 1)</u>
(2)									
(3)								· • ··	
(4)									
	Enter here and on	nade 1		ene rejective and			1. 1. <u>1.</u> 1. 1.	Enter be	re and on page 1,
	Part I, line 9, colu				An Birtine. An Birtine.				ine 9, column (B).
Totals						ser la colora. Deserva		r ar ti, t	ine a, column (B).
	A	041 7					· ·		
Schedule I - Exploited Exempt	Activity income	<u>, Otner I</u>	nan Adv	vertising incom	ne (see	Instructio	ns)		1
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expe direc connect produc unrel business	ctly ed with ction of lated	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gros from ac is not u	is income tivity that unrelated iss income	attribu	penses Itable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)							-		
(4)							_		
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter her page 1 line 10,	, Part I,						Enter here and on page,1. Part II, fine 26.
Schedule J - Advertising Incon									
Part I Income From Perio	dicals Reported	on a Coi	nsolidate	ed Basis					
1. Name of periodical	2. Gross advertising income	3. Di advertisi	ng costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a galn, compute cols. 5 through 7.		culation come		adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									· · ·
(2)				÷		· · · · ·			
(3)		1							1
(4)									1 · · · · ·
<u>``</u>									· · · · · ·
Totals (carry to Part II, line (5))									

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, coi. (A).	Enter here and on page 1, Part I, line 11, col, (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						
Schedule K - Compensation of (Officers, Directo	ors, and Truste	es (see instructio	ns)		
1. Name			2. Title	3. Percent of time devoted to		ion attributable to

	business	unrelated business
(1)	%	
(2)	%	
(3)	%	
(4)	%	

 Total. Enter here and on page 1, Part II, line 14
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