990 Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2018

Open to Public Inspection

A	FOR THE	e zune caiend	iar year, or tax year	peginning		, 2018, and er	iding		, 20		
В	Check if	applicable:	C Name of organization	ehlers-danlos nati	ONAL FOUNDA	TION		D	Employer identification no.		
	Address	change	Doing business as	EHLERS-DANLOS SOCI	ETY				38-2813140		
	Name ch	ange	Number and street (or	P.O. box if mall is not delivered to sti	eet address)		Room/suite	E	Telephone number		
	Initial ret		1732 1ST A	VE 20373					(240) 813-3317		
	Final retu	ırn/terminated		province, country, and ZIP or foreign p	oostal gode	***************************************	· · · · · · · · · · · · · · · · · · ·		G Gross receipts		
$\overline{}$	Amended		NEW YORK,	. ,,					\$ 1,616,932		
		on pending	F Name and address of				H(a) is this a group	return for s			
	, ,			, ,			H(b) Are all subo		 -		
	Tax-axan	not status:	501(e)(3) 501(e)	() 4 (insert no.)	4947(a)(1) or	527	-		list. (see instructions)		
	Website:		.EDNF.ORG	7 - (1100/01/05)	1047(4)(1) 01		H(a) Group exe		,		
		- Ammer	Corporation Trust	Association Other		L Year of formation: 1	988 NI State				
	rom or c	Summar		☐ Wesociation ☐ Ottlet >		r test of following T	30.0 In State	Ol Jeger	dottiloses: MT		
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	'	•	-	mission or most significant			······································		RCES FOR THOSE		
õ				CTIVE TISSUE DISOR		OTTA .					
Activities & Governance				INFORMATION, PROV	ADING A NET	WORK OR SUPP	ORT AND COM	MÜNT	CATION, AND		
ē	1.	***************************************	G AND FUNDING		there are all to the second	- (F14 44-				
Ĝ	2			ization discontinued its opera				ا ما	4.4		
90	3			governing body (Part VI, line	And the second	7.0		3	16		
Se	4			embers of the governing body	/A. S			4	16		
Š	5		•	yed in calendar year 2018 (F	The state of the s			5	0		
Ç	6		r of volunteers (estim	* *		The state of the s		6			
7	7a			from Part VIII, column (C), li				7a	(228)		
	b	Net unrelated	d business taxable in	come from Form 990-T, line	38	···♥····		7b	(228)		
						·	Prior Year		Current Year		
	8		s and grants (Part VII		, 18		751	,928	1,257,357		
Revenue	9	Program ser	vice revenue (Part V	III, line 2g) · · · · / 檀· · · ·			198	,472	348,286		
Ver	10	Investment in	ncome (Part VIII, colu	ımn (A), lines 3, 4, and 7d)				4.5	1,184		
æ	11	Other revenu	ue (Part VIII, column	(A), lines 5, 6d, 8c, 9 c, 10c, a	ınd <u>11</u> e) · · · ·	, , ,	2	,116	0		
	12	Total revenue	e - add lines 8 throug	h 11 (must equal Part VIII, co	olumn (A), line 12)		952	,561	1,606,827		
	13	Grants and s	imilar amounts paid	(Part IX, column (A), lines 1-	3)		100	,000	400,000		
	14	Benefits paid	i to or for members (Part IX, columni(A), line 4)					0		
	15	Salaries, oth	er compensation, em	ployee benefits (Part IX-colu	ımn (A), ilnes 5-10)	60	,200	179,366		
Ses	16a		•	rt IX, column (A), line 11e)				<i>I</i>	0		
Expenses	b			X column (D), line 25)		8,422					
8	17			(A), lines-11a-11d, 11f-24e)	, , , , , , , , ,		448	,919	1,128,616		
ш	18			(must-equal Part IX, column				,119	1,707,982		
	19	•	- Cart	Hine 18 from line 12				,442	(101,155)		
		7 (0 / 0 10 0 0 0	S CAPETISCS. CLIMITE				Beginning of Current		End of Year		
₹3 Q	20	Total accate	(Part X, line 16)			. . '		,682	645,814		
88	21		s (Part X-line 26)					,276			
Net Assets or	22		Green Commen	Tract line 21 from line 20					365,563		
			re Block	MIGGINIE ZT HOM NIE ZO .			201	,406	280,251		
	ALM ALLES	790	CHECK T.	this return, including accompanying s	schedules and statemer	is and to the hest of my	knowledge and hellef	lt Is	· · · · · · · · · · · · · · · · · · ·		
true	correct,	and complete. De	claration of preparer (other	than officer) is based on all informat	on of which preparer ha	is any knowledge.	With the second second				
					/MYAAAA/			1	11/26/19		
Sig	n		BLOOM*					Date	1 1/20/10		
					THUM)		Date			
Hei	e		***** · · · · · · · · · · · · · · · · ·	TIVE DIRECTOR	VI - V						
		L/	print name and title	· · · · · · · · · · · · · · · · · · ·		Data	ī				
<u>.</u>		Print/Type pre	eparer's name	Préparer's signature		Date	Check		TIN		
Pai		James V		James V Hartw	ell	11-25-2019	self-employe	əd	XXXXXXXX		
	pare						····				
Us	e Only	Firm's addres	s > 206	Court Street			Phone no.				
,			Sain	t Joseph MI 49085			2:	69-98	33-2212		
May	the IDS	2 dienue e thie	return with the prene	rer shown ahove? (see instri	ections)						

8) EHLERS-DANLOS NATIONAL FOUNDATION Checklist of Required Schedules Form 990 (2018)

			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	Χ	
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	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	ļ	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? 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	_		3.7
-	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. /		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
0	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		
9	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	9		Λ
IU	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 102-16"Yes,"			Y
а	complete Schedule D, Part VI	11a		Х
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			21
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part V	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
Ū	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 Eart 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
е	Did the organization report an amount for other liabilities in Part X; line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions and er FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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		X
13	Is the organization a school described in section 170(b)(1)(A)(li)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office employees, or agents outside of the United States?	14a		Χ
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		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<u> </u>	Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a		20a	ļ	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? • • • • • • • • • • • • • • • • • • •	20b	ļ	
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	l	X

Part IV Checklist of Required Schedules (continued) No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 22 Χ 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 23 Χ 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 Χ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24¢ Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year? 24d d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Χ 25a 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? 25b Х 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, for disqualified persons? If "Yes," complete Schedule L, Part II 26 Χ Did the organization provide a grant or other assistance to an officer, director, trustee=key employee= 27 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 Land III Was the organization a party to a business transaction with one of the following parties, (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule La Part IV Х A family member of a current or former officer, director, trustee or key employee? If "Yes," complete 28b Χ 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 "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures; or other similar assets, or qualified 30 30 Did the organization liquidate, terminate, or disselverand cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 Х sections 301.7701-2 and 301.7701-3? If "Yes complete Schedule R, Part I Was the organization related to apyllax-exempt of taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Χ Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. 38 Statements Regarding Other IRS Filings and Tax Compliance Part V 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 **b** Enter the number of Form 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 reportable gaming (gambling) winnings to prize winners?

EHLERS-DANLOS NATIONAL FOUNDATION 38-2813140 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes Nο Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, flled for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did 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) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Χ 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a If "Yes," enter the name of the foreign country: b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5а 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5ċ C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or b gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partive goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property did the organization file Form 8899 as required? a If the organization received a contribution of cars, boats, airplanes or other vehicles, did the organization file a Form 1098-C? 7h h 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Partivill laline 12 а Gross receipts, included on Form 990, PagtVIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources b against amounts due or received from them to the contract of t Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand C Χ Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 Χ 15 excess parachute payment(s) during the year If "Yes." see instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

16

Χ

If "Yes," complete Form 4720, Schedule O.

16

38-2813140

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

IVO"	
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Page 6

	Check if Schedule O contains a response or note to any line in this Part VI			₩
800	Check if Schedule O contains a response or note to any line in this Part VI		• • •	• K7
000	tion A. Governing body and management			
<i>a</i>	Post of the second of the seco		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was flied?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	······································		
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	24,727		
•	the year by the following:			
	The governing body?	8a	Χ	
a	Each committee with authority to act on behalf of the governing body?	8b	X	
b	The state of the s	00	_^_	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, Who cannot be reached at	9		Х
600	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
260	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	Manual Control		Yes	No :
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		·
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Acres 1	
12a	Did the organization have a written conflict of laterest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? · · ·	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO Executive Director or top management official	15a	Χ	
b	Other officers or key employees of the organization	15b		X
~	If "Yes" to line 15a or 15b-describe the process in Schedule O (see instructions).			
16a	Did the organization invest in contribute assets to, or participate in a joint venture or similar arrangement			
IVA	with a taxable entity during the year?	16a		X
h	If "Yes," did the organization to evaluate its		3494344	
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	Transit of the second of the s	16b		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
8	organization's exempt status with respect to such arrangements?	100		<u></u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled Statement #17 Statement #17			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
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:			

ROB RUBIN (703)506-2892, 1732 1ST AVE 20373, NEW YORK, NY 10128

Form	aan	(2018)	
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EHLERS-DANLOS NATIONAL FOUNDATION

38-2813140

age 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

M Check this box it itelities the diganization for any relate	o organizaciói	Conibo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a carry t	241101110	moon anotion of th		
				(C)				
(A)	(B)	(44		osition		(D)	(E)	(F)
Name and Title	Average			more the		Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/frustee)			frustee)	compensation	compensation from	amount of
	week (list any hours for					from the	related organizations	other compensation
	related	우 方	<u> </u>	7	"High emp		(W-2/1099-MISC)	from the
	organizations	IIII) IIIII) IIII) IIIIII	Institutional trustee	Keylemployeeu	"Highest compensated employees	(W-2/1099-MISC)	, ,	organization
	below dotted line)	S E		출	8 7	'		and related
	iiiie)		[]		8			organizations
	والتنصير		<u>[8</u>]	層	nsa			
					8	•		
(1) LINDA NEUMANN-POTASH	1.00	A S						
DIRECTOR		X₫					0	. 0
(2) SANDRA A CHACK	1.00							
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(3) SUSAN HASKELL, MD	1.00							
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CHAIR	*	X				(0	0
(5) JANE MITAKIDES	1 .00							
DIRECTOR		X					0	0
(6) ELIZABETH HERNDON	1.00			1 1				
DIRECTOR 😌 🚂 🗸		X					0	00
(7) EDWARD FITZGERALD TIT	1.00							
DIRECTOR		Х				(0	0
(8) WOODROW GANDY	1.00							
DIRECTOR		Х				(0	0
(9) PHILIP HOTCHKISS	1,00							
DIRECTOR		X					0	o
(10)LARA BLOOM	1.00			T				
EXECUTIVE DIRECTOR		X	Х				0	o
(11)ROBERT RUBIN	1.00							
TREASURER/CFO		X	X			(0	0
(12)JOHN ZONARICH	1.00							
SECRETARY			X				0	0
(13)RICHARD MALENFANT								
TREASURER					Σ	(0	0
(14)A. SHANE ROBINSON	_L							
EXECUTIVE DIRECTOR					>		0	0
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, cirector, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," bomplete Schedule J for such individual employee on line 1a? If "Yes," bomplete Schedule J for such individual employee on line 1a? If the sum of reportable compensation and other compensation from the organization and felated organizations: from the organization and felated organizations: from the organization of line of the sum of the sum of the sum of the employee of the organization of line of the organization of line of the organization of the sum of the sum of the line of the organization of the sum of the sum of the line of the organization of the compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organizations tax year. (A) (B) (C) Compensation Neme and business address Description of services Compensation	c Total from continuation sheets to Part VII, Section	an A				•		.					
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a? is the sum of reportable compensation and other compensation from the organization and felated organizations: greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person-listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation	2 Total number of individuals (including but not limited									1- ₁₋₁	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(<u>) </u>
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a is the sum of reportable compensation and other compensation from the organization and felated organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tex year. (A) (B) (C) Name and business address Description of services Compensation	reportable compensation from the organization			····						0		Yes N	0
For any individual listed on line table is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	- Anna Anna A			-							4		
individual	4 For any individual listed on line talls the sum of rep	ortable comp	ensatio	on a	nd of	lher	comp	ensa	ation from the		Company of the compan		
for services rendered to the organization? If "Yes," complete Schedule J for such person	individual										4	Σ	### {
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation	for services rendered to the organization? If "Yes," c			-						,	5	Σ	
(A) (B) (C) Name and business address Description of services Compensation	Complete this table for your five highest compensation from the organization. Report compe												<u></u>
2 Total number of independent contractors (including but not limited to those listed above) who	(A)		· · · · · · · ·	 ,40					1				
2 Total number of independent contractors (including but not limited to those listed above) who 2 Total number of independent contractors (including but not limited to those listed above) who													
2 Total number of independent contractors (including but not limited to those listed above) who										· · · · · · · · · · · · · · · · · · ·			
	Total number of independent contractors (including)	but not limited	d to the	se l	isted	abo	ove) w	ho					

Form 990 (2018)
Part VIII Statement of Revenue

Files Charles - 17	. Alexan	Check if Schedule O contains a response or r	ote to any line in th	 			
	The second secon			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
(A 44	1a	Federated campaigns 1a		The Control of Control	TO SECURE OF THE PROPERTY OF T		5 (2-014
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues 1b	+	Control of the Contro	The second secon		A second of the
2 5	c	Fundraising events 1c			The second secon		
iffs ar A	d	Related organizations 1d		The second secon			
9,6 ⊞	e	Government grants (contributions) · · 1e		The state of the s	and the first of committees or assumes according to the committee of the c		Approximate the second
ion	f	All other contributions, gifts, grants,		An in the second	And the second of the second o		
age ag		and similar amounts not included above 1f	1,257,357	The second secon	And the second s		
A C	g	Noncash contributions included in lines 1a-1f: \$	1 -/				
ਹੋ ਲੋ	h	Total. Add lines 1a-1f		1,257,357	The state of the s		
nue	2a	CONFERENCES	611710	348,286	348,286	***	
Seve.	1	EDUCATIONAL PRODUCTS	611710		,		
8	c						
Serv	d			*			
an .	е						
Program Service Revenue	f	All other program service revenue		Jan-	À		
<u>o</u>	g	Total. Add lines 2a-2f	* * * * * * *	3487286			And the second s
	3	Investment income (including dividends, interest,					
		and other similar amounts)		17412	1,412		
	i	Income from investment of tax-exempt bond prod			*	- Leading and the second	
	5	Royalties					
		(i) Real	(li) Personal	The second of th			
	•	Gross rents					
		Less: rental expenses · · · ·		A second			Legista de la Constança de La
		Rental income or (loss) · · ·		The state of the s			para ta dan salita gilatti kanga salapat dika dan dipikan ata da dan dan salita da sal
		Net rental Income or (loss)		D. A. Charles and Control of the Con			
	7·a	Gross amount from sales of (i) Securities	(II) Other <u>9</u> 9#877	CALL THE A SECTION OF A SECTION	The state of the s		age of a figure of the second
		assets other than inventory	978//	20 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A			
	þ	Less: cost or other basis and sales expenses 10, 103		The state of the s			
	<u>-</u>	Gain or (loss) · · · · · · · · · · · · · · · · · ·		The state of the s	Photo in the control of the control of		English and the second
	•		oy 9,677 ≥	(228	- Carrier Marchines	(228	
mue	i	Gross income from fundraising		1220		1210	
ē.	1	events (not including \$			A CONTROL OF THE PARTY OF THE P		
Rev	E	of contributions reported on line 1c)			And the second s		
Other Reve		See Part IV, line 18 · · · · · · · a		A Company of the Comp			principal and the second secon
₽	b	Less: direct expenses b		A second			
_					The second secon		
		Gross Income from gaming activities.		Compare to a place of the compare of			
		See Part IV, line 19 a			Annual of the second se		
	b	Less:direct-expenses b		ger () a required y many " - May be greated with a final state of the second state of	Company of the compan		
		The state of the s				y0 60+	19.17.771
	10a	Gross sales of inventory, less					
		returns and allowances a					
		Less cost of goods sold b		Control of the second of the s			
	С	Net income or (loss) from sales of inventory	>				
		Miscellaneous Revenue	Business Code				
	11a	GAIN/LOSS INVESTMENT	900001				
	b						
	C						
		All other revenue					
		Total. Add lines 11a-11d		1 205 55-	22.0	1000	
	12	Total revenue. See instructions		1,606,827	349,698	(228) 0

Part X Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to	any line in this Part IX			🛚
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, s	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	400,000	400,000		And the second s
2	Grants and other assistance to domestic			the state of the s	and the first term of the second seco
	Individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			A mining of the second of the	The second secon
	Individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			A company of the comp	And the second of the second o
5	Compensation of current officers, directors,			The party of the control of the cont	The second secon
-	trustees, and key employees				
6	Compensation not included above, to disqualified	.,			
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · · ·				
7	Other salaries and wages	165,625		165,625	
8	Pension plan accruals and contributions (include	200,020	•	2007020	
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	13,741		13,741	
11	Fees for services (non-employees):			107774	
a	Management	250,274	250,274		
b	Legal	250,2785	<u> </u>		
G	Accounting	41,190A		41,190	
d	Lobbying	<u> </u>		41,130	· · · · · · · · · · · · · · · · · · ·
e	Professional fundralsing services, See Part IV, line 17		The second secon		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column			ay ang	<u></u>
ย	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	54 ,032	54,032		- W.
13	Office expenses	9,913	54,052	9,913	
14	Information technology	9,010			· · · · · · · · · · · · · · · · · · ·
15	Royalties			, , , , , , , , , , , , , , , , , , , ,	
16	Occupancy				
17	Travel	188,329	188,329		······································
18	Payments of travel or entertainment expenses	400,040	200,020		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	510,226	510,226		·
20	interest · · · · · · · · · · · · · · · · · · ·	<i>\u000344</i>			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,174		4,174	
23	Insurance	155		155	
24	Other expenses litemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				The transport of the control of the
	line 24e amount exceeds 10% of line 25, column	A STATE OF THE PROPERTY OF THE	The property of the property o	And the second s	
	(A) amount st line 24e expenses on Schedule O.)		And the state of t		
a	EDS INTERNATIONAL	50		50	
b	DUES, FEES & SUBSCRIPTIONS	4,300		4,300	
G	BANK CHARGES	4,038	4,038	-27400	
d	FUNDRAISING	8,422	-/000		8,422
9	All other expenses	53,513		53,513	
25	Total functional expenses. Add lines 1 through 24e	1,707,982	1,406,899	292,661	8,422
26	Joint costs. Complete this line only if the		-,,		· · · · · · · · · · · · · · · · · · ·
	organization reported in column (B) joint costs			=	
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

381,406

491,682

33

280,251

645,814 Form 990 (2018)

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash - non-interest-bearing 384,722 638,854 2 Savings and temporary cash investments 2 1,986 1,986 3 3 100,000 Accounts receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4968(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 6 7 7 Notes and loans receivable, net Inventories for sale or use 8 8 9 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or 10a other basis, Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c 11 11 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 . . 14 14 4.974 4,974 Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 491,682 645,814 Accounts payable and accrued expenses 17 17 10,276 15,563 18 18 100,000 350,000 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability. Complete ParkIV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II Eschedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 110,276 365,563 Organizations that follow SEAS 11/2 (ASC 958), check here 🕒 🛛 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 176,707 27 75,552 27 Temporarily restricted net assets 28 28 204,699 204,699 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕒 📗 and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid In or capital Surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances

33

	1990 (2018) EHLERS-DANLOS NATIONAL FOUNDATION	38-28	1314	0	₽₽	age 12
Pa	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)			1,6	06,8	327
2	Total expenses (must equal Part IX, column (A), line 25)			1,7	707,9	82
3	Revenue less expenses. Subtract line 2 from line 1	3		(1	01,1	55)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	81,4	106
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	l	2	80,2	251
Pa	rt XII Financial Statements and Reporting		1-112-111			
	Check If Schedule O contains a response or note to any line In this Part XII					٠ 🔲
					Yes	No
1	Accounting method used to prepare the Form 990; Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an Independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					The second second
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	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		<u>. </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in					No. of the last of
	Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					İ
	the Single Audit Act and OMB Circular A-133?			3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				Ī	
	required audit or audits, explain why in Schedule Of and describe any steps taken to undergo such audits			3b		

EEA

Form 990 (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization Employer Identification number EHLERS-DANLOS NATIONAL FOUNDATION 38-2813140 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(Iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, olty, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less segtion 511 (ax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Partill.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of to perform the lanctions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supportised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Pattly, Sections Aand B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness. requirement (see instructions). Yourmust complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, of type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (I) Name of supported organization (iii) Type of organization (Iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see Instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization falled to qualify under Part III. If the organization falls to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			: :			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				Siranus phino maken unique traudi		
5	The portion of total contributions by		And the state of t		2.72.25.25.25.25.25.25.25.25.25.25.25.25.25	The state of the s	
	each person (other than a	And the second s	and the state of t	and the fact of a second secon	of the act tensor by most format format to the control of the cont		
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount			The second secon		The second secon	
	shown on line 11, column (f)	The ingression of the company forms and the collection of the design of the collection of the collecti	Committee of the Commit	The second secon	Marie Spirite produced profit policy (Character State) 4 th Anni July 2 th Anni	And the state of t	
800	Public support. Subtract line 5 from line 4 · · · tion B. Total Support					Property of the second	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	(a) 2014	(b) 2010	# (6) 2010	(u) 2011	(6) 2010	(I) TOTAL
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.)	44					
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (se	ee inst ruction s)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here			or fifth tax year as	a section 501(c)(3)		· · · · · > 🗍
	tion C. Computation of Public Su						
14	Public support percentage for 2018 (line 6, c					14	<u>%</u>
15	Public support percentage from 2017 Sched					15	<u>%</u>
16a	33 1/3% support test - 2018. If the organization box and stop here. The organization qualifies						▶ 📋
b	33 1/3% support test 2017. If the organization						
	this box and stop here. The organization qua						▶ ∐
17a	10%-facts-and-circumstances test - 2018.						
	10% or more and if the organization meets the						
	Part VI how the organization meets the "facts						<u> </u>
	organization						· · · · • [
b	10%-facts-and-circumstances test - 2017.						
	15 is 10% or more, and if the organization me					v	
	Explain in Part VI how the organization meet supported organization						🛌 🗇
4 Ω	supported organization Private foundation, If the organization did no						, , , , , _
18	Instructions						,,,, ▶ □
	manuciona , , , , , , , , , , , , , , , , , , ,						

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

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

Se	ction A. Public Support				The state of the s		
Cal	endar year (or fiscal year beginning in) 🕒	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	818,414	375,892	543,770	751,930	1,257,357	3,747,363
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose	145,701	123,838	174,139		348,286	990,436
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total, Add lines 1 through 5	964,115	499,730	717,909	950,402	1,605,643	4,737,799
7a	Amounts Included on lines 1, 2, and 3 received from disqualified persons				1		
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	247,360				······································	247,360
		247,360					247,360
8	Public support. (Subtract line 7c from fine 6.)		The second section of the section of the second section of the section of the second section of the secti		20	a displacement of the control of the	4,490,439
Sec	ction B. Total Support			B			27 300 7 200
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014 🧢	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	964, 擅5	499,730	717,909	950,402	1,605,643	4,737,799
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		32	13	45	1,412	1,502
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		3				
Ç	Add lines 10a and 10b	A The of another and a proper tile. A the of another a	32	13	45	1,412	1,502
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 of loss from the sale of capital assets (Explain in Part VI.)						the second se
13	Total support. (Add lines 9, 10c, 11, and 12.)	964,115	499,762	717,922	950,447	1,607,055	4,739,301
	First five years If the Form 990 is for the org organization, check this box and stop here			or fifth tax year as a	section 501(c)(3)	, . , . , . ,	▶ 📋
	ction C. Computation of Public Su						
15	Public support percentage for 2018 (line 8, co					15	94.75 %
16	Public support percentage from 2017 Schedu			, ,		16	82.17 %
	Investment income percentage for 2018 (line					17	0.00 %
17 18	Investment income percentage from 2017 Sci					18	0.00 %
	33 1/3% support tests - 2018. If the organiza 17 is not more than 33 1/3%, check this box a	nd stop here. The	organization qualif	es as a publicly su	pported organizatio	n	▶ 🏻
b	33 1/3% support tests - 2017. If the organiza line 18 is not more than 33 1/3%, check this b	ox and stop here. I	The organization q	ualifies as a publicly	y supported organiz	ation , , , , ,	
20	Private foundation. If the organization did no	t check a box on line	e 1 4, 19a, or 1 9b,	check this box and	see instructions		, ▶ ∐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Has the organization accepted a glift or contribution from any of the following persons? 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? A 35% controlled entity of a person described in (a) above? A 35% controlled entity of a person described in (a) above? A 35% controlled entity of a person described in (a) above? A 35% controlled entity of a person described in (a) above? A 35% controlled entity of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 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 start and any applied to supported organizations have the power to regularly appoint or elect at least a majority of 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 organization(s) that operated, supervised, or controlled the supporting organizations and what conditions or restrictions, if any, applied to such powers during the tax year and applied organization(s) that operated, supervised, or controlled the supporting organizations 1
11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 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 organizations directors or trustees at all times during the tax year? If "No," describe in Part VI have the supported organizations in describes 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 organization(s) that operated, supervised, or controlled the supporting organization of the than the supported organization(s) that operated, supervised, or controlled the supporting organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations 1 Were a majority of the organization's supported organization's? If yo, "describe in Part VI how control or management of the supporting organizations 1 Did the organization provide to each of its supported organizations, but conflictly or management of the supporting organizations 1 Did the organization provide to each of its supported organizations, but conflictly or management of the organization's powering documents in effect on the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees des
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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
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reasons for the organization's position that its supported organization(s) would have engaged in these
reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer (a) and (b) below.
reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or
reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer (a) and (b) below.

Schedule A (Form 990 or 990-EZ) 2018 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 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 1b b Average monthly cash balances 1c c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) Tal e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) **Current Year** Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see firstructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

38-2813140

	ule A (Form 990 or 990-EZ) 2018 EHLERS-DANLOS NATIONAL FO		38-28	13140 Page 7
Pai	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	ations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organiza	tions	
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	e organization is respon	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See	And the second of the second o		
	instructions.	The second secon	À	
3	Excess distributions carryover, if any, to 2018	A contract of the contract of		The second secon
	From 2013	Company Fig. 40 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
	From 2014			
	From 2015	and the state of t		
	From 2016	A second		
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years	The second secon		
	Applied to 2018 distributable amount	The state of the s		
- i	Carryover from 2013 not applied (see Instructions)	The state of the s		
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from	makes And Control of the Control of		
•	Section D, line 7:	The second secon	The second secon	
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2018, if			
Ü	any. Subtract lines 3g and 4a from line 2. For result	Control of the Contro		
	greater than zero, explain in Part V See instructions.	The second secon		
-	Remaining underdistributions for 2018 Subtract lines 3h	The second secon		O MARKET BE THE RESIDENCE OF THE PROPERTY OF T
0			The state of the s	
	and 4b from line 1. For result greater than zero, explain in	And the first process of the control		
	Part VI. See instructions	And the state of t		
7	Excess distributions carryover to 2019. Add lines 3j		The second secon	
-	and 4c.			
8_	Breakdown of line 7:	Control of the Control of Section (Control of		
	Excess from 2014			
	Excess from 2015			
	Excess from 2016	The state of the s		
	Excess from 2017	and the second s		
e	Excess from 2018			

Schedule B (Form 990, 990-EZ,

Schedule of Contributors

OMB No. 1545-0047

Employer Identification number

2018

or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

EHLERS-DANLOS NATIONAL FOUNDATION

38-2813140

Organization type (check one):	
Filers of:	Section:
Form 990 or 990-EZ	∑ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private joundation
	501(c)(3) taxable private foundation
• •	ed by the General Rule or a Special Rule.
Note: Only a section 501(c)(7), (8) instructions.	, or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
-	Form 990, 990-EZ, or 990-REthat received, during the year, contributions totaling \$5,000 perty) from any one contributor. Complete Parts I and II. See instructions for determining a tions.
Special Rules	
· —	11 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12 12
Annua -	ibed in section 50 <u>1(c)(3)</u> filing Form 990 or 990-EZ that met the 33 1/3% support test of the s 509(a)(1) and 17 <u>0(b)(1)(</u> A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line
	eceived from any one contributor, during the year, total contributions of the greater of (1)
\$5,000; or (2) 2% of the ar	mount on (i) Form 990; Part Ⅷ, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organization descri	ibed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one
	r, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,
	poses, of or the prevention of cruelty to children or animals. Complete Parts I (entering
"N/A" in column (b) instea	d of the contributor name and address), II, and III.
T For an organization descri	bed <u>iln.section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one</u>
	Econfributions exclusively for religious, charitable, etc., purposes, but no such
	than \$1,000. If this box is checked, enter here the total contributions that were received
proset prosets	fusively religious, charitable, etc., purpose. Don't complete any of the parts unless the
	nis organization because it received nonexclusively religious, charitable, etc., contributions
totaling \$5,000 <u>-or mor</u> e du	ring the year · · · · · · · · · · · · · · · · · · ·
Caution: An organization that len't	covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,
	swer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

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

Attach to Form 990.

Open to Public

OMB No. 1545-0047

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

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

Inspection 2018

oN ⊠

(h) Purpose of grant SUPPORT EDNE or assistance , ∏ Yes CENTER Employer identification number Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. 38-2813140 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (e) Amount of noncash assistance (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. grant (c) IRC section (if applicable) 501C3 General Information on Grants and Assistance the selection criteria used to award the grants or assistance? 52-6049658 (b) EIN EHLERS-DANLOS NATIONAL FOUNDATION (1) GREATER BALTIMORE MEDICAL (a) Name and address of organization 6701 NORTH CHARLES STREET BALTIMORE, MD 21204 Name of the organization Part Part II (10) Ð. É 8 6) Ø

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4

Schedule I (Form 990) (2018)

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

For Paperwork Reduction Act Notice, see the instructions for Form 990. $_{\rm EEA}$ Enter total number of other organizations listed in the line 1 table

Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. 38-2813140

EHLERS-DANLOS NATIONAL FOUNDATION

Schedule I (Form 990) (2018)

PartIII

Schedule I (Form 990) (2018) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2 Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) noncash assistance (d) Amount of (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Part IV H ĸ ø ന

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public

Employer identification number

EHLERS-DANLOS NATIONAL FOUNDATION 38-2813140 Questions Regarding Compensation Part No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or relmbursement or provision of all of the expenses described above? If "No," complete Part III to Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the frems: checked on line Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director but explain in Part III. Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Pattyll, Section Alline 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X a The organization? Бa X b Any related organization? If "Yes" on line 5a or 5b, describe in Partill. For persons: listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? ... b Any related organization 2..... 6b X If "Yes" on line 6a or 6b describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2018 EHLERS-DANLOS NATIONAL FOUNDATION

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	or each list	ed individual m	ust equal the total am	ount of Form 990, Pa	rt VII, Section A, line 1a, a	applicable column (D) and	(E) amounts for that indivi-	dual.
	<u>(B</u>	Breakdown of \	(B) Breakdown of W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	aldexation (0)	(F) Total of columns	(E) Companiesting
(A) Name and Title		(i) Base	(ii) Bonus & incentive	(iii) Other reportable	other deferred	benefits	(a)-(j)(a)	in column (B) reported as deferred on prior
	8	compensation	compensation	compensation				Form 990
RICHARD MALENFANT	(i)	0	0	0	0	0	0	0
1 TREASURER	(II)	o	0	0	0	0		0
A. SHANE ROBINSON	Θ	0	0	0	0	0		0
2 EXECUTIVE DIRECTOR	(ii)	0	0	0	0	0		0
	Ξ							
3	(ij)							
	(i)							
4	(ii)			***				
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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

OMB No. 1645-0047

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990 or 990-EZ.

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

EHLERS-DANLOS NATIONAL FOUNDATION	38-2813140
01. Form 990 governing body review (Part VI, line 11)	
FORM 990 REVIEWED BY EXECUTIVE DIRECTOR	
02. Conflict of interest policy compliance (Part VI, line 12c)	
BYLAWS CALL FOR ANNUAL WRITTEN DISCLOSURES OF POSSIBLE CONFLICTS OF INTERES	Т.
03. CEO, executive director, top management comp (Part VI, line 15a)	
THE ORGANIZATION HAS A CONTRACT WITH A MANAGEMENT COMPANY TO MANAGE THE ORG	ANIZATION, THE
BOARD WILL APPROVE THE AMOUNT THAT THE MANAGEMENT COMPANY COMPENSATES THE F	XECUTIVE
DIRECTOR.	
04. Governing documents, etc, available to public (Part VI, line 19)	
GOVERNING DOCUMENTS ARE AVAILABLE TO PUBLIC UPON WRITTEN REQUEST TO ORGANIZ	ATION'S
EXECUTIVE DIRECTOR.	
05. List of other fees for services expenses (Part IX, line 11g)	
PROGRAM SERVICE	
CONTRACT CEOEDS INT 91,038	
CONTRACT ED SERVICES 12,900	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Form 4562

Department of the Treasury

Name(s) shown on return

Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

Go to www.irs.gov/Form4562 for Instructions and the latest information. Business or activity to which this form relates

OMB No. 1545-0172

ldentifying number

Attachment Sequence No. 179

EHLERS-DANLOS NATIONAL FOUNDATIO FORM 990 - 1 38-2813140 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part 1. Maximum amount (see instructions) 1 1 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see instructions (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction, Enter the smaller of line 5 or line 8 9 9 10 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or liness. See instructions Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 44 12 12 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See Instructions 15 Property subject to section 168(f)(1) election 15 4.174 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property See instructions.) Part III Section A 17 If you are electing to group any assets placed in service during the tax year into one or more general 18 asset accounts, check here Section B - Assets Placedin Service During 2018 Tax Year Using the General Depreciation System (d) Month and (d) (c) Basis for depreciation (d) Recovery (business/investment use (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction ≦ònly-see instructions) 19a 3-year property 5-year property 7-year property 10-year property e 15-year property 20-year property S/L 25-year properts 25 yrs. Residential rental 27.5 yrs. MM S/L 27.5 yrs MM S/L property _____ MM S/L Nonresidential real 39 yrs. MM S/L Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L 12-year 12 yrs. MM 5/L 30 yrs. 30-year ММ S/L 40 yrs. d 40-year Part IV Summary (See Instructions.) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 4,174 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1645-1709

▶ Go to www.irs.gov/Form8868 for the latest information. Electronic filling (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

	which an extension request must be sent to the rm, visit www.irs.gov/e-file-providers/e-file-for-ci			more details on the ele	ectronic	
	: 6-Month Extension of Time. Only		-	d).	·	
	ns required to file an income tax return other than 7004 to request an extension of time to file in		rne	tnerships, REMICs, and er filer's identifying nu		ee instructions
Туре or	Name of exempt organization or other filer, s	see instruction		Employer Identification		
print	EHLERS-DANLOS NATIONAL FOUNDATION 38-2813140					
File by the	Number, street, and room or suite no. If a P.		structions.	Social security numb	er (SSN)
due date for	o for 1732 1ST AVE 20373					
filing your return, See	City, town or post office, state, and ZIP code	. For a foreign	address, see instructions.			
instructions.	NEW YORK, NY 10128					
Enter the Ret	urn Code for the return that this application is fo	r (file a separa	ate application for each return) ,,,,,,,		01
Application	1	Return	Application 🚉		······································	Return
ls For		Code	Is For	4		Code
Form 990 o	r Form 990-EZ	01	Form 990 <u>-T</u> ₌(corporation)=			07
Form 990-B	L	02	Form 1041-A			08
Form 4720	(individual)	03	Form 4720 (other than indi	vidual)		09
Form 990-P	F	04	Form 5227			10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		·	11
Form 990-T	(trust other than above)	06	Form 8870 💝			1.2
Telephone If the organ If this is for	No. > 703-506-2892 Ization does not have an office or place of busing a Group Return, enter the organization's four organization, check this box	F. Inessin the Ur digit Group Exc If it is for part	emption Number (GEN)		* * • •	▶□
a list with the	names and EINs of all members the extension	IS TOT.				
for the c	st an automatic 6-month extension of time until organization named above. The extension story calendar year 20 18 or	11- the organizat	-15 , 20 19 , to flie the ion's return for:	exempt organization ret	urn	
2 If the ta	ax year beginning x year entered in line 1 stor less than 12 month		, and ending	Final return	**************************************	
	oplication is for Forms 990-BL, 990-PF, 990-T,	4720, or 6069,	enter the tentative tax, less			
any nor	refundable credits. See Instructions.			38	1 \$	
b If this a	oplication is for Forms 990-PF, 990-T, 4720, or					
	editax payments made. Include any prior year			31	3	
	o due. Subtract line 3b from line 3a. Include you			_	_ _	
using E	FTPS (Electronic Federal Tax Payment System). See instruc	tions.	31		-0.4
	u are going to make an electronic funds withdra	wai (direct del	oit) with this Form 8868, see F	orm 8453-EO and Forr	n ชช/9-l	±∪ for payment
Instructions.						

8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning 2018 Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.lrs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer Identification number EHLERS-DANLOS NATIONAL FOUNDATION 38-2813140 Name and title of officer LARA BLOOM, EXECUTIVE DIRECTOR Part Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here 🕨 🔯 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 2a Form 990-EZ check here F b Total revenue, if any (Form 990-EZ, line 9) 3a Form 1120-POL check here ► b Total tax (Form 1120-POL, line 22) 4a Form 990-PF check here ▶ 🔲 b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here ▶ 🗍 b Balance Due (Form 8868, line 3c) Declaration and Signature Authorization of Officer Part II Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmittes, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receiptor reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payme<u>nt of the organiz</u>ation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. Talso authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential into matter necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only To enter my PIN X | lauthorize Hartwell & Company PC 45678 Enter five numbers, but do not enter all zeros on the organization's tax year 2018 electronically filed return. If I have Indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return thatascopy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

Date > 11-25-2019

33212

I certify that the above numericentry is my PIN, which is my signature on the 2018 electronically filed return for the organization Indicated above confirm that Im submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS File Providers for Business Returns.

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

For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2018)

OMB No. 1645-1878

ERO's signature

Federal Supporting Statements	2018 PG01
Name(s) as shown on return	Tax ID Number
EHLERS-DANLOS NATIONAL FOUNDATION	38-2813140

FORM 990, PART VI, SECTION C, LINE 17

STATEMENT #017

States where a copy of this Form 990 is required to be filed:

Alaska New Hampshire Alabama New Jersey Arkansas New Mexico Nevada Arizona California New York Colorado Ohio Connecticut Oklahoma District of Columbia Oregon Delaware Pennsylvania Florida Rhode Island South Carolina Georgia South Dakota Hawaii Iowa Tennessee Idaho Texas Illinois Utah Indiana Virginia Vermont Kansas Kentucky Washington Wisconsin Louisiana West Virginia Massachusetts Maryland Maine Michigan Minnesota Missouri Mississippi Montana North Carolina North Dakota Nebraska

990	Overflow Statement	2018 Page 1
Name(s) as shown on return		FEIN
EHLERS-DANLOS NATION	AL FOUNDATION	38-2813140

ALL OTHER EXPENSES

Description	Amount	
TELEPHONE	\$ 3,	350
BOARD EXPENSES	3,	394
POSTAGE & DELIVERY	3,	244
PRINTING & PUBLICATIONS	3,	743
TAXES	16,	163
WEB SERVICES	22,	001
WEBSITE EXPENSE		550
WEBINAR EXPENSE	1,	068
	Total: \$ 53,	513