**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.irs.gov/Form990 for instructions and the latest information.

**A** For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018

**B** Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return
- [ ] Amended return
- [ ] Application pending

**C** Name of organization

**EPILEPSY FOUNDATION OF GREATER CHICAGO**

Doing business as

**17 N STATE STREET**

Room/suite 650

**CHICAGO, IL 60602**

**D** Employer identification number

36-2317619

**E** Telephone number

312-939-8622

**G** Gross receipts

2,627,207

**H**

(a) Is this a group return for subordinates?  
[ ] Yes  [ ] No

(b) Are all subordinates included?  
[ ] Yes  [ ] No

**I** Tax-exempt status:

[ ] 501(c)(3)  [ ] 501(e)(3)

[ ] 4947(a)(1) or 527

**J** Website: [EPILEPSYCHICAGO.ORG](http://www.epilepsychicago.org)

**K** Form of organization: [ ] Corporation  [ ] Trust  [ ] Association  [ ] Other

**L** Year of formation: 1946

**M** State of legal domicile: IL

**Part I** Summary

1. Briefly describe the organization's mission or most significant activities: **LEADS THE FIGHT TO STOP SEIZURES, FIND A CURE AND OVERCOME CHALLENGES CREATED BY EPILEPSY**

2. Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3. Number of voting members of the governing body (Part VI, line 1a)

4. Number of independent voting members of the governing body (Part VI, line 1b)

5. Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6. Total number of volunteers (estimate if necessary)

7a. Total unrelated business revenue from Part VIII, column (C), line 12

7b. Net unrelated business taxable income from Form 990-T, line 34

**Revenue**

<table>
<thead>
<tr>
<th>Description</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions and grants (Part VIII, line 1h)</td>
<td>2,828,916</td>
<td>2,442,587</td>
</tr>
<tr>
<td>Program service revenue (Part VIII, line 2g)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td>
<td>497</td>
<td>10,525</td>
</tr>
<tr>
<td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td>
<td>-113,809</td>
<td>-41,685</td>
</tr>
<tr>
<td>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td>
<td>2,713,604</td>
<td>2,411,427</td>
</tr>
</tbody>
</table>

**Expenses**

<table>
<thead>
<tr>
<th>Description</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td>
<td>6,000</td>
<td>75,000</td>
</tr>
<tr>
<td>Benefits paid to or for members (Part IX, column (A), line 4)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td>
<td>1,219,559</td>
<td>1,274,086</td>
</tr>
<tr>
<td>Professional fundraising fees (Part IX, column (A), line 11e)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total fundraising expenses (Part IX, column (D), line 25)</td>
<td>167,319</td>
<td></td>
</tr>
<tr>
<td>Other expenses (Part IX, column (A), lines 11a-11d, 11I-24e)</td>
<td>626,597</td>
<td>723,402</td>
</tr>
<tr>
<td>Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td>
<td>1,852,156</td>
<td>2,072,488</td>
</tr>
<tr>
<td>Revenue less expenses. Subtract line 18 from line 12</td>
<td>861,448</td>
<td>338,939</td>
</tr>
</tbody>
</table>

**Part II** Signature Block

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

**Sign Here**

**Signature of officer**

BRYAN ANDERSON, PRESIDENT

**Date**

2/27/18

**Print/Type preparer's name**

KAREN OLSON

**Preparer's signature**

Karen M. Olson

**Preparer's EIN**

00085441

**Preparer's phone number**

36-2886485

**Preparer's address**

4320 WINFIELD ROAD SUITE 450

WARRENVILLE, IL 60555-4036

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

[ ] Yes  [ ] No

**Form 990 (2017)**

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.