

PUBLIC INSPECTION COPY
EXTENDED TO MAY 15, 2019

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization EPILEPSY FOUNDATION OF GREATER CHICAGO Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 17 N STATE STREET 650 City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60602 F Name and address of principal officer: BRYAN ANDERSON SAME AS C ABOVE	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ EPILEPSYCHICAGO.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	20
6	Total number of volunteers (estimate if necessary)	6	40
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	2,826,916.	2,442,587.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	497.	10,525.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-113,809.	-41,685.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,713,604.	2,411,427.
14	Benefits paid to or for members (Part IX, column (A), line 4)	6,000.	75,000.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16 a	Professional fundraising fees (Part IX, column (A), line 11e)	1,219,559.	1,274,086.
b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	167,319.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	626,597.	723,402.
19	Revenue less expenses. Subtract line 18 from line 12	1,852,156.	2,072,488.
20	Total assets (Part X, line 16)	861,448.	338,939.
21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
22	Net assets or fund balances. Subtract line 21 from line 20	3,158,845.	3,489,245.
		158,683.	150,144.
		3,000,162.	3,339,101.

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	Date 11/27/18
	BRYAN ANDERSON, PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name KAREN OLSON	Preparer's signature 	Date 11-27-18	Check <input type="checkbox"/> self-employed	PTIN P00085441
	Firm's name ▶ DUGAN & LOPATKA, CPA'S PC			Firm's EIN ▶ 36-2886485	
	Firm's address ▶ 4320 WINFIELD ROAD SUITE 450 WARRENVILLE, IL 60555-4036			Phone no. 630-665-4440	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No