

EXTENDED TO MAY 15, 2023

Form **990**

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

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

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	D Employer identification number 36-2317619 E Telephone number 312-939-8622
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		G Gross receipts \$ 2,640,900.
J Website: ▶ EPILEPSYCHICAGO.ORG		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 ▶
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: TO LEAD THE FIGHT TO OVERCOME THE CHALLENGES OF LIVING WITH EPILEPSY AND TO ACCELERATE THERAPIES		
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	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	20
6	Total number of volunteers (estimate if necessary)	6	10
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,232,686.	Current Year 2,594,430.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,791.	3,345.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-56,913.	-90,168.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,204,564.	2,507,607.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	45,000.	47,500.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,565,263.	1,567,474.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 339,187.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	439,342.	634,096.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,049,605.	2,249,070.
19	Revenue less expenses. Subtract line 18 from line 12	154,959.	258,537.
20	Total assets (Part X, line 16)	Beginning of Current Year 4,616,342.	End of Year 6,465,496.
21	Total liabilities (Part X, line 26)	185,155.	1,775,772.
22	Net assets or fund balances. Subtract line 21 from line 20	4,431,187.	4,689,724.

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 Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name RON MARKLUND	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P01985511
	Firm's name ▶ DUGAN & LOPATKA, CPA'S PC Firm's address ▶ 4320 WINFIELD ROAD SUITE 450 WARRENVILLE, IL 60555-4036	Firm's EIN ▶ 36-2886485 Phone no. 630-665-4440

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO LEAD THE FIGHT TO OVERCOME THE CHALLENGES OF LIVING WITH EPILEPSY AND TO ACCELERATE THERAPIES TO STOP SEIZURES, FIND CURES, AND SAVE LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 951,434. including grants of \$ 47,500.) (Revenue \$) CLIENT/PATIENT SERVICES - SEE SCHEDULE O

4b (Code:) (Expenses \$ 369,825. including grants of \$) (Revenue \$) COMMUNITY SERVICES - SEE SCHEDULE O

4c (Code:) (Expenses \$ 349,231. including grants of \$) (Revenue \$) PUBLIC HEALTH EDUCATION - SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) (Expenses \$ 58,276. including grants of \$) (Revenue \$)

4e Total program service expenses 1,728,766.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on 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?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 11		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 11		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		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?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 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 Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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 **▶**
ROBERTA J SHOEMAKER - 312 939 8622
17 N STATE STREET 650, CHICAGO, IL 60602

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRYAN ANDERSON PRESIDENT AND CEO	40.00 1.00			X				181,927.	0.	25,758.
(2) ROBERTA SHOEMAKER VP OF OPERATIONS & FINANCE	40.00				X			112,437.	0.	19,557.
(3) HOWARD ZWIRN CHAIR	1.00	X		X				0.	0.	0.
(4) NANCY LIDA SECRETARY	1.00	X		X				0.	0.	0.
(5) STEVE CORDA TREASURER	1.00	X		X				0.	0.	0.
(6) LISA AHERN DIRECTOR	1.00	X						0.	0.	0.
(7) SARAH CARLSON DIRECTOR	1.00	X						0.	0.	0.
(8) TAKIJAH HEARD DIRECTOR	1.00	X						0.	0.	0.
(9) JASON HOFERICA DIRECTOR	1.00	X						0.	0.	0.
(10) MATT MCINERNEY DIRECTOR	1.00	X						0.	0.	0.
(11) BRAD SEROT DIRECTOR	1.00	X						0.	0.	0.
(12) ERIC WEBER DIRECTOR	1.00	X						0.	0.	0.
(13) GEOFFREY VANCE DIRECTOR	1.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	268,463.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1,301,952.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,024,015.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 18,200.				
	h Total. Add lines 1a-1f			2,594,430.				
	Program Service Revenue			Business Code				
2 a								
b								
c								
d								
e								
g Total. Add lines 2a-2f								
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,345.			3,345.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
d	Net gain or (loss)							
8 a	Gross income from fundraising events (not including \$ 268,463. of contributions reported on line 1c). See Part IV, line 18	8a		43,125.				
				133,293.				
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events			-90,168.		-90,168.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
	11 a							
	b							
	c							
	d	All other revenue						
e Total. Add lines 11a-11d								
12 Total revenue. See instructions				2,507,607.	0.	0.	-86,823.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	47,500.	47,500.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	207,685.	162,410.	15,182.	30,093.
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	1,059,946.	828,878.	77,482.	153,586.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	79,481.	62,154.	5,810.	11,517.
9 Other employee benefits	128,448.	100,446.	9,390.	18,612.
10 Payroll taxes	91,914.	71,877.	6,719.	13,318.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	16,800.	8,800.	3,397.	4,603.
d Lobbying	72,000.	37,715.	14,558.	19,727.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	67,532.	35,375.	13,654.	18,503.
12 Advertising and promotion	27,469.	21,481.	2,008.	3,980.
13 Office expenses	108,399.	84,728.	7,921.	15,750.
14 Information technology				
15 Royalties				
16 Occupancy	92,173.	72,079.	6,737.	13,357.
17 Travel	19,521.	15,265.	1,427.	2,829.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,489.	7,460.	697.	1,332.
23 Insurance	10,497.	8,209.	767.	1,521.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CATERING AND FACILITY R	143,513.	112,227.	10,491.	20,795.
b DUES AND SUBSCRIPTIONS	42,610.	33,321.	3,115.	6,174.
c MISCELLANEOUS EXPENSES	7,718.	6,036.	564.	1,118.
d EMERGENCY CLIENT NEEDS	7,081.	5,537.	518.	1,026.
e All other expenses SEE SCH O	9,294.	7,268.	680.	1,346.
25 Total functional expenses. Add lines 1 through 24e	2,249,070.	1,728,766.	181,117.	339,187.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,188,411.	1	2,213,201.
	2 Savings and temporary cash investments	2,250,005.	2	2,250,004.
	3 Pledges and grants receivable, net	126,963.	3	266,569.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	26,006.	9	39,160.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 190,882.		
	b Less: accumulated depreciation	10b 94,504.	15,041.	10c 96,378.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	9,916.	15	1,600,184.
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,616,342.	16	6,465,496.	
Liabilities	17 Accounts payable and accrued expenses	62,048.	17	74,101.
	18 Grants payable		18	
	19 Deferred revenue		19	74,067.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	123,107.	25	1,627,604.
	26 Total liabilities. Add lines 17 through 25	185,155.	26	1,775,772.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,422,794.	27	4,689,724.
	28 Net assets with donor restrictions	8,393.	28	0.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,431,187.	32	4,689,724.
33 Total liabilities and net assets/fund balances	4,616,342.	33	6,465,496.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,507,607.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,249,070.
3	Revenue less expenses. Subtract line 2 from line 1	3	258,537.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,431,187.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,689,724.

Part XII Financial Statements and Reporting

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

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

Form 990 (2021)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,442,587.	2,443,671.	2,901,616.	2,232,686.	2,594,430.	12,614,990.
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	2,442,587.	2,443,671.	2,901,616.	2,232,686.	2,594,430.	12,614,990.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						250,246.
6 Public support. Subtract line 5 from line 4.						12,364,744.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	2,442,587.	2,443,671.	2,901,616.	2,232,686.	2,594,430.	12,614,990.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	10,525.	47,821.	32,222.	28,791.	3,345.	122,704.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						12,737,694.
12 Gross receipts from related activities, etc. (see instructions)					12	542,110.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	14	97.07 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	97.18 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Table with 2 columns: Name of organization (EPILEPSY FOUNDATION OF GREATER CHICAGO) and Employer identification number (36-2317619)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		72,000.
j Total. Add lines 1c through 1i			72,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LEGISLATIVE CONSULTING FOR LOBBYING FOR SUPPORT OF EPILEPSY

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: EPILEPSY FOUNDATION OF GREATER CHICAGO; Employer identification number: 36-2317619

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

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

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		39,222.	7,094.	32,128.
d Equipment		84,535.	66,346.	18,189.
e Other		67,125.	21,064.	46,061.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				96,378.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) SECURITY DEPOSIT	9,916.
(2) LEASE RIGHT-OF-USE ASSET	1,590,268.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,600,184.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE	1,627,604.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,627,604.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,568,736.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	61,129.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	61,129.
3	Subtract line 2e from line 1		3	2,507,607.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,507,607.

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

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

1	Total expenses and losses per audited financial statements		1	2,310,199.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	61,129.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	61,129.
3	Subtract line 2e from line 1		3	2,249,070.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,249,070.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES ON ITS CHARITABLE PURPOSE RELATED INCOME UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THERE IS NO UNRELATED BUSINESS INCOME FOR THE ORGANIZATION AND, ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED.

THE ORGANIZATION HAS ADOPTED ACCOUNTING PRINCIPLES RELATED TO UNCERTAIN TAX POSITIONS AND HAS EVALUATED ITS TAX POSITION TAKEN FOR ALL OPEN TAX YEARS. CURRENTLY, THE 2018, 2019 AND 2020 TAX YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND THE ILLINOIS DEPARTMENT OF REVENUE; HOWEVER, THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE ORGANIZATION BEEN CONTACTED BY ANY OF THESE JURISDICTIONS.

Part XIII Supplemental Information *(continued)*

BASED ON THE EVALUATION OF THE ORGANIZATION'S TAX POSITION, MANAGEMENT BELIEVES ALL POSITIONS TAKEN WOULD BE UPHELD UNDER AN EXAMINATION; THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITION HAS BEEN RECORDED FOR THE YEARS ENDED JUNE 30, 2022 AND 2021.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		GOLF OUTING	WALK 2022	2	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	59,654.	203,391.	48,543.	311,588.
	2	Less: Contributions	29,579.	203,391.	35,493.	268,463.
	3	Gross income (line 1 minus line 2)	30,075.		13,050.	43,125.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	10,405.		8,495.	18,900.
	6	Rent/facility costs	14,070.	7,755.	1,400.	23,225.
	7	Food and beverages	8,865.	1,002.	5,786.	15,653.
	8	Entertainment				
	9	Other direct expenses	6,023.	60,693.	8,799.	75,515.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				133,293.
11	Net income summary. Subtract line 10 from line 3, column (d)				-90,168.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **EPILEPSY FOUNDATION OF GREATER CHICAGO** Employer identification number **36-2317619**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	8	47,500.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE JAMES DAVIES SCHOLARSHIP IS A ONE-TIME \$5,000 AWARD THAT WILL PROVIDE FINANCIAL SUPPORT FOR THE PURSUIT OF HIGHER EDUCATION TO STUDENTS LIVING WITH EPILEPSY.

THE ELIGIBILITY REQUIREMENTS ARE CURRENTLY OPEN TO HIGH SCHOOL SENIORS AND ALL CURRENTLY ENROLLED COLLEGE OR VOCATIONAL/TECHNICAL SCHOOL FULL-TIME STUDENTS FOR THE 2022/2023 ACADEMIC SCHOOL YEAR. APPLICANTS MUST ALSO HAVE A DIAGNOSIS OF EPILEPSY AND BE A RESIDENT OF ILLINOIS. PLEASE NOTE, IN

Part IV Supplemental Information

FY21, THE APPLICATION WAS ALSO OPEN TO HIGH SCHOOL JUNIORS.

APPLICANTS ARE JUDGED ON VARIOUS MERITS, INCLUDING: HOW WELL THE APPLICANT MEETS THE SCHOLARSHIP'S VISION, ESSAYS, LETTERS OF RECOMMENDATION, ACADEMIC MERIT, ACHIEVEMENT AND/OR COMMUNITY SERVICE, AND FINANCIAL NEED.

THIS INFORMATION WAS PUBLICIZED ON ALL OUR SOCIAL MEDIA OUTLETS, INCLUDING E-NEWSLETTERS. IT WAS ALSO SUBMITTED IN THE FASTWEB DATABASE, AND IN THE CHICAGO PUBLIC SCHOOL SCHOLARSHIP DATABASE, SO AS TO REACH A WIDE STUDENT POPULATION ACROSS THE CHICAGO METRO AREA.

THE APPLICATIONS WERE REVIEWED BY THE DIRECTOR OF EDUCATION, ONE STAFF MEMBER, AND TWO BOARD MEMBERS. EACH REVIEWER COMPLETED A QUANTITATIVE SCORE SHEET, WITH A QUALITATIVE COMMENT SECTION. THE TOP 5 RANKING APPLICATIONS OF THE TWELVE SUBMITTED WERE DISCUSSED, AND 6 WINNERS WERE SELECTED, AS THERE WAS A TIE FOR 5TH PLACE. WE FELT THIS WAS A FAIR PROCESS, ALSO ACCOUNTING FOR PERSONAL STORIES AND THE OVERALL FAMILY FINANCIAL SITUATION. BECAUSE WE HAD ONE WINNER FROM FY21 WHO AT THE TIME WAS A JUNIOR, HE WAS AWARDED HIS SCHOLARSHIP IN FY22, AND THEREFORE A TOTAL OF 7 SCHOLARSHIPS WERE AWARDED IN FY22.

WINNERS WERE FIRST CELEBRATED ON OUR SOCIAL MEDIA OUTLETS, MAKING THE ABILITY TO SHARE THEIR SUCCESS WITH FAMILY AND FRIENDS EASY. A CHECK WAS MAILED TO EACH AWARDEE AFTER SUBMITTING APPROPRIATE TAX PAPERWORK. EACH WINNER PLUS FAMILY WAS INVITED TO ATTEND THE NIGHT OF CELEBRATION EVENT IN JUNE AND WAS PRESENTED WITH A CERTIFICATE.

?

A SECOND SCHOLARSHIP PROGRAM WAS ESTABLISHED IN FY22. THE EFGC SCHOLAR

Part IV Supplemental Information

AWARD IS A FOUR-YEAR AWARD OF \$25,000, PAID ANNUALLY IN THE AMOUNT OF \$6,250, THAT WILL PROVIDE FINANCIAL SUPPORT FOR THE PURSUIT OF HIGHER EDUCATION TO STUDENTS LIVING WITH EPILEPSY. THE EFGC SCHOLAR AWARD RECIPIENT WILL BE EXPECTED TO PROMOTE AWARENESS OF EPILEPSY ON CAMPUS AND WITHIN THE COMMUNITY, AND TO ENGAGE OR PARTICIPATE IN AT LEAST ONE EFGC EVENT ANNUALLY.

THE ELIGIBILITY REQUIREMENTS ARE OPEN TO HIGH SCHOOL SENIORS AND ALL CURRENTLY ENROLLED COLLEGE OR VOCATIONAL/TECHNICAL SCHOOL FULL-TIME STUDENTS FOR THE 2022/2023 ACADEMIC SCHOOL YEAR. APPLICANTS MUST ALSO HAVE A DIAGNOSIS OF EPILEPSY AND BE A RESIDENT OF ILLINOIS.

APPLICANTS WERE JUDGED ON VARIOUS MERITS, INCLUDING: HOW WELL THE APPLICANT MEETS THE SCHOLARSHIP'S VISION, ESSAYS, LETTERS OF RECOMMENDATION, ACADEMIC MERIT, ACHIEVEMENT AND/OR COMMUNITY SERVICE, AND FINANCIAL NEED.

THIS INFORMATION WAS PUBLICIZED ON ALL OUR SOCIAL MEDIA OUTLETS, INCLUDING E-NEWSLETTERS. IT WAS ALSO SUBMITTED IN THE FASTWEB DATABASE, AND IN THE CHICAGO PUBLIC SCHOOL SCHOLARSHIP DATABASE, SO AS TO REACH A WIDE STUDENT POPULATION ACROSS THE CHICAGO METRO AREA.

THE APPLICATIONS WERE REVIEWED BY THE DIRECTOR OF EDUCATION, ONE STAFF MEMBER, AND TWO BOARD MEMBERS. EACH REVIEWER COMPLETED A QUANTITATIVE SCORE SHEET, WITH A QUALITATIVE COMMENT SECTION. THE TOP 3 RANKING APPLICATIONS OF THE SIX SUBMITTED WERE DISCUSSED, AND ULTIMATELY 2 WINNERS WERE SELECTED, AS THERE WAS A CLOSE TIE FOR 1 WINNER. WE FELT THIS WAS A FAIR PROCESS, ALSO ACCOUNTING FOR PERSONAL STORIES AND THE OVERALL FAMILY FINANCIAL SITUATION.

Part IV Supplemental Information

WINNERS WERE FIRST CELEBRATED ON OUR SOCIAL MEDIA OUTLETS, MAKING THE ABILITY TO SHARE THEIR SUCCESS WITH FAMILY AND FRIENDS EASY. A CHECK WAS MAILED TO EACH AWARDEE AFTER SUBMITTING APPROPRIATE TAX PAPERWORK. EACH WINNER PLUS FAMILY WAS INVITED TO ATTEND THE NIGHT OF CELEBRATION EVENT IN JUNE AND WAS PRESENTED WITH A CERTIFICATE.

BOTH SCHOLAR AWARD WINNERS WILL MAINTAIN ONGOING CONTACT WITH EFGC TO ENSURE THE REQUIREMENTS OF THE AWARD ARE BEING MET DURING THE ACADEMIC YEAR.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization **EPILEPSY FOUNDATION OF GREATER CHICAGO** Employer identification number **36-2317619**

Part I Questions Regarding Compensation

	Yes	No
1a 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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 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 items checked on line 1a?	2	
3 Indicate which, if any, of the following the 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. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
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.		
5 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:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 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?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 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
8 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 in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Part II 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRYAN ANDERSON PRESIDENT AND CEO	(i)	181,927.	0.	0.	15,657.	10,101.	207,685.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

EPILEPSY FOUNDATION OF GREATER CHICAGO

Employer identification number

36-2317619

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO STOP SEIZURES, FIND CURES, AND SAVE LIVES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EPILEPSY COMMUNICATION

THE EPILEPSY FOUNDATION OF GREATER CHICAGO EDUCATES THE GENERAL

COMMUNITY THROUGH VARIOUS PUBLICITY OUTLETS, SUCH AS, ONLINE,

TELEVISION, RADIO, AND SOCIAL MEDIA. "ECONNECTIONS," A QUARTERLY

E-NEWSLETTER, IS SENT OUT FOUR TIMES TO THE EPILEPSY FOUNDATION OF

GREATER CHICAGO'S ENTIRE EMAIL DATABASE. ON AVERAGE, EACH E-BLAST IS

SENT TO 11,000 SUBSCRIBERS. "ECONNECTIONS" COVERS A VARIETY OF TOPICS

RELATING TO THE EPILEPSY FOUNDATION OF GREATER CHICAGO AND THE EPILEPSY

COMMUNITY AS A WHOLE. DOZENS OF E-BLASTS PROMOTING A SPECIFIC ISSUE,

PROGRAM, OR EVENT ARE ALSO SENT TO THE TARGETED AUDIENCES. OVER THE

COURSE OF THE YEAR, THE EPILEPSY FOUNDATION OF GREATER CHICAGO SENT

MORE THAN 200,000 EMAILS TO PEOPLE INTERESTED IN EPILEPSY AND GENERATED

APPROXIMATELY 9.7 MILLION MEDIA IMPRESSIONS THROUGH MARKETING

CAMPAIGNS.

THE EPILEPSY FOUNDATION OF GREATER CHICAGO UTILIZES POPULAR SOCIAL

MEDIA OUTLETS TO INCREASE ITS ONLINE PRESENCE. ITS FACEBOOK, TWITTER,

INSTAGRAM, YOUTUBE, AND LINKEDIN PAGES COLLECTIVELY BOAST NEARLY 18,000

FOLLOWERS. POSTS REGARDING THE LATEST INFORMATION ABOUT EPILEPSY, HOW

IT IMPACTS THE PUBLIC, AS WELL AS THE EPILEPSY FOUNDATION OF GREATER

CHICAGO'S ACTIVITIES, ARE UPDATED ON A DAILY BASIS.

EXPENSES \$ 58,276. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Name of the organization EPILEPSY FOUNDATION OF GREATER CHICAGO	Employer identification number 36-2317619
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FORM 990, PART III, LINE 4A:

CLIENT/PATIENT SERVICES:

THE EPILEPSY FOUNDATION OF GREATER CHICAGO'S COUNSELING AND CASE MANAGEMENT PROGRAM PROVIDES PEOPLE LIVING WITH EPILEPSY ACCESS TO SUPPORTIVE COUNSELING AND ASSISTANCE THAT WILL ENHANCE THEIR ABILITY TO COPE WITH ISSUES RELATED TO THEIR MEDICAL CONDITION AND IMPROVE THEIR QUALITY OF LIFE. THE INDIVIDUAL CLINICAL SERVICES OFFERED ARE STRUCTURED TO ADDRESS SPECIFIC ISSUES FACED BY PEOPLE LIVING WITH EPILEPSY AND TO FACILITATE APPROPRIATE LINKAGE TO NECESSARY SERVICES AND BENEFITS. BY PARTICIPATING IN THIS CASE MANAGEMENT PROGRAM, CLIENTS CAN DEVELOP THE KNOWLEDGE AND SKILLS NECESSARY TO HANDLE COMMON CHALLENGES SUCH AS ISOLATION, MEDICATION COMPLIANCE, NAVIGATING PUBLIC BENEFITS, DIFFICULTIES WITH THE SCHOOL SYSTEM, AND EMPLOYEE DISCRIMINATION. THROUGH SUPPORTIVE COUNSELING, CASE MANAGERS ARE ABLE TO REACH OUT AND ASSURE ANYONE STRUGGLING WITH EPILEPSY IN THE EPILEPSY FOUNDATION OF GREATER CHICAGO'S 44 COUNTY SERVICE AREA THAT THEY ARE NOT ALONE. IN FY22, THE EPILEPSY FOUNDATION OF GREATER CHICAGO'S CASE MANAGEMENT TEAM SERVED 511 INDIVIDUAL CLIENTS, PROVIDING ASSISTANCE ON 7,538 OCCASIONS. MOST CLIENTS NEEDED ASSISTANCE WITH OBTAINING ACCURATE INFORMATION ON EPILEPSY, EVALUATION AND ASSESSMENT, REFERRAL AND ENTITLEMENT ASSISTANCE, AND EMPLOYMENT ASSISTANCE. THE EPILEPSY FOUNDATION OF GREATER CHICAGO'S CASE MANAGERS ALSO ADVOCATED ON BEHALF OF CLIENTS ON HUNDREDS OF OCCASIONS, DEALING WITH EMPLOYMENT, DISCRIMINATION, BENEFITS AND MEDICAL MATTERS.

EACH INDIVIDUAL OR FAMILY SEEKING CASE MANAGEMENT SERVICES FROM THE EPILEPSY FOUNDATION OF GREATER CHICAGO MEETS WITH A QUALIFIED AND

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TRAINED CASE MANAGER WHO COMPLETES A SOCIAL HISTORY, MEDICAL HISTORY, INDIVIDUAL CARE PLAN AND SERVICE PLAN WITH THE CLIENT. THE CLIENT RECEIVES COPIES OF GOALS AND COPIES ARE KEPT IN THE CLIENT FILE MAINTAINED AT THE EPILEPSY FOUNDATION OF GREATER CHICAGO. EACH CLIENT ALSO RECEIVES A CLIENT HANDBOOK AND INFORMATION ABOUT THE ADA/AA. CLIENT FILES ARE KEPT AS PAPER FILE COPY, AS WELL AS ELECTRONIC COPY IN A SECURE, CLOUD-BASED DATABASE CALLED SALESFORCE.

EPILEPSY CREATES UNIQUE DIFFICULTIES IN PROVIDING COMPREHENSIVE CASE MANAGEMENT. WHILE EPILEPSY CAN CREATE DIFFICULTIES IN MEMORY RECALL AND ORGANIZATION, THE AVERAGE TIME TO LOCATE SPECIALIZED CARE CAN RANGE FROM TWO TO TEN YEARS. THE SOCIAL/MEDICAL HISTORY PROVIDES THE CLIENT A VISUAL TIMELINE TO BUILD A TREATMENT PLAN THAT HELPS TO ORGANIZE HIS/HER HISTORY, PROVIDES DOCUMENTATION TO THE SPECIALTY CARE PROVIDER AND ASSISTS THE CLIENT WITH GOALS THAT ARE SPECIFIC, MEASURABLE, ATTAINABLE, REALISTIC AND TIME-BASED.

AT THE FIRST VISIT AND THEN ANNUALLY, A SERVICE PLAN, INDIVIDUAL CARE PLAN, LIST OF CURRENT MEDICATIONS, CURRENT CLIENT DEMOGRAPHIC INFORMATION AND EMERGENCY CONTACT INFORMATION AS WELL AS AN EMERGENCY SEIZURE ACTION PLAN ARE CREATED OR REVIEWED. THE CLIENT IS ALSO OFFERED A FREE EMERGENCY ID NECKLACE/BRACELET TO ALERT FIRST RESPONDERS OF THEIR DIAGNOSIS AND THEIR DESIRED OUTCOME OF EMERGENCY TREATMENT. THE CLIENT SERVICES TEAM MEETS WEEKLY TO REVIEW SERVICE PLANS, STAFF NEW/OPEN CLIENTS, REVIEW SERVICE PLAN UPDATES, PROBLEM SOLVE, OFFER SOLUTIONS AND FIND APPROPRIATE SUPPORTS TO ASSIST CLIENTS IN MEETING SERVICE PLANNING GOALS. TEAM MEMBERS SIGN OFF AS SUPPORT ON CLIENT SERVICE PLANS. DURING EVERY INDIVIDUAL CLIENT MEETING, GOALS AND

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OBJECTIVES ARE REVIEWED WITH THE CLIENT. CASE MANAGERS ASSIST WITH SERVICE REQUESTS AND OFFER SUPPORT ACCORDINGLY. DURING ANNUAL REVIEWS, SERVICE PLANS AND ALL CLIENT CONTACT INFORMATION ARE UPDATED TO REFLECT NEW DESIRED GOALS OR TO DETERMINE IF SERVICES ARE NO LONGER NEEDED BASED ON GOAL ATTAINMENT.

MANAGING THE FINANCIAL NEEDS OF PEOPLE WITH EPILEPSY AND THEIR FAMILIES IS AN IMPORTANT PART OF THE CASE MANAGEMENT AND COUNSELING SERVICES PROVIDED BY THE EPILEPSY FOUNDATION OF GREATER CHICAGO. DURING EACH INDIVIDUAL MEETING SESSION, EFGC CASE MANAGERS TAKE THE TIME TO ASSESS THE INDIVIDUAL NEEDS OF THE CLIENT. WHEN DETERMINED APPROPRIATE, ASSISTANCE IS PROVIDED WITH AREAS SUCH AS: FINDING EMPLOYMENT, GAINING BASIC FINANCIAL LITERACY, NAVIGATING DISABILITY LEGAL HURDLES, AND OBTAINING PUBLIC AID BENEFITS SUCH AS SOCIAL SECURITY, SNAP (FOOD STAMPS) AND TANF (TEMPORARY FINANCIAL ASSISTANCE FOR WOMEN AND CHILDREN). BY PROVIDING EACH CLIENT WITH PERSONALIZED GUIDANCE, WHILE WORKING WITH ORGANIZATIONS SUCH AS THE CENTER FOR ECONOMIC PROGRESS AND NASH DISABILITY LAW, EFGC CASE MANAGERS AND THE CLIENT SERVICES TEAM ARE ABLE TO ADDRESS THE INDIVIDUAL NEEDS OF EACH AND EVERY CLIENT.

ASSISTING CLIENTS WITH CONDITION SPECIFIC CHALLENGES IS OF GREAT IMPORTANCE FOR EFGC AND PROGRAMS ARE HOSTED TO HELP WITH THESE UNIQUE CHALLENGES. ONE OF THESE PROGRAMS IS HOBSCOTCH WHICH IS AN 8-WEEK PROGRAM THAT WORKS TO IMPROVE THE MEMORY OF THOSE LIVING WITH EPILEPSY. OVER HALF OF PEOPLE WITH SEIZURES EXPERIENCE MEMORY PROBLEMS AND FEEL THAT SEIZURES INTERFERE WITH MEMORY. THE HOBSCOTCH PROGRAM IS DESIGNED TO HELP FIND WAYS TO MANAGE AND COPE WITH MEMORY PROBLEMS IN ORDER TO LEAD A HAPPIER, MORE PRODUCTIVE LIFE. THE PROGRAM USES PROBLEM SOLVING

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TREATMENT AND MEMORY STRATEGIES WHICH WILL HELP IDENTIFY MEMORY-RELATED PROBLEMS IN DAILY LIFE AND FIND SOLUTIONS TO MANAGE THESE PROBLEMS. IN FY22, 6 CLIENTS HAVE SUCCESSFULLY COMPLETED THIS PROGRAM.

IN FY22, THE EPILEPSY FOUNDATION OF GREATER CHICAGO CONTINUED EXPANSION OF EXISTING SERVICES IN THE CLINICAL DEPARTMENT. THIS DEPARTMENT ACTS AS AN EXTENSION OF CASE MANAGEMENT, FOCUSING PRIMARILY ON THE MENTAL HEALTH OF THOSE LIVING WITH EPILEPSY. THROUGH THE PSYCHOTHERAPY GROUP AND 1 ON 1 COUNSELING, CLIENTS ARE GETTING ADDITIONAL ATTENTION FOR THEIR MENTAL HEALTH ASSISTANCE REQUESTS. THIS PROGRAM CURRENTLY EMPLOYS ONE FULL TIME CLINICAL DIRECTOR, TWO FULL TIME CLINICIANS, AND ONE FULL TIME INTERN PROVIDING COUNSELING IN BOTH ENGLISH AND SPANISH. THIS PROGRAM ALSO COLLABORATES WITH THE ADLER SCHOOL OF PROFESSIONAL PSYCHOLOGY AND THE LOYOLA UNIVERSITY SCHOOL OF SOCIAL WORK AND WILL BE IMPORTANT TO THE FUTURE OF EFGC AND THE WELLNESS OF OUR CLIENTS' MENTAL HEALTH. IN FY22, THIS PROGRAM SERVED 137 INDIVIDUALS THROUGH MENTAL HEALTH COUNSELING.

IN FY22, THE EPILEPSY FOUNDATION OF GREATER CHICAGO BROKE GROUND ON THE ORGANIZATION'S LARGEST EXPANSION TO DATE. THIS EXPANSION, OCCURRING AT THE DOWNTOWN CHICAGO LOCATION, WILL NEARLY DOUBLE THE SIZE OF THE OFFICE BY CREATING A RESOURCE CENTER GEARED SPECIFICALLY TOWARDS EPILEPSY CLIENTS. THIS CENTER WILL HOUSE A COMPUTER TRAINING LAB, 3 NEW CLINICAL OFFICES, AND A COMMUNITY ROOM WHERE PROGRAMS AND SUPPORT GROUPS WILL BE HOSTED DAILY. THIS SPACE WILL MEET THE UNIQUE NEEDS OF OUR CLIENTS AND WILL OFFER ACCESSIBLE FEATURES FOR PEOPLE WITH SPECIAL NEEDS, AS WELL AS A WELLNESS ROOM WHERE PEOPLE CAN TAKE TIME TO RECUPERATE FROM A SEIZURE IN A COMFORTABLE AND MONITORED ENVIRONMENT.

Name of the organization EPILEPSY FOUNDATION OF GREATER CHICAGO	Employer identification number 36-2317619
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THIS EXPANSION INCREASES EFGC'S CAPACITY TO SERVE MANY MORE INDIVIDUALS IN A MORE TAILORED, CONVENIENT, AND EQUITABLE WAY.

THE EPILEPSY FOUNDATION OF GREATER CHICAGO ALSO MAINTAINS A CLIENT EMERGENCY FUND, WHICH CAN BE USED TO TEMPORARILY PROVIDE NEEDED MEDICATION, HOUSING, CLOTHING AND UTILITIES WHILE A PERMANENT SOLUTION IS REACHED. INDIVIDUAL REQUESTS ARE REVIEWED ON A CASE BY CASE BASIS AND ARE AWARDED AS QUICKLY AS POSSIBLE TO ENSURE THERE IS NOT A GAP IN COVERAGE.

EACH YEAR, FINANCIAL ASSISTANCE IS ALSO PROVIDED FOR STUDENTS LIVING WITH EPILEPSY. THE JAMES DAVIES SCHOLARSHIP IS AWARDED ANNUALLY IN THE AMOUNT OF \$5,000 TO INDIVIDUALS WITH EPILEPSY WHO ARE OR WILL BE ATTENDING COLLEGE OR VOCATIONAL/TECHNICAL SCHOOL AND WILL BE A FULL-TIME STUDENT FOR THE UPCOMING ACADEMIC SCHOOL YEAR. THIS YEAR, FIVE STUDENTS RECEIVED THIS SCHOLARSHIP, WHICH WAS CREATED IN HONOR OF JAMES DAVIES, A LONG-TIME ADVOCATE FOR PEOPLE WITH EPILEPSY WHO WORKED FOR THE EPILEPSY FOUNDATION OF GREATER CHICAGO FOR OVER 30 YEARS. IN ADDITION TO THE JAMES DAVIES SCHOLARSHIP, EFGC ALSO INTRODUCED THE EFGC SCHOLAR AWARD IN FY22. THE EFGC SCHOLAR AWARD IS A FOUR-YEAR AWARD OF \$25,000, PAID ANNUALLY IN THE AMOUNT OF \$6,250, THAT WILL PROVIDE FINANCIAL SUPPORT FOR THE PURSUIT OF HIGHER EDUCATION TO STUDENTS LIVING WITH EPILEPSY. THE EFGC SCHOLAR AWARD RECIPIENTS WILL BE EXPECTED TO PROMOTE AWARENESS OF EPILEPSY ON CAMPUS AND WITHIN THE COMMUNITY, AND TO ENGAGE OR PARTICIPATE IN AT LEAST ONE EFGC EVENT ANNUALLY.

EACH OF THE SERVICES PROVIDED BY THE CLIENT SERVICES TEAM IS OFFERED IN

Name of the organization EPILEPSY FOUNDATION OF GREATER CHICAGO	Employer identification number 36-2317619
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AN EFFORT TO HELP PEOPLE LIVE BETTER WHILE DEALING WITH THE EFFECTS OF EPILEPSY. BY TAKING ADVANTAGE OF PROGRAMS, COUNSELING SERVICES, AND ASSISTANCE, CLIENTS OF EFGC ARE ABLE TO REGAIN CONTROL OF THEIR LIVES AND BETTER MANAGE THEIR DAY TO DAY.

FORM 990, PART III, LINE 4B:

PROGRAMS:

THE EPILEPSY FOUNDATION OF GREATER CHICAGO PROVIDES SHORT-TERM, SOLUTION FOCUSED COUNSELING FOR INDIVIDUALS AND FAMILIES, INCLUDING THOSE FACING A NEW DIAGNOSIS OF EPILEPSY, THOSE DECIDING ON SURGICAL INTERVENTIONS AND THOSE SEEKING SUPPORT DURING CHANGES OR ADJUSTMENTS TO MEDICATION AND TREATMENT. EPILEPSY IS INTERMITTENT AND UNPREDICTABLE AND CAN HAVE AN IMPACT ON MOOD AND BEHAVIOR. OUR TRAINED STAFF USES METHODS SUCH AS COGNITIVE BEHAVIOR THERAPY (CBT), PSYCHOEDUCATION AND STRENGTHS-BASED COUNSELING TO PROVIDE RELIEF AND SUPPORT TO THOSE LIVING WITH EPILEPSY.

BRINGING PEOPLE TOGETHER TO CREATE FRIENDSHIPS, SHARE STORIES, AND LEARN FROM ONE ANOTHER IS AN IMPORTANT GOAL OF THE EPILEPSY FOUNDATION OF GREATER CHICAGO. SOCIAL EVENTS SUCH AS THE BLACKHAWK FAMILY RETREAT ARE IDEAL WAYS OF MAKING THIS HAPPEN. THE EPILEPSY FOUNDATION OF GREATER CHICAGO ALSO HOSTS ITS ANNUAL PICNIC IN THE PARK, AN AFTERNOON OF FUN, FOOD AND GAMES IN AUGUST OF EACH YEAR. IN ADDITION, EFGC HOSTS A HOLIDAY PARTY AT A PARK DISTRICT BUILDING WITHIN THE CITY OF CHICAGO EACH YEAR. THIS EVENT INCLUDES GAMES, LUNCH, AND THE OPPORTUNITY TO MEET AND CONNECT WITH OTHER FAMILIES LIVING WITH THE CHALLENGES OF EPILEPSY. DUE TO THE COVID-19 PANDEMIC RESTRICTIONS THE HOLIDAY PARTY DID NOT TAKE PLACE IN FY22. HOWEVER, THE EFGC CLIENT PICNIC WAS HELD IN-PERSON AT BEMIS WOODS IN WESTERN SPRINGS, ILLINOIS. THIS PROGRAM

Name of the organization

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WELCOMED 131 REGISTRANTS, INCLUDING MANY NEW FACES TO EFGC.

THE EPILEPSY FOUNDATION OF GREATER CHICAGO UNDERSTANDS THE VALUE OF CREATIVITY AS A MEDIUM TO EXPRESS ONE'S FEELINGS. STUDIO E OFFERS CLIENTS THE OPPORTUNITY TO EXPERIENCE FINE ARTS IN A GROUP CLASS SETTING LED BY A PROFESSIONAL INSTRUCTOR. PAST STUDIO E SESSIONS HAVE INCLUDED ART, MUSIC, DANCE, AND YOGA. THROUGHOUT THE COVID-19 PANDEMIC, NUMEROUS ATTEMPTS WERE MADE TO HOST THESE CLASSES VIRTUALLY, BUT WERE ULTIMATELY POSTPONED DUE TO CLIENT FEEDBACK. EFGC ANTICIPATES RETURNING THIS PROGRAM TO AN IN-PERSON FORMAT IN FY23.

THE CAMP BLACKHAWK FAMILY RETREAT INTRODUCES FAMILIES TO OUR CAMP BLACKHAWK PROGRAM BY OFFERING A GLIMPSE OF CAMP OVER A WEEKEND. THIS FREE EVENT WAS CREATED FOR FAMILIES WHOSE CHILDREN HAVE NOT ATTENDED CAMP BLACKHAWK AND WANT TO LEARN MORE ABOUT WHAT IT OFFERS. PARENTS AND THEIR KIDS GET TO ENJOY ALL THE FUN ACTIVITIES OF CAMP BLACKHAWK, WHILE CREATING A SENSE OF EASE AND EXCITEMENT ABOUT WHAT LIES AHEAD FOR THE NEXT SUMMER. SIBLINGS OF KIDS WITH EPILEPSY ALSO HAVE THEIR OWN SIB-SHOP BREAKOUT SESSION WHERE THEY CAN SHARE WITH OTHER SIBLINGS THEIR EXPERIENCES OF LIVING WITH A BROTHER OR SISTER THAT HAS SEIZURES. WHILE THE KIDS ARE ENJOYING CAMP ACTIVITIES, PARENTS RECEIVE EDUCATION ON EPILEPSY RELATED MATTERS. DUE TO THE COVID-19 PANDEMIC, THE CAMP BLACKHAWK FAMILY RETREAT WAS CANCELLED IN FY22. THIS PROGRAM IS SET TO RESUME IN FY23 AS RESTRICTIONS EASE AND GATHERINGS ARE ONCE AGAIN SAFE.

THE EPILEPSY FOUNDATION OF GREATER CHICAGO IS EXTREMELY ATTENTIVE TO THE NEEDS OF CHILDREN AND TEENS LIVING WITH EPILEPSY AND PROVIDES A VARIETY OF PROGRAMS AND SERVICES FOR KIDS. THE PARTICIPANTS ARE DIVERSE, NOT ONLY IN AGE, BUT IN THE LEVELS TO WHICH EPILEPSY IMPACTS THEIR LIVES. IT IS THE GOAL OF THE EPILEPSY FOUNDATION OF GREATER

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CHICAGO TO HELP KIDS UNDERSTAND THEIR CONDITION, BUILD RELATIONSHIPS WITH THOSE WHO SHARE SIMILAR EXPERIENCES, AS WELL AS BUILD THEIR CONFIDENCE.

THROUGHOUT THE FISCAL YEAR, THE EPILEPSY FOUNDATION OF GREATER CHICAGO'S KIDS AND TEENS GROUP HOSTS A WIDE VARIETY OF EVENTS FOR ITS PARTICIPANTS, WHICH ARE DESIGNED TO GIVE KIDS AND TEENAGERS LIVING WITH EPILEPSY THE OPPORTUNITY TO SOCIALIZE AMONG PEERS WHO CAN PERSONALLY UNDERSTAND THEIR CIRCUMSTANCES. PARTICIPANTS TRADITIONALLY EMBARK ON VARIOUS EXCURSIONS INCLUDING CHICAGO WOLVES HOCKEY GAMES, CHICAGO WHITE SOX GAMES, AND TRIPS TO A PUMPKIN FARM, INDOOR AMUSEMENT CENTERS, AND A BOWLING OUTING. IN FY22, KIDS AND TEENS GROUP EVENTS BRIEFLY RETURNED TO AN IN-PERSON FORMAT FOR ONE EVENT PRIOR TO COVID-19 RESTRICTIONS BEING RE-ESTABLISHED. THIS SINGLE EVENT WELCOMED 17 PARTICIPANTS TO THE GO-APE ROPES COURSE IN WESTERN SPRINGS, ILLINOIS. THIS PROGRAM IS SET TO RESUME WITH A FULL SCHEDULE OF IN-PERSON EVENTS IN FY23.

FOR THE PAST 25 YEARS, THE EPILEPSY FOUNDATION OF GREATER CHICAGO HAS OFFERED OUR EVER-POPULAR CAMP BLACKHAWK SUMMER CAMP FOR CHILDREN LIVING WITH SEIZURES. OVER THE COURSE OF TWO SESSIONS IN JULY AND AUGUST, APPROXIMATELY 120 PARTICIPANTS BETWEEN THE AGES OF 6-17 YEARS OLD TAKE PART IN THE ANNUAL FREE WEEK-LONG VENTURE TO CAMP BLACKHAWK AT CAMP RED LEAF IN INGLESIDE, IL. THE PARTICIPANTS TAKE PART IN TRADITIONAL CAMP ACTIVITIES SUCH AS FISHING, SWIMMING, AND ARTS AND CRAFTS, BUT ARE ALSO ABLE TO TAKE ADVANTAGE OF RED LEAF'S STATE-OF-THE-ART FACILITY AND SPEND AFTERNOONS ROCK-WALL-CLIMBING AND RIDING A 100-FOOT ZIP-LINE. ALL ACTIVITIES ARE PRACTICED IN A SAFE AND MEDICALLY MONITORED SETTING. FOR SOME, THIS IS THEIR FIRST TASTE OF INDEPENDENCE AWAY FROM THEIR PARENTS. WHILE THIS CAN BE EXCITING, IT MAY ALSO BE A LITTLE INTIMIDATING. THE EPILEPSY FOUNDATION OF GREATER CHICAGO'S CASE

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MANAGERS DEVELOP SOLID RELATIONSHIPS WITH THE CAMPERS AND THEIR PARENTS

IN THE MONTHS LEADING UP TO CAMP BLACKHAWK (OR FROM PREVIOUS YEARS OF

CAMP) THUS LEADING EVERYONE TO FEEL COMFORTABLE WHEN THEIR WEEK-LONG

TRIP BEGINS. ALONG WITH THE FACILITY'S FULLY TRAINED STAFF, THE

EPILEPSY FOUNDATION OF GREATER CHICAGO'S CASE MANAGERS' RELATIONSHIPS

WITH THESE YOUNG CLIENTS ONLY GROW STRONGER. AS ONE PARENT NOTED, "CAMP

BLACKHAWK WAS AN INCREDIBLE EXPERIENCE FOR MY SON! THIS WAS HIS SECOND

YEAR AND IT WAS JUST AS GREAT AS HIS FIRST, IF NOT MORE. THIS YEAR HE

BLOSSOMED EVEN MORE AS HIS CONFIDENCE IN HIMSELF GREW AND HE MADE NEW

FRIENDS." DUE TO THE COVID-19 PANDEMIC, THIS PROGRAM WAS HOSTED

VIRTUALLY IN FY22. EFGC WELCOMED 65 CAMPERS AND WORKED HARD TO CREATE

AN EXPERIENCE THAT FELT AS "NORMAL" AS POSSIBLE FOR OUR CAMPERS.

CAMPERS ENJOYED TRADITIONAL CAMP FAVORITES SUCH AS THE CAMPFIRE SONGS,

ARTS AND CRAFTS, MAKING SMORES, AND THE ANNUAL TALENT SHOW. ALL

REGISTRANTS WERE MAILED A PACKAGE CONTAINING ALL OF THE MATERIALS THAT

WOULD BE NEEDED FOR A WEEK OF VIRTUAL CAMP FUN. CAMP BLACKHAWK

COUNSELORS (MOST HAILING FROM OUTSIDE OF THE US) RETURNED TO LEAD THEIR

CABINS THROUGH THE ONLINE, VIRTUAL ACTIVITIES. WITH COVID-19

RESTRICTIONS BEING EASED, CAMP BLACKHAWK IS SET TO RETURN TO AN

IN-PERSON FORMAT FY23. EFGC IS EXPECTING A CAPACITY PROGRAM, WELCOMING

120 CAMPERS TO CAMP BLACKHAWK FOR THE FIRST TIME SINCE 2019.

THE EPILEPSY FOUNDATION OF GREATER CHICAGO'S SUPPORT GROUPS ARE A

POPULAR RESOURCE FOR ITS CLIENTS AND PEOPLE WHOSE LIVES ARE IMPACTED BY

EPILEPSY. IN 2019 THE EFFICACY OF THESE SUPPORT GROUPS WAS RE-EXAMINED

AND EFGC CHOSE TO DIRECT RESOURCES AND STAFF TO THOSE THAT HAD

EFFECTIVE LEADERS AND WERE ALSO MEETING ON THE AGREED UPON MONTHLY

TIMELINE. WITH 8 DIFFERENT GROUPS IN BOTH ENGLISH AND SPANISH MEETING

ON A REGULAR BASIS THROUGHOUT THE YEAR, THE SUPPORT GROUP MEMBERS, SOME

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OF WHOM HAVE BEEN INVOLVED WITH THE EPILEPSY FOUNDATION OF GREATER CHICAGO'S PROGRAMS FOR SEVERAL YEARS, ARE ABLE TO ENJOY ONE ANOTHER'S COMPANY AND KNOWLEDGE, WHILE ENHANCING THEIR SOCIAL LIVES. EACH GROUP IS GEARED TOWARD ADDRESSING THE NEEDS OF A SPECIFIC DEMOGRAPHIC, SUCH AS PARENTS OF CHILDREN WITH EPILEPSY, ADULTS AND TEENAGERS WITH EPILEPSY, AND SPANISH SPEAKING PEOPLE WITH EPILEPSY. THE MEN'S AND WOMEN'S SUPPORT GROUPS MEET MONTHLY AND ALLOWS ITS MEMBERS THE OPPORTUNITY TO SHARE CONCERNS AND SOLUTIONS THAT ARE UNIQUE TO ISSUES FACING ITS PARTICIPANTS. ANOTHER SUPPORT GROUP, KNOWN AS LOOP GROUP, IS OUR LARGEST AND MOST WELL ATTENDED. PARTICIPANTS DISCUSS THE CHALLENGES THEY ENCOUNTER IN THEIR DAILY LIVES, PARTAKE IN ACTIVITIES THAT STIMULATE MEMORY, AND ALSO HAVE AN OPPORTUNITY TO CONNECT WITH AN ON-SITE CASE MANAGER IF NEEDED AFTER THE SUPPORT GROUP MEETING. DUE TO THE COVID-19 PANDEMIC, ALL SUPPORT GROUPS WERE HOSTED VIRTUALLY IN FY22. THIS HAS LED TO AN INCREASE IN ATTENDANCE, FREQUENCY OF EVENTS, AND HAS EVEN ALLOWED FOR THE EXPANSION OF NEW GROUPS. SUPPORT GROUPS ARE SET TO RESUME TO AN IN-PERSON FORMAT IN FY23 AS RESTRICTIONS EASE AND GATHERINGS ARE ONCE AGAIN SAFE.

THE EPILEPSY FOUNDATION OF GREATER CHICAGO HAS ALSO CO-SPONSORED AN ADULT SUPPORT GROUP THAT MEETS AT STROGER HOSPITAL ONCE A MONTH AND IS OPEN TO THE HOSPITAL'S PATIENTS. THIS GROUP IS CONSISTENTLY WELL ATTENDED AS IT IS LED IN BOTH ENGLISH AND SPANISH (ALTERNATING MONTHS). THIS GROUP PAUSED ACTIVITIES DURING THE COVID-19 PANDEMIC BUT IS SET TO RESUME AS RESTRICTIONS ARE EASED AND GATHERINGS ARE ONCE AGAIN SAFE. NEUROLOGISTS FROM THE HOSPITAL ATTEND THE GROUP SO THAT THEY MAY BE AVAILABLE TO ANSWER ANY MEDICAL QUESTIONS THE PARTICIPANTS HAVE. THE ADVANTAGES OF THIS GROUP - THE FACT THAT IT IS OFFERED IN ENGLISH AND SPANISH AND THE ATTENDANCE OF THE RENOWNED NEUROLOGISTS WHO SERVE ON

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THE EPILEPSY FOUNDATION OF GREATER CHICAGO'S MEDICAL ADVISORY COUNCIL

FORM 990, PART III, LINE 4C:

PUBLIC HEALTH EDUCATION:

THE EPILEPSY FOUNDATION OF GREATER CHICAGO'S EDUCATION STAFF PROVIDES EPILEPSY EDUCATION PRESENTATIONS AND PROGRAMS AND PARTICIPATES IN HEALTH FAIRS AND OTHER ACTIVITIES. THE DIRECTOR OF EDUCATION, 1 PART TIME EDUCATOR, 1 FULL TIME EMPLOYEE, AND 4 ACTIVE VOLUNTEERS PROVIDE SEIZURE FIRST AID TRAININGS AND REPRESENT THE EPILEPSY FOUNDATION AT NUMEROUS EDUCATIONAL PROGRAMS AND HEALTH FAIRS. IN FY22, MORE THAN 6,000 PEOPLE TOOK PART IN THESE PRESENTATIONS AND PROGRAMS, WHICH COVERED A WIDE VARIETY OF TOPICS, AND CATERED TO THE SPECIFIC INTERESTS OF THE ATTENDEES.

WHILE THE COVID-19 PANDEMIC IMPACTED MANY EDUCATIONAL EFFORTS, IT ALSO PRESENTED VARIOUS OPPORTUNITIES TO ENGAGE WITH THE EPILEPSY COMMUNITY IN A VIRTUAL SETTING. EDUCATIONAL PROGRAMS SUCH AS VIRTUAL CAREGIVER SESSIONS AND VIRTUAL CHATS WITH AN EXPERT (HEALTHCARE PROFESSIONALS) HAVE EDUCATED AND ENGAGED WITH HUNDREDS OF INDIVIDUALS IN FY22, BRINGING INFORMATIVE SESSIONS TO THEM IN THE COMFORT AND SAFETY OF THEIR OWN HOME. MANY EDUCATIONAL SESSIONS ARE POSTED TO EFGC'S YOUTUBE PAGE FOLLOWING THE LIVE PROGRAM, TO BE ACCESSED BY INDIVIDUALS AT THEIR CONVENIENCE.

AS A RESULT OF THE COVID-19 PANDEMIC, EDUCATION EFFORTS TIED TO THE SEIZURE SMART SCHOOL ACT WERE GREATLY AFFECTED. THIS ACT REQUIRES ALL ILLINOIS PUBLIC SCHOOL STAFF TO TAKE PART IN SEIZURE FIRST AID TRAINING EACH SCHOOL YEAR. THE EPILEPSY FOUNDATION OF GREATER CHICAGO HAS TAKEN

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THE ROLE AS THE PRIMARY SOURCE FOR TRAINING IN THE GREATER CHICAGO AREA. HOWEVER, DUE TO SCHOOL CLOSURES AND VARIOUS RESTRICTIONS ON TRAININGS IN SCHOOLS, MANY OF THESE IN PERSON EFFORTS HAVE BEEN DELAYED OR SLOWED IN THE 2021-2022 SCHOOL YEAR. AS SCHOOL COMMUNITIES CONTINUE TO OPEN AND LOCAL RESTRICTIONS ARE EASED, EFGC EXPECTS THE TOTAL NUMBER OF EDUCATION PRESENTATIONS AND RECIPIENTS TO MORE THAN DOUBLE IN THE COMING YEAR.

ALONG WITH PRESENTATIONS GIVEN TO COMMUNITY ORGANIZATIONS ON SEIZURE RECOGNITION AND FIRST AID, THE EPILEPSY FOUNDATION'S EDUCATORS ALSO FOCUS ON EDUCATING SCHOOL PERSONNEL. THROUGH PRESENTATIONS SUCH AS "SEIZURE TRAINING FOR SCHOOL PERSONNEL," "TAKE CHARGE OF THE STORM," AND "EPILEPSY 101," EFGC STAFF HAS PROVIDED TRAINING TO MORE THAN 3,500 TEACHERS AND SCHOOL PERSONNEL AT 113 TOTAL SESSIONS.

AS PART OF THE EPILEPSY FOUNDATION OF GREATER CHICAGO'S HISPANIC OUTREACH PROGRAM, EFGC HOSTED THE FIFTH ANNUAL SPANISH CONSUMER CONFERENCE FROM AUGUST 7TH-13TH. AN EDUCATIONAL PROGRAM FOR THE LATINO COMMUNITY TITLED "COMO VIVIR CON EPILEPSIA" (HOW TO LIVE WITH EPILEPSY), WAS PRESENTED IN SPANISH AND FOCUSED ON EPILEPSY BASICS AND LIVING A HEALTHY LIFE. FOR THE SECOND YEAR THIS CONFERENCE WAS HOSTED VIRTUALLY DUE TO COVID-19 RESTRICTIONS. 75 SPANISH SPEAKING HOUSEHOLDS ATTENDED THE SPANISH CONSUMER CONFERENCE.

THE EPILEPSY FOUNDATION OF GREATER CHICAGO ALSO USES BROAD PLATFORMS TO EDUCATE THE GENERAL PUBLIC ABOUT EPILEPSY AND CURRENT ISSUES SURROUNDING THE DISORDER. IN NOVEMBER 2021, EFGC HOSTED THE 11TH ANNUAL EPILEPSY CONSUMER CONFERENCE IN DOWNTOWN CHICAGO. THIS FREE, DAY-LONG

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SEMINAR FOCUSED ON EPILEPSY AND ITS TREATMENTS FROM BOTH DOCTOR AND PATIENT PERSPECTIVES. IT ALSO OFFERED BREAKOUT SESSIONS THAT COVERED TOPICS SUCH AS EPILEPSY BASICS, NEW TREATMENTS AND COPING WITH EPILEPSY. THE CONFERENCE WAS ONCE AGAIN GEARED TOWARD PROVIDING INDIVIDUALS WITH EPILEPSY, THEIR FAMILIES, AND THE GENERAL COMMUNITY WITH THE LATEST INFORMATION ABOUT EPILEPSY. NEARLY 300 PARTICIPANTS ATTENDED THE FY22 CONSUMER CONFERENCE.

FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION REVIEWS THE TAX RETURN FOR COMPLETENESS AND ACCURACY PRIOR TO HAVING IT FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:
MANAGEMENT MUST FILL OUT A CONFLICT OF INTEREST FORM YEARLY TO ENSURE THERE ARE NO NEW CONFLICTS THAT AROSE DURING THE PAST YEAR.

FORM 990, PART VI, SECTION B, LINE 15A:
TOP MANagements COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS BASED ON PERFORMANCE AND MARKET CONDITIONS.

FORM 990, PART VI, SECTION C, LINE 19:
ALL POLICIES AND DOCUMENTS ARE AVAILABLE FOR PUBLIC VIEWING UPON REQUEST.

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

PROGRAM SERVICE EXPENSES	35,375.
MANAGEMENT AND GENERAL EXPENSES	13,654.

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FUNDRAISING EXPENSES	18,503.
TOTAL EXPENSES	67,532.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	67,532.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

EMPLOYEE RELATIONS:

PROGRAM SERVICE EXPENSES	5,068.
MANAGEMENT AND GENERAL EXPENSES	474.
FUNDRAISING EXPENSES	939.
TOTAL EXPENSES	6,481.

EDUCATIONAL SUPPLIES:

PROGRAM SERVICE EXPENSES	1,103.
MANAGEMENT AND GENERAL EXPENSES	103.
FUNDRAISING EXPENSES	204.
TOTAL EXPENSES	1,410.

AWARDS:

PROGRAM SERVICE EXPENSES	1,097.
MANAGEMENT AND GENERAL EXPENSES	103.
FUNDRAISING EXPENSES	203.
TOTAL EXPENSES	1,403.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	9,294.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PREVIOUS YEARS

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021
Open to Public Inspection

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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FRIENDS OF THE EPILEPSY FOUNDATION OF GREATER CHICAGO - 27-3778891, 17 N STATE STREET STE 650, CHICAGO, IL 60602	RESALE OF DONATED CLOTHING	ILLINOIS	501(C)(3)	LINE 7			X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
1	FURNITURE AND FIXTURES	VARIOUS	SL	.000		16	67,125.				67,125.	17,052.		4,012.	21,064.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						67,125.				67,125.	17,052.		4,012.	21,064.
	MACHINERY & EQUIPMENT														
3	EQUIPMENT	VARIOUS	SL	.000		16	28,036.				28,036.	18,590.		1,859.	20,449.
4	COMPUTER EQUIPMENT	VARIOUS	SL	.000		16	56,499.				56,499.	43,693.		2,204.	45,897.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						84,535.				84,535.	62,283.		4,063.	66,346.
	OTHER														
2	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	.000		16	39,222.				39,222.	5,680.		1,414.	7,094.
	* 990 PAGE 10 TOTAL OTHER						39,222.				39,222.	5,680.		1,414.	7,094.
	* GRAND TOTAL 990 PAGE 10 DEPR						190,882.				190,882.	85,015.		9,489.	94,504.