

**Public Inspection Return**  
EXTENDED TO MAY 15, 2020

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

**2018**

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](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019**

<b>B</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	<b>C Name of organization</b> <b>EPILEPSY FOUNDATION OF GREATER CHICAGO</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>17 N STATE STREET 650</b> City or town, state or province, country, and ZIP or foreign postal code <b>CHICAGO, IL 60602</b> <b>F Name and address of principal officer: BRYAN ANDERSON</b> <b>SAME AS C ABOVE</b>	<b>D Employer identification number</b> <b>36-2317619</b> <b>E Telephone number</b> <b>312-939-8622</b> <b>G Gross receipts \$ 2,635,152.</b> <b>H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></b> <b>H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/></b> If "No," attach a list. (see instructions) <b>H(c) Group exemption number ▶</b>
<b>I Tax-exempt status:</b> <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		
<b>J Website:</b> ▶ <b>EPILEPSYCHICAGO.ORG</b>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L Year of formation:</b> <b>1946</b>		<b>M State of legal domicile:</b> <b>IL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>LEADS THE FIGHT TO STOP SEIZURES, FIND A CURE AND OVERCOME CHALLENGES CREATED BY EPILEPSY</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <span style="float:right"><b>13</b></span> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <span style="float:right"><b>13</b></span> <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) ..... <b>5</b> <span style="float:right"><b>25</b></span> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <span style="float:right"><b>35</b></span> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <span style="float:right"><b>0.</b></span> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 38 ..... <b>7b</b> <span style="float:right"><b>12,475.</b></span>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>Prior Year 2,442,587.</b> <b>Current Year 2,443,671.</b> <b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>0.</b> <b>0.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>10,525.</b> <b>47,821.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>-41,685.</b> <b>-57,139.</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>2,411,427.</b> <b>2,434,353.</b>	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>75,000.</b> <b>106,000.</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>1,274,086.</b> <b>1,358,190.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>248,199.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>723,402.</b> <b>833,970.</b> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>2,072,488.</b> <b>2,298,160.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>338,939.</b> <b>136,193.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>Beginning of Current Year 3,489,245.</b> <b>End of Year 3,692,505.</b> <b>21</b> Total liabilities (Part X, line 26) ..... <b>150,144.</b> <b>217,211.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>3,339,101.</b> <b>3,475,294.</b>	

**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.

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

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

# Public Inspection Return

Form 990 (2018)

EPILEPSY FOUNDATION OF GREATER CHICAGO

36-2317619

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## 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:  
**SEE SCHEDULE O**

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  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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 \$ 1,079,381. including grants of \$ 3,000.) (Revenue \$ \_\_\_\_\_)  
**CLIENT/PATIENT SERVICES - SEE SCHEDULE O**

4b (Code: \_\_\_\_\_) (Expenses \$ 266,671. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**COMMUNITY SERVICES - SEE SCHEDULE O**

4c (Code: \_\_\_\_\_) (Expenses \$ 281,860. including grants of \$ 53,000.) (Revenue \$ \_\_\_\_\_)  
**PUBLIC HEALTH EDUCATION - SEE SCHEDULE O**

4d Other program services (Describe in Schedule O.)  
(Expenses \$ 206,288. including grants of \$ 50,000.) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses **1,834,200.**

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# Public Inspection Return

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b> 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> .....	<b>1</b>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>2</b>	X	
<b>3</b> 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> .....	<b>3</b>		X
<b>4 Section 501(c)(3) organizations.</b> 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> .....	<b>4</b>	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>		X
<b>6</b> 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> .....	<b>6</b>		X
<b>7</b> 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> .....	<b>7</b>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>		X
<b>9</b> 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> .....	<b>9</b>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b>		X
<b>11</b> 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.			
<b>a</b> 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> .....	<b>11a</b>	X	
<b>b</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> .....	<b>11b</b>		X
<b>c</b> 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> .....	<b>11c</b>		X
<b>d</b> 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> .....	<b>11d</b>		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X	
<b>f</b> 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> .....	<b>11f</b>	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>		X
<b>b</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> .....	<b>12b</b>	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>		X
<b>b</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> .....	<b>14b</b>		X
<b>15</b> 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> .....	<b>15</b>		X
<b>16</b> 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> .....	<b>16</b>		X
<b>17</b> 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> .....	<b>17</b>		X
<b>18</b> 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> .....	<b>18</b>	X	
<b>19</b> 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> .....	<b>19</b>		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>		
<b>21</b> 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> .....	<b>21</b>	X	

# Public Inspection Return

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
<b>22</b> 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> .....	<b>22</b>	X	
<b>23</b> 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> .....	<b>23</b>	X	
<b>24a</b> 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> .....	<b>24a</b>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>		X
<b>b</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> .....	<b>25b</b>		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>		X
<b>32</b> 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> .....	<b>32</b>		X
<b>33</b> 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> .....	<b>33</b>		X
<b>34</b> 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> .....	<b>34</b>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>		X
<b>b</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> .....	<b>35b</b>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>		X
<b>37</b> 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> .....	<b>37</b>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>38</b>	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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	14	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>		

# Public Inspection Return

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a		25
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X

# Public Inspection Return

**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 in 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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1a</b>	13	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	13	
<b>2</b> 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?	<b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		X
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		X
<b>7a</b> 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?	<b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	X	
<b>9</b> 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 in Schedule O	<b>9</b>		X

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		X
<b>b</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?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	X	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>		X
<b>b</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?	<b>16b</b>		

**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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**ROBERTA J SHOEMAKER - 312-939-8622**  
**17 N STATE STREET, NO. 650, CHICAGO, IL 60602**

# Public Inspection Return

**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) HOWARD ZWIRN CHAIR	5.00	X		X			0.	0.	0.	
(2) ROXANNE DEVOS TYSSSEN SECRETARY	5.00	X		X			0.	0.	0.	
(3) STEVEN P CORDA TREASURER	5.00	X		X			0.	0.	0.	
(4) MIKE ADAMLE DIRECTOR	5.00	X					0.	0.	0.	
(5) SARAH CARLSON DIRECTOR	5.00	X					0.	0.	0.	
(6) LISA AHERN DIRECTOR	5.00	X					0.	0.	0.	
(7) JEFF LOEB MD PHD DIRECTOR	5.00	X					0.	0.	0.	
(8) NANCY LIDA DIRECTOR	5.00	X					0.	0.	0.	
(9) MAX ROVNER MD DIRECTOR	5.00	X					0.	0.	0.	
(10) STEPHAN SCHUELE MD MPH DIRECTOR	5.00	X					0.	0.	0.	
(11) MATT MCINERNEY DIRECTOR	5.00	X					0.	0.	0.	
(12) PETE BABILLA DIRECTOR	5.00	X					0.	0.	0.	
(13) PAT CALLAGHAN DIRECTOR	5.00	X					0.	0.	0.	
(14) BRYAN ANDERSON PRESIDENT AND CEO	37.50 2.00			X			150,160.	0.	23,621.	
(15) ROBERTA SHOEMAKER VP OF OPERATIONS & FINANCE	37.50				X		100,432.	0.	22,571.	



# Public Inspection Return

Form 990 (2018)

EPILEPSY FOUNDATION OF GREATER CHICAGO

36-2317619

Page **9**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	106,547.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,308,188.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	1,028,936.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		55,268.				
	<b>h Total.</b> Add lines 1a-1f .....		2,443,671.				
	<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>				
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		47,821.			47,821.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ <u>106,547.</u> of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>		143,660.			
		<b>b</b> Less: direct expenses .....	<b>b</b>	200,799.			
		<b>c</b> Net income or (loss) from fundraising events .....		-57,139.			-57,139.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			2,434,353.	0.	0.	-9,318.	

# Public Inspection Return

Form 990 (2018)

**EPILEPSY FOUNDATION OF GREATER CHICAGO**

36-2317619 Page **10**

**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**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	100,000.	100,000.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	6,000.	6,000.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	173,781.	144,360.	11,783.	17,638.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	912,146.	757,720.	61,843.	92,583.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	56,431.	46,877.	3,826.	5,728.
<b>9</b> Other employee benefits	140,806.	116,968.	9,546.	14,292.
<b>10</b> Payroll taxes	75,026.	62,324.	5,087.	7,615.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	3,298.	1,907.	640.	751.
<b>c</b> Accounting	15,718.	9,086.	3,051.	3,581.
<b>d</b> Lobbying	60,000.	34,686.	11,646.	13,668.
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	158,531.	91,651.	30,769.	36,111.
<b>12</b> Advertising and promotion	70,441.	58,515.	4,776.	7,150.
<b>13</b> Office expenses	88,466.	73,484.	6,004.	8,978.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	119,505.	99,273.	8,103.	12,129.
<b>17</b> Travel	32,047.	26,621.	2,173.	3,253.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	15,563.	12,928.	1,055.	1,580.
<b>23</b> Insurance	11,529.	9,577.	782.	1,170.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>CATERING AND FACILITY R</b>	165,173.	137,209.	11,199.	16,765.
<b>b</b> <b>BAD DEBT</b>	40,000.		40,000.	
<b>c</b> <b>DUES AND SUBSCRIPTIONS</b>	33,595.	27,907.	2,278.	3,410.
<b>d</b> <b>MISCELLANEOUS EXPENSES</b>	9,792.	8,134.	664.	994.
<b>e</b> All other expenses <b>SEE SCH O</b>	10,312.	8,973.	536.	803.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	2,298,160.	1,834,200.	215,761.	248,199.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

# Public Inspection Return

Form 990 (2018)

**EPILEPSY FOUNDATION OF GREATER CHICAGO**

36-2317619 Page **11**

**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	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	981,891.	<b>1</b>	1,276,119.	
	<b>2</b> Savings and temporary cash investments .....	2,249,234.	<b>2</b>	2,249,732.	
	<b>3</b> Pledges and grants receivable, net .....	200,458.	<b>3</b>	107,603.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....			<b>7</b>	
	<b>8</b> Inventories for sale or use .....			<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	17,669.	<b>9</b>	34,621.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	93,557.			
	<b>b</b> Less: accumulated depreciation .....	79,043.	30,077.	<b>10c</b>	14,514.
	<b>11</b> Investments - publicly traded securities .....			<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....			<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....			<b>13</b>	
	<b>14</b> Intangible assets .....			<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	9,916.	<b>15</b>	9,916.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	3,489,245.	<b>16</b>	3,692,505.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	47,682.	<b>17</b>	62,379.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....			<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....	102,462.	<b>25</b>	154,832.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	150,144.	<b>26</b>	217,211.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	3,336,251.	<b>27</b>	3,475,294.	
	<b>28</b> Temporarily restricted net assets .....	2,850.	<b>28</b>	0.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	3,339,101.	<b>33</b>	3,475,294.		
<b>34</b> Total liabilities and net assets/fund balances .....	3,489,245.	<b>34</b>	3,692,505.		

Form **990** (2018)

# Public Inspection Return

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	2,434,353.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	2,298,160.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	136,193.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	<b>4</b>	3,339,101.
<b>5</b>	Net unrealized gains (losses) on investments .....	<b>5</b>	
<b>6</b>	Donated services and use of facilities .....	<b>6</b>	
<b>7</b>	Investment expenses .....	<b>7</b>	
<b>8</b>	Prior period adjustments .....	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) .....	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) .....	<b>10</b>	3,475,294.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> 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 in Schedule O.			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....	<b>2a</b>		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>b</b> Were the organization's financial statements audited by an independent accountant? .....	<b>2b</b>	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>c</b> 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? .....	<b>2c</b>	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3a</b> 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? .....	<b>3a</b>		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....	<b>3b</b>		

# Public Inspection Return

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

## Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2018

Open to Public Inspection

Name of the organization <b>EPILEPSY FOUNDATION OF GREATER CHICAGO</b>	Employer identification number <b>36-2317619</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

# Public Inspection Return

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2,444,798.	1,883,452.	2,826,916.	2,442,587.	2,443,671.	12,041,424.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2,444,798.	1,883,452.	2,826,916.	2,442,587.	2,443,671.	12,041,424.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						12,041,424.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	2,444,798.	1,883,452.	2,826,916.	2,442,587.	2,443,671.	12,041,424.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	127.	489.	497.	10,525.	47,821.	59,459.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						12,100,883.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	668,128.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.51 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	99.90 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/>

# Public Inspection Return

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five 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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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 .....

# Public Inspection Return

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

	Yes	No
<b>1</b> 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>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> 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>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</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>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</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>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> 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>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> 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 or 990-EZ).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9a</b> 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>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10a</b> 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 10b below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</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>	<input type="checkbox"/>	<input type="checkbox"/>

# Public Inspection Return

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> 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>2a</b>	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	<b>3a</b>	
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>	

# Public Inspection Return

**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	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

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 <b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current Year
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 <b>Distributable Amount.</b> 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).		

# Public Inspection Return

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			



# Public Inspection Return

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

## Political Campaign and Lobbying Activities

OMB No. 1545-0047

# 2018

Open to Public  
Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.**

**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.

Name of organization <b>EPILEPSY FOUNDATION OF GREATER CHICAGO</b>	Employer identification number <b>36-2317619</b>
---	---

**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.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018

# Public Inspection Return

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

# Public Inspection Return

**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>			
<b>1</b> 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:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		60,000.
<b>j</b> Total. Add lines 1c through 1i .....			60,000.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2		
<b>3</b> 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."

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> 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	
<b>5</b> 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

# Public Inspection Return

## 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2018

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

### 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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2018

# Public Inspection Return

**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 are a significant use of its collection items (check all that apply):

- |   |   |
|---|---|
| <p><b>a</b> <input type="checkbox"/> Public exhibition</p> <p><b>b</b> <input type="checkbox"/> Scholarly research</p> <p><b>c</b> <input type="checkbox"/> Preservation for future generations</p> | <p><b>d</b> <input type="checkbox"/> Loan or exchange programs</p> <p><b>e</b> <input type="checkbox"/> Other _____</p> |
|---|---|

**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
<b>c</b> Beginning balance .....	<b>1c</b>
<b>d</b> Additions during the year .....	<b>1d</b>
<b>e</b> Distributions during the year .....	<b>1e</b>
<b>f</b> Ending balance .....	<b>1f</b>

**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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> 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** Temporarily restricted 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
<b>(i)</b> unrelated organizations .....	<b>3a(i)</b>	
<b>(ii)</b> related organizations .....	<b>3a(ii)</b>	
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....	<b>3b</b>	

**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
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		16,567.	13,896.	2,671.
<b>d</b> Equipment .....		60,063.	49,614.	10,449.
<b>e</b> Other .....		16,927.	15,533.	1,394.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				14,514.

# Public Inspection Return

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**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) <b>DEFERRED RENT</b>	<b>154,832.</b>	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>154,832.</b>	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

# Public Inspection Return

**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.

<b>1</b> Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	2,434,353.
<b>2</b> Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b> Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b> Donated services and use of facilities .....	<b>2b</b>	
<b>c</b> Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b> Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b> Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	2,434,353.
<b>4</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b> Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	2,434,353.

**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.

<b>1</b> Total expenses and losses per audited financial statements .....	<b>1</b>	2,298,160.
<b>2</b> Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b> Donated services and use of facilities .....	<b>2a</b>	
<b>b</b> Prior year adjustments .....	<b>2b</b>	
<b>c</b> Other losses .....	<b>2c</b>	
<b>d</b> Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b> Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	2,298,160.
<b>4</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b> Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	2,298,160.

**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 2015, 2016 AND 2017 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.

# Public Inspection Return

**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, 2019 AND 2018.



# Public Inspection Return

**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 NONE	(d) Total events (add col. (a) through col. (c))
		HEROES GALA	GOLF OUTING		
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	182,823.	64,576.		247,399.
	<b>2</b> Less: Contributions .....	78,203.	25,536.		103,739.
	<b>3</b> Gross income (line 1 minus line 2) .....	104,620.	39,040.		143,660.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	27,399.	27,869.		55,268.
	<b>6</b> Rent/facility costs .....	8,750.	11,006.		19,756.
	<b>7</b> Food and beverages .....	32,816.	11,007.		43,823.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	70,633.	10,461.		81,094.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				199,941.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-56,281.	

**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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> 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: \_\_\_\_\_





# Public Inspection Return

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

# 2018

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
EPILEPSY FOUNDATION OF AMERICA 8301 PROFESSIONAL PLACE LANDOVER, MD 20785	52-0856660	501(C)(3)	100,000.	0.			SUPPORT RESEARCH WORK

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

**3** Enter total number of other organizations listed in the line 1 table ▶   

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

Schedule I (Form 990) (2018)

# Public Inspection Return

**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	6	6,000.	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:**

EFGC SOLICITS APPLICANTS FOR OUR ANNUAL SCHOLARSHIP. THE JIM DAVIES  
 SCHOLARSHIP WILL PROVIDE FINANCIAL SUPPORT FOR THE PURSUIT OF HIGHER  
 EDUCATION TO STUDENTS LIVING WITH EPILEPSY. THESE STUDENTS MUST DEMONSTRATE  
 A STRONG COMMITMENT TO THEIR EDUCATION AND PERSEVERANCE IN OVERCOMING THE  
 OBSTACLES EPILEPSY MAY PRESENT.  
 SCHOLARSHIP APPLICATIONS ARE SUBMITTED THE SPRING OF EACH YEAR; A REVIEW  
 COMMITTEE, CONSISTING OF PAB (PROFESSIONAL ADVISORY BOARD) MEMBERS AND  
 COMMUNITY EPILEPSY PARTNER ORGANIZATIONS, REVIEW EACH CANDIDATE'S



# Public Inspection Return

**SCHEDULE J  
(Form 990)**

## Compensation Information

OMB No. 1545-0047

# 2018

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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>EPILEPSY FOUNDATION OF GREATER CHICAGO</b>	Employer identification number <b>36-2317619</b>
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**Part I Questions Regarding Compensation**

	Yes	No		
<p><b>1a</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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                 </td> <td style="width: 50%; vertical-align: top;"> <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)                 </td> </tr> </table>	<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)		
<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)			
<p><b>b</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 .....</p>	<b>1b</b>			
<p><b>2</b> 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? .....</p>	<b>2</b>			
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<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		
<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			
<p><b>4</b> 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:</p>				
<p><b>a</b> Receive a severance payment or change-of-control payment? .....</p>	<b>4a</b>	<b>X</b>		
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	<b>4b</b>	<b>X</b>		
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	<b>X</b>		
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>				
<p><b>5</b> 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:</p>				
<p><b>a</b> The organization? .....</p>	<b>5a</b>	<b>X</b>		
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	<b>X</b>		
<p><b>6</b> 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:</p>				
<p><b>a</b> The organization? .....</p>	<b>6a</b>	<b>X</b>		
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	<b>X</b>		
<p><b>7</b> 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 .....</p>	<b>7</b>	<b>X</b>		
<p><b>8</b> 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 .....</p>	<b>8</b>	<b>X</b>		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>			

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

Schedule J (Form 990) 2018





# Public Inspection Return

**SCHEDULE M  
(Form 990)**

## Noncash Contributions

OMB No. 1545-0047

2018

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>EPILEPSY FOUNDATION OF GREATER CHICAGO</b>	Employer identification number <b>36-2317619</b>
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<b>Part I</b> Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( <b>AUCTION ITEMS</b> )	<b>X</b>	<b>160</b>	<b>55,268.</b>	<b>FAIR MARKET VALUE</b>
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

		Yes	No
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....	<b>30a</b>		<b>X</b>
<b>b</b> If "Yes," describe the arrangement in Part II.			
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	<b>31</b>		<b>X</b>
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	<b>32a</b>		<b>X</b>
<b>b</b> If "Yes," describe in Part II.			
<b>33</b> If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Schedule M (Form 990) 2018



# Public Inspection Return

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

EPILEPSY FOUNDATION OF GREATER CHICAGO

Employer identification number

36-2317619

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

PROFESSIONAL EDUCATION AND TRAINING - THE EPILEPSY FOUNDATION OF

GREATER CHICAGO EDUCATES THE GENERAL COMMUNITY THROUGH VARIOUS

PUBLICITY OUTLETS, SUCH AS, ONLINE, TELEVISION, NEWSPAPERS, MAGAZINES

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 NEARLY 300,000 EMAILS TO

PEOPLE INTERESTED IN EPILEPSY AND GENERATED 3.6 MILLION TARGET MEDIA

IMPRESSIONS. IN ADDITION TO THESE MEASURED MEDIA IMPRESSIONS, SEGMENTS

AND PUBLIC SERVICE ANNOUNCEMENTS PRODUCED WITH WGN AND WTMX CHICAGO RAN

36 TIMES GENERATING MANY ADDITIONAL IMPRESSIONS.

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 MORE THAN

15,000 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.

THE EPILEPSY FOUNDATION OF GREATER CHICAGO CONTINUES ITS STRONG

ADVOCACY EFFORTS TO SERVE AS A VOICE FOR THE ALMOST 140,000 PEOPLE

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

# Public Inspection Return

Schedule O (Form 990 or 990-EZ) (2018)

Page 2

Name of the organization EPILEPSY FOUNDATION OF GREATER CHICAGO	Employer identification number 36-2317619
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LIVING WITH EPILEPSY IN THE 43 COUNTY AREA IT SERVES. ON MARCH 6, 2019, THE EPILEPSY FOUNDATION OF GREATER CHICAGO LED A GROUP OF ALMOST 100 SUPPORTERS IMPACTED BY EPILEPSY FROM ACROSS ILLINOIS TO SPRINGFIELD, IL FOR ILLINOIS EPILEPSY ADVOCACY DAY. THIS OUTING GAVE ITS PARTICIPANTS THE OPPORTUNITY TO SPEAK WITH THEIR REPRESENTATIVES ON VARIOUS EPILEPSY RELATED ISSUES, MOST PRESSING BEING HB 1475 THE SEIZURE SMART SCHOOL ACT, POTENTIAL BUDGET CUTS AND ACCESS TO MEDICATION. WITH 50% OF THE EPILEPSY FOUNDATION OF GREATER CHICAGO'S REVENUE BASED ON STATE GOVERNMENT FUNDING, THE EPILEPSY FOUNDATION OF GREATER CHICAGO COULD NOT AFFORD TO BE CUT FROM ILLINOIS' UPCOMING FISCAL YEAR'S BUDGET. OUR ADVOCACY DAY ALLOWS SUPPORTERS OF THE EPILEPSY FOUNDATION OF GREATER CHICAGO TO SPEAK OUT TO LET POLITICIANS KNOW JUST HOW VITAL THE EPILEPSY FOUNDATION'S SERVICES ARE TO THEIR LOVED ONES OR THEMSELVES. THE 2019 ADVOCACY DAY FOCUSED ON GARNERING SUPPORT FOR HB 1475. AS A RESULT OF THIS DAY AND THE HARD WORK BY EFGC STAFF AND SUPPORTERS THROUGHOUT THE YEAR, HB 1475 THE SEIZURE SMART SCHOOL ACT HAS PASSED UNANIMOUSLY IN BOTH THE ILLINOIS HOUSE AND SENATE AND WAS SIGNED INTO LAW BY GOVERNOR PRITZKER.

THE EPILEPSY FOUNDATION OF GREATER CHICAGO ALSO ENCOURAGES TEENAGERS WITH EPILEPSY TO ADVOCATE FOR THEMSELVES. ANNUALLY, 1-2 LOCAL TEENS ARE SELECTED TO PARTICIPATE IN OUR TEENS SPEAK UP PROGRAM, BRINGING ABOUT 100 TEENS FROM AROUND THE COUNTRY TO WASHINGTON, D.C. TO LEARN ABOUT EPILEPSY ADVOCACY. THE CONFERENCE CULMINATES IN MEETINGS WITH ILLINOIS SENATORS AND REPRESENTATIVES WHO ARE BRIEFED ON EPILEPSY AND MATTERS IMPORTANT TO THEIR CONSTITUENTS.

MANY OF THE ADVOCATES THAT JOIN THE EPILEPSY FOUNDATION OF GREATER

# Public Inspection Return

Name of the organization EPILEPSY FOUNDATION OF GREATER CHICAGO	Employer identification number 36-2317619
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CHICAGO IN SPRINGFIELD ALREADY HAVE A STRONG COMMITMENT TO THE EPILEPSY FOUNDATION OF GREATER CHICAGO THROUGH INVOLVEMENT IN THEIR LOCAL AREA COMMUNITY VOLUNTEERS (CVS). THESE GROUPS ARE COMPRISED OF VOLUNTEERS WHO OFFER A WIDE VARIETY OF SERVICES TO THE EPILEPSY COMMUNITY AND GENERAL PUBLIC IN SUPPORT OF THE EPILEPSY FOUNDATION OF GREATER CHICAGO. IN THE 2019 FISCAL YEAR, THREE CVS WERE DESIGNATED TO CERTAIN REGIONS - THE NORTHWEST SUBURBS, WESTERN SUBURBS, AND THE SOUTH SUBURBS. EACH GROUP PUTS A GREAT DEAL OF EFFORT INTO REPRESENTING THE EPILEPSY FOUNDATION OF GREATER CHICAGO IN THEIR COMMUNITIES. FROM MANAGING TABLES AT HEALTH FAIRS TO VOLUNTEERING AT COMMUNITY EVENTS TO HOSTING STUDIO E ART THERAPY PROGRAMS TO ORGANIZING LOCAL FUNDRAISERS, EACH GROUP DOES THEIR PART TO SUPPORT PEOPLE LIVING WITH EPILEPSY AND REPRESENT THE EPILEPSY FOUNDATION OF GREATER CHICAGO TO THE GENERAL PUBLIC. THE COMMUNITY VOLUNTEER'S OBJECTIVE IS TO HELP PEOPLE WITH EPILEPSY LIVE THEIR EVERYDAY LIVES THROUGH ADVOCACY AND EDUCATION IN THEIR OWN COMMUNITY.

IN ADDITION TO THE OUTREACH BEING PROVIDED BY COMMUNITY VOLUNTEERS AND THE EPILEPSY FOUNDATION OF GREATER CHICAGO TEAM, THE EPILEPSY FOUNDATION OF GREATER CHICAGO HAS FORMED AN ASSOCIATE BOARD. THIS BOARD, NEW IN 2018, IS COMPRISED OF YOUNG PROFESSIONALS FROM BOTH WITHIN AND OUTSIDE OF THE EPILEPSY COMMUNITY. THIS GROUP IS TASKED NOT ONLY WITH FUNDRAISING AND PROVIDING SUPPORT THROUGH ADDITIONAL EVENTS, BUT HAS ALSO BEGUN OUTREACH TO LOCAL CORPORATE ENTITIES WITH THE GOAL OF PROVIDING EPILEPSY TRAINING TO STAFF AND ORGANIZATIONAL LEADERSHIP.

THE EPILEPSY FOUNDATION OF GREATER CHICAGO'S HISPANIC OUTREACH PROGRAM PROVIDES VALUABLE SERVICES. THE PRIMARY GOAL OF THIS PROGRAM IS TO

# Public Inspection Return

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

INCREASE EPILEPSY AWARENESS IN, AND PROVIDE RESOURCES TO, THE LATINO COMMUNITY. SOCIAL STIGMAS, CULTURAL BELIEFS, AND LACK OF EDUCATION KEEP MANY LATINOS FROM UNDERSTANDING THE REALITIES AND MYTHS ABOUT THE DISORDER. THE MANAGER OF THE HISPANIC OUTREACH PROGRAM IS RESPONSIBLE FOR OVERSEEING SPANISH-SPEAKING SUPPORT GROUPS AND CASE MANAGEMENT, DEVELOPING RELATIONSHIPS WITH ORGANIZATIONS THAT PROVIDE ASSISTANCE AND SERVICES TO THE HISPANIC POPULATION, AND MANAGING PROGRAMS SPECIFICALLY DESIGNED FOR THIS COMMUNITY, INCLUDING "LA EPILEPSIA" AND "VIVIENDO BIEN CON EPILEPSIA" (LIVING WELL WITH EPILEPSY). THESE PROGRAMS PROVIDE PRESENTATIONS THAT ARE GIVEN IN SPANISH AND FOCUSED ON TREATMENTS, AS WELL AS PSYCHOSOCIAL ASPECTS OF EPILEPSY.

IN 2018, HISPANIC OUTREACH WAS EXPANDED BY CASE MANAGER, LEIGH SCHOMMER. BY ENGAGING WITH SPANISH SPEAKING INDIVIDUALS AT FAITH-BASED ORGANIZATIONS AND PLACES OF WORSHIP (PRIMARILY THROUGH SPEAKING ENGAGEMENTS DURING CATHOLIC MASS SERVICES) THE EPILEPSY FOUNDATION OF GREATER CHICAGO HAS PROVIDED OUTREACH TO THOUSANDS OF ADDITIONAL INDIVIDUALS IN THE HISPANIC COMMUNITY AND HAS PROVIDED SERVICES TO MANY WHO APPROACHED EFGC AT THESE FAITH-BASED ORGANIZATIONS. MOVING FORWARD, THIS PROGRAM IS WORKING TO SETUP ADDITIONAL SUPPORT GROUPS AND EPILEPSY TRAINING SESSIONS IN EACH OF THESE LOCATIONS, ACTING AS A COMMUNITY RESOURCE.

EXPENSES \$ 206,288. INCLUDING GRANTS OF \$ 50,000. REVENUE \$ 0.

FORM 990, PART III, LINE 1:

THE EPILEPSY FOUNDATION OF GREATER CHICAGO IS AN ILLINOIS NOT-FOR-PROFIT ORGANIZATION SERVING 43 COUNTIES, OFFERING COUNSELING, ADVOCACY AND EDUCATIONAL SERVICES TO PEOPLE WITH EPILEPSY, THEIR

# Public Inspection Return

Schedule O (Form 990 or 990-EZ) (2018)

Page 2

Name of the organization

EPILEPSY FOUNDATION OF GREATER CHICAGO

Employer identification number

36-2317619

FAMILIES, AND THE COMMUNITIES IN WHICH THEY LIVE. THE EPILEPSY

FOUNDATION OF GREATER CHICAGO IS A 501(C)(3) TAX-EXEMPT CHARITABLE

ORGANIZATION.

THE MISSION OF THE EPILEPSY FOUNDATION OF GREATER CHICAGO IS TO LEAD

THE FIGHT TO OVERCOME THE CHALLENGES OF LIVING WITH EPILEPSY AND TO

ACCELERATE THERAPIES TO STOP SEIZURES, FIND CURES, AND SAVE LIVES.

THE EPILEPSY FOUNDATION PROVIDES WONDERFUL PROGRAMS AND SERVICES TO SO

MANY PEOPLE SUFFERING FROM SEIZURES, THEIR FAMILIES AND THE COMMUNITIES

IN WHICH THEY LIVE. IN FISCAL YEAR 2019 PEOPLE WITH EPILEPSY AND THEIR

FAMILIES PARTICIPATED IN THE EPILEPSY FOUNDATION OF GREATER CHICAGO'S

PROGRAMS AND SERVICES ON MORE THAN 20,000 OCCASIONS, INCLUDING:

5,823 INSTANCES OF COUNSELING, CASE MANAGEMENT, ADVOCACY, INFORMATION

AND REFERRAL SERVICES PROVIDED TO OUR CLIENTS, OVER 80% OF WHICH LIVE

BELOW THE FEDERAL POVERTY LINE

182 PARTICIPANTS IN OUR CAMP BLACKHAWK SUMMER CAMP FOR KIDS, FAMILY

RETREAT, AND WOMEN'S RETREAT

230 ATTENDEES OF OUR 9TH ANNUAL CONSUMER CONFERENCE FEATURING DOCTOR

AND PATIENT PRESENTATIONS ON NEW TREATMENT OPTIONS, EPILEPSY BASICS,

COPING WITH EPILEPSY AND JOB READINESS

118 ATTENDEES OF OUR 12 SUPPORT GROUPS

99 PARTICIPANTS IN OUR STUDIO E ART THERAPY AND INTERPRETATIONS WRITING

PROGRAMS

241 ATTENDEES OF OUR TEEN GROUP OUTINGS AND PROGRAMS

9 PARTICIPANTS IN OUR HEROES SPORTS CAMP

1,423 PATIENT VISITS AT OUR EPILEPSY CLINIC LOCATED AT ST. ALEXIUS

HOSPITAL

15,746 RECIPIENTS OF OUR EPILEPSY EDUCATION PROGRAMS, INCLUDING SCHOOL

832212 10-10-18

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NURSES, TEACHERS, STUDENTS, POLICEMEN, FIREMEN AND EMTS.

THE EPILEPSY FOUNDATION OF GREATER CHICAGO ALSO PROVIDES EPILEPSY INFORMATION AND OTHER MEDIA OUTREACH, DISTRIBUTING NEARLY 300,000 EMAILS AND 3.6 MILLION TARGETED MEDIA IMPRESSIONS IN FY 2019, GENERATING EPILEPSY AWARENESS AND UNDERSTANDING AMONG THE GENERAL POPULATION OF ILLINOIS. IN ADDITION TO THESE PAID ADVERTISEMENTS, WGN NEWS CREATED A 5 MINUTE SEGMENT, WHICH RAN 4 TIMES, HIGHLIGHTING AN EFGC CLIENT'S STORY AND PROVIDING EDUCATION ON EPILEPSY. THE EPILEPSY FOUNDATION OF GREATER CHICAGO ALSO WORKED WITH WSHE AND WTMX CHICAGO RADIO STATIONS TO PRODUCE A PUBLIC SERVICE ANNOUNCEMENT WHICH AIRED 32 TIMES IN NOVEMBER OF 2018.

THE EPILEPSY FOUNDATION OF GREATER CHICAGO'S PROGRAMS AND SERVICES ARE ALL PROVIDED WITHOUT CHARGE. THESE PROGRAMS AND SERVICES ALL REQUIRE FUNDING AND ARE DEPENDENT UPON THE GENEROUS DONATIONS OF TIME AND FINANCIAL RESOURCES FROM OUR VOLUNTEERS, DONORS AND OTHER SOURCES.

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 PROFESSIONAL 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

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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 CARE AND COUNSELING, CASE MANAGERS ARE ABLE TO REACH OUT AND ASSURE ANYONE STRUGGLING WITH EPILEPSY IN THE EPILEPSY FOUNDATION OF GREATER CHICAGO'S 43 COUNTY SERVICE AREA THAT THEY ARE NOT ALONE. IN FY2019, THE EPILEPSY FOUNDATION OF GREATER CHICAGO'S CASE MANAGEMENT TEAM COUNSELED 359 INDIVIDUAL CLIENTS, MEETING WITH THEM ON 5,823 OCCASIONS AT THE EPILEPSY FOUNDATION OF GREATER CHICAGO'S DOWNTOWN OFFICE, AS WELL AS LOCATIONS THAT WERE MORE ACCESSIBLE, SUCH AS THEIR HOMES OR OVER THE PHONE. 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. THE EPILEPSY FOUNDATION OF GREATER CHICAGO ALSO COMPLETED 1,154 INSTANCES OF INFORMATION AND REFERRAL. AMONG THESE INQUIRIES, NEARLY HALF WERE NEW TO THE EPILEPSY FOUNDATION OF GREATER CHICAGO.

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

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A SECURE, CLOUD-BASED DATABASE CALLED SALESFORCE.

IN FY 2019 THE EPILEPSY FOUNDATION OF GREATER CHICAGO BEGAN ON A SIX-MONTH PROJECT TO MODERNIZE THE CLIENT SERVICES DATABASE. THE LEGACY SYSTEM, PENELOPE, NO LONGER FIT THE NEEDS OF EFGC AND IT WAS DETERMINED THAT A NEW SYSTEM WOULD BETTER HELP US SERVE OUR CLIENTS AND PROGRAM ATTENDEES. WORKING WITH A CONSULTANT, TEK SYSTEMS, A NEW AND CUSTOM-BUILT SALESFORCE SYSTEM WAS CREATED TO MORE ACCURATELY TRACK ALL CLIENT INTERACTIONS, PROGRAM ATTENDANCE, AND STORE ALL CLIENT INFORMATION. THE NEW SALESFORCE SYSTEM BECAME OUR SYSTEM OF RECORD ON JANUARY 1, 2019 AND IS RECEIVING ONGOING EFFORTS TO INCREASE BOTH USABILITY AND REPORTING FUNCTIONS. IN ADDITION, THE EPILEPSY FOUNDATION OF GREATER CHICAGO SECURED AN ADDITIONAL VOLUNTEER AND CONSULTANT TO ASSIST WITH THE IMPLEMENTATION THROUGH MAY 2019.

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, 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

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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 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. THE EPILEPSY FOUNDATION OF GREATER CHICAGO ALSO MAINTAINS A CLIENT EMERGENCY FUND, WHICH CAN BE USED TO TEMPORARILY PROVIDE NEEDED

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MEDICATION, HOUSING, CLOTHING AND UTILITIES WHILE A PERMANENT SOLUTION IS WORKED OUT.

EACH YEAR, FINANCIAL ASSISTANCE IS ALSO PROVIDED FOR STUDENTS LIVING

WITH EPILEPSY. THE RECIPIENTS OF THE EPILEPSY FOUNDATION OF GREATER

CHICAGO'S JAMES DAVIES SCHOLARSHIP, THE SARA STUBBLEFIELD MEMORIAL

SCHOLARSHIP, AND THE BERNER SCHOLARSHIP FOR STUDENTS WITH EPILEPSY ARE

ANNOUNCED AT THE JUNE BOARD OF DIRECTORS MEETING. THE JAMES DAVIES

SCHOLARSHIP IS AWARDED ANNUALLY IN THE AMOUNT OF \$1,000 TO INDIVIDUALS

WITH EPILEPSY WHO WILL BE INCOMING FRESHMEN TO A COLLEGE OR

VOCATIONAL/TECHNICAL SCHOOL AND WILL BE A FULL-TIME STUDENT FOR THE

UPCOMING ACADEMIC SCHOOL YEAR. ONCE AGAIN THIS YEAR, SIX 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. AN INCOMING

COLLEGE FRESHMAN IS ANNUALLY PRESENTED WITH THE SARA STUBBLEFIELD

MEMORIAL SCHOLARSHIP, IN THE AMOUNT OF \$2,000. THIS SCHOLARSHIP WAS

CREATED IN MEMORY OF SARA ELIZABETH STUBBLEFIELD, A PASSIONATE ADVOCATE

FOR PEOPLE WITH EPILEPSY. AN UNDERGRADUATE STUDENT WAS PRESENTED WITH

THE BERNER SCHOLARSHIP FOR STUDENTS WITH EPILEPSY, AWARDED TO INCOMING

FRESHMEN OR CURRENT ATTENDEES AT AN UNDERGRADUATE COLLEGE WITH A

DIAGNOSIS OF EPILEPSY RESIDING IN ILLINOIS. THIS IS AN AWARD OF \$10,000

PER EACH YEAR OF UNDERGRADUATE EDUCATION, OF WHICH \$5,000 IS A GRANT

AND \$5,000 IS AN INTEREST FREE LOAN.

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

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

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AND BETTER MANAGE THEIR DAY TO DAY.

FORM 990, PART III, LINE 4B:

COMMUNITY SERVICES:

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 AUGUST 2018, MORE THAN 140 PEOPLE ATTENDED THIS EVENT IN LABAGH WOODS IN CHICAGO. ANOTHER POPULAR EVENT, THE 9TH ANNUAL FAMILY HOLIDAY PARTY, WAS HELD AT HAMLIN PARK AND INCLUDED FOOD, CRAFTS, A VISIT FROM SANTA, MUSIC AND HOLIDAY FUN FOR ALL AGES. MORE THAN 230 PEOPLE ATTENDED THIS EVENT.

THE EPILEPSY FOUNDATION OF GREATER CHICAGO UNDERSTANDS THE VALUE OF CREATIVITY AS A MEDIUM TO EXPRESS ONE'S FEELINGS. A TOTAL OF 8 SESSIONS OF STUDIO E: THE EPILEPSY ART THERAPY PROGRAM, A MULTI-WEEK COURSE,

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TOOK PLACE IN FY2019, WITH 99 PARTICIPANTS. THESE WORKSHOPS GIVE THEIR PARTICIPANTS LIVING WITH EPILEPSY THE OPPORTUNITY TO MEET WEEKLY AS A CLOSE-KNIT GROUP LED BY ART THERAPISTS, WHO ENCOURAGE ARTISTIC MEDIUMS AS A WAY TO EXPRESS EMOTIONS AND CUSTOMIZE EACH SESSION TO FIT THE NEEDS OF ITS AGE BRACKET. THE ARTISTS' WORK IS PUT ON DISPLAY AT EPILEPSY FOUNDATION OF GREATER CHICAGO SPONSORED EVENTS AND ON EXHIBITION TO THE PUBLIC AS PART OF A PARTNERSHIP WITH CHICAGO AREA SAVERS STORES. THE DISPLAYS HIGHLIGHT THEIR TALENTS AND RAISE PUBLIC AWARENESS ABOUT EPILEPSY. THEIR WORK IS ALSO PROMOTED ONLINE ON THE EPILEPSY FOUNDATION OF GREATER CHICAGO'S WEBSITE AND THROUGH SOCIAL MEDIA.

THE EPILEPSY FOUNDATION OF GREATER CHICAGO HELD ITS 5TH ANNUAL BLACKHAWK FAMILY RETREAT IN SEPTEMBER OF 2018. A TOTAL OF 64 PEOPLE SPENT THE WEEKEND AT RED LEAF, WHERE CAMP BLACKHAWK TAKES PLACE EVERY YEAR. 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.

THE WOMEN'S RETREAT IS A WEEKEND GETAWAY FOR WOMEN WITH EPILEPSY, WHICH ALSO TAKES PLACE AT CAMP RED LEAF IN INGLESIDE. THE WOMEN FORM SPECIAL BONDS AS THEY PARTICIPATE IN ACTIVITIES SUCH AS YOGA AND WATCHING MOVIES.

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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 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 TEEN 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 EMBARK ON VARIOUS EXCURSIONS INCLUDING CHICAGO WOLVES HOCKEY GAMES, CHICAGO WHITE SOX GAMES, AND TRIPS A PUMPKIN FARM, INDOOR AMUSEMENT CENTERS, AND A BOWLING OUTING. THE TEEN GROUP ALSO ENJOYS AN ANNUAL TALENT SHOW THAT SEES ACTS SUCH AS SINGING, DANCING, AND COMEDY PERFORMANCES AS WELL AS GAMES AND FOOD FOR THE KIDS AND THEIR FAMILIES. NO MATTER WHAT THE ACTIVITY IS, EVERYONE IS ABLE TO SPEND VALUABLE TIME CONNECTING WITH OTHERS THEIR AGE WITHOUT HAVING TO WORRY ABOUT ANY OF THE STIGMA THAT MIGHT BE ASSOCIATED WITH EPILEPSY. 7 TEEN GROUP ACTIVITIES WERE HOSTED IN FY2019, WELCOMING A TOTAL OF 241 PARTICIPANTS.

THE EPILEPSY FOUNDATION OF GREATER CHICAGO ANNUALLY HOSTS THE HEROES SPORTS CAMP FOR CHILDREN LIVING WITH EPILEPSY AND THEIR SIBLINGS AND FRIENDS. THE EPILEPSY FOUNDATION OF GREATER CHICAGO PARTNERS WITH

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OTHER EPILEPSY-RELATED ORGANIZATIONS TO PROVIDE THIS THREE-DAY FREE CAMP. IN JULY 2018, 9 KIDS PARTICIPATED IN THE HEROES SPORTS CAMP, WHICH WAS HELD AT BLACKHAWK PARK.

FOR THE PAST 23 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 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."

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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 12 DIFFERENT GROUPS MEETING ON A REGULAR BASIS THROUGHOUT THE YEAR, THE SUPPORT GROUP MEMBERS, SOME 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 SUPPORT GROUP MEETS 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 AND MEETS AT EFGC'S DOWNTOWN OFFICES. 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.

THE SOCIAL CLUB, A GROUP DESIGNED TO GIVE ADULTS WITH EPILEPSY THE CHANCE TO SOCIALIZE AND ENGAGE IN SOCIAL ACTIVITIES WITH ONE ANOTHER, MEETS MULTIPLE TIMES OVER THE COURSE OF THE YEAR. SEVERAL OF THE PARTICIPANTS HAVE BEEN ATTENDING FOR YEARS BUT ARE ALWAYS WILLING TO ENGAGE NEW PARTICIPANTS. WHETHER IT'S PLAYING CARDS, ENJOYING A GAME OF BINGO AT THE EPILEPSY FOUNDATION OF GREATER CHICAGO'S DOWNTOWN OFFICE, OR TAKING A TRIP TO THE UIC BOWLING ALLEY, ITS 50+ PARTICIPANTS

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ENTHUSIASTICALLY LOOK FORWARD TO THEIR NEXT MEETING.

FORM 990, PART III, LINE 4B (CONTINUED):

THE EPILEPSY FOUNDATION OF GREATER CHICAGO HAS ALSO BEEN SUPERVISING 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). 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 THE EPILEPSY FOUNDATION OF GREATER CHICAGO'S PROFESSIONAL ADVISORY BOARD - ARE GREAT RESOURCES FOR PEOPLE CURRENTLY BEING TREATED FOR EPILEPSY. THEIR AGES SPAN FROM 20 TO 80 YEARS OLD, BUT THEY ALL HAVE SOMETHING IN COMMON: THEIR DESIRE TO LEARN MORE ABOUT EPILEPSY AND THEIR EAGERNESS TO CONNECT WITH OTHERS WHO SHARE A COMMON STORY.

YACE (YOUNG ADULTS IN CHICAGO LIVING WITH EPILEPSY) IS THE EPILEPSY FOUNDATION OF GREATER CHICAGO'S YOUNG ADULT GROUP. THE GROUP IS COMPRISED OF APPROXIMATELY 80 YOUNG ADULTS AND MEETS ON A MONTHLY BASIS. THEY HOLD REGULARLY SCHEDULED SUPPORT GROUPS, AS WELL AS TAKE PART IN MONTHLY EXCURSIONS, INCLUDING TRIPS TO JAZZIN' AT THE SHED, AND LINCOLN PARK ZOO'S ZOOLIGHTS. PEER ALLIANCE ALSO ORGANIZES ITS OWN EVENTS FOR EPILEPSY AWARENESS MONTH, INCLUDING TOURING VARIOUS LANDMARKS THROUGHOUT THE CITY WITH SIGNS ABOUT EPILEPSY, HANDING OUT BROCHURES AND TALKING TO INDIVIDUALS ON THE STREET.

FORM 990, PART III, LINE 4C:

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## 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, 2 PART TIME EDUCATORS, 1 FULL TIME EMPLOYEE, AND PROFESSIONAL GUESTS PROVIDE SEIZURE FIRST AID TRAININGS AND REPRESENT THE EPILEPSY FOUNDATION AT NUMEROUS EDUCATIONAL PROGRAMS AND HEALTH FAIRS. IN TOTAL, OVER 15,746 PEOPLE TOOK PART IN THESE PRESENTATIONS AND PROGRAMS IN FISCAL YEAR 2019, WHICH COVERED A WIDE VARIETY OF TOPICS, AND CATERED TO THE SPECIFIC INTERESTS OF THE ATTENDEES.

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 PROVIDED TRAINING TO MORE THAN 2,289 TEACHERS, STUDENTS (KINDERGARTEN THROUGH UNIVERSITY AGE) AND SCHOOL PERSONNEL AT NEARLY 83 TOTAL SESSIONS.

EDUCATIONAL PRESENTATIONS ARE OFFERED TO THE GENERAL POPULATION AS WELL. THE EPILEPSY FOUNDATION HOSTED 127 COMMUNITY PRESENTATIONS ON SEIZURE RECOGNITION AND FIRST AID TO 5900 PEOPLE AT MEXICAN AND COLOMBIAN CONSULATES, SAVERS THRIFT STORES, STAFF AT OVER 25 ILLINOIS COUNTY HEALTH DEPARTMENTS, CHICAGO PUBLIC SCHOOL BUS DRIVERS, TEACHER AIDES, PARAPROFESSIONALS, STAFF AT SENIOR CENTERS AND OTHER COMMUNITY SOCIAL SERVICE AGENCIES SUCH AS ACTIVE VISIONS. THE EF ALSO PARTICIPATED IN 18 HEALTH FAIRS ATTENDED BY OVER 4700 PEOPLE.

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THE EPILEPSY FOUNDATION OF GREATER CHICAGO CONTINUES TO PARTNER WITH EPILEPSY INDUSTRY LEADERS TO PRESENT INFORMATIONAL WEBINARS. IN NOVEMBER OF 2018, EFGC PARTNERED WITH NEUROPACE TO HOST A FACEBOOK LIVE WEBINAR CALLED "WHY GO FOR AN EVALUATION", PRESENTED BY A DR. FROM THE UNIVERSITY OF CHICAGO HOSPITAL. THIS WEBINAR HAS BEEN VIEWED NEARLY 800 TIMES WITH MORE THAN 80% OF THOSE VIEWS COMING FROM PEOPLE RESIDING IN THE STATE OF ILLINOIS.

AS PART OF THE EPILEPSY FOUNDATION OF GREATER CHICAGO'S HISPANIC OUTREACH PROGRAM, THE EPILEPSY FOUNDATION OF GREATER CHICAGO HOSTED THE THIRD ANNUAL HISPANIC CONSUMER CONFERENCE ON JUNE 1ST 2019, AN EDUCATIONAL PROGRAM FOR THE LATINO COMMUNITY TITLED "COMO VIVIR CON EPILEPSIA" (HOW TO LIVE WITH EPILEPSY), WHICH WAS PRESENTED IN SPANISH AND FOCUSED ON EPILEPSY BASICS AND LIVING A HEALTHY LIFE. NEARLY 100 PEOPLE REGISTRANTS ATTENDED THE HISPANIC CONSUMER CONFERENCE. THE EPILEPSY FOUNDATION OF GREATER CHICAGO ALSO PRESENTED PROGRAMS IN SPANISH TO THE HISPANIC COMMUNITY AT THE MEXICAN AND COLOMBIAN CONSULATES AND VARIOUS CHURCHES IN THE HISPANIC COMMUNITY. THIS OUTREACH TO THE SPANISH SPEAKING COMMUNITY WAS PRESENTED TO MORE THAN 10,000 PEOPLE IN FY2019.

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 2019, IT HOSTED THE 9TH ANNUAL EPILEPSY CONSUMER CONFERENCE IN DOWNTOWN CHICAGO. THIS FREE, DAY-LONG SEMINAR FOCUSES ON EPILEPSY AND ITS TREATMENTS FROM BOTH DOCTOR AND PATIENT PERSPECTIVES. IT ALSO OFFERS BREAKOUT SESSIONS THAT COVERED TOPICS SUCH AS EPILEPSY BASICS, NEW TREATMENTS AND COPING WITH

# Public Inspection Return

Schedule O (Form 990 or 990-EZ) (2018)

Page 2

Name of the organization

EPILEPSY FOUNDATION OF GREATER CHICAGO

Employer identification number

36-2317619

EPILEPSY. THE CONFERENCE WAS ONCE AGAIN GEARED TOWARD PROVIDING INDIVIDUALS WITH EPILEPSY, THEIR FAMILIES, AND THE GENERAL COMMUNITY WITH THE LATEST INFORMATION ABOUT EPILEPSY. IT AGAIN INCLUDED "ASK THE DOC" SESSIONS, WHICH PROVIDED PARTICIPANTS THE OPPORTUNITY TO SPEAK ONE-ON-ONE WITH RENOWNED NEUROLOGISTS ON ISSUES REGARDING THEIR HEALTH. IN 2019, NEARLY 250 PARTICIPANTS ATTENDED THE EPILEPSY CONSUMER CONFERENCE.

FORM 990, PART VI, SECTION A, LINE 4:

BY LAWS WERE REVISED - NUMBER OF VOTING DIRECTORS SHALL BE NO LESS THAN SEVEN AND NO MORE THAN TWELVE

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.

# Public Inspection Return

Schedule O (Form 990 or 990-EZ) (2018)

Page 2

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

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

CONSULTANTS:

PROGRAM SERVICE EXPENSES	91,651.
MANAGEMENT AND GENERAL EXPENSES	30,769.
FUNDRAISING EXPENSES	36,111.
TOTAL EXPENSES	158,531.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	158,531.

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

EDUCATIONAL SUPPLIES:

PROGRAM SERVICE EXPENSES	4,133.
MANAGEMENT AND GENERAL EXPENSES	337.
FUNDRAISING EXPENSES	505.
TOTAL EXPENSES	4,975.

EMERGENCY CLIENT NEEDS:

PROGRAM SERVICE EXPENSES	2,434.
MANAGEMENT AND GENERAL EXPENSES	199.
FUNDRAISING EXPENSES	298.
TOTAL EXPENSES	2,931.

AWARDS:

PROGRAM SERVICE EXPENSES	2,406.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,406.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	10,312.



# Public Inspection Return

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public  
Inspection

Name of the organization <b>EPILEPSY FOUNDATION OF GREATER CHICAGO</b>	Employer identification number <b>36-2317619</b>
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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			<b>X</b>

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

Schedule R (Form 990) 2018



# Public Inspection Return

**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
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>		X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>		X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>		X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>		X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>		X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>		X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>		X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>		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)				





# Public Inspection Return

## 2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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	16,927.				16,927.	15,152.		381.	15,533.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						16,927.				16,927.	15,152.		381.	15,533.
	MACHINERY & EQUIPMENT														
3	EQUIPMENT	VARIOUS	SL	.000		16	16,997.				16,997.	16,997.		0.	16,997.
4	COMPUTER EQUIPMENT	VARIOUS	SL	.000		16	43,066.				43,066.	18,121.		14,496.	32,617.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						60,063.				60,063.	35,118.		14,496.	49,614.
	OTHER														
2	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	.000		16	16,567.				16,567.	13,210.		686.	13,896.
	* 990 PAGE 10 TOTAL OTHER						16,567.				16,567.	13,210.		686.	13,896.
	* GRAND TOTAL 990 PAGE 10 DEPR						93,557.				93,557.	63,480.		15,563.	79,043.

# Public Inspection Return

Form **990-T**

## Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

# 2018

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year</p>	Print or Type	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>EPILEPSY FOUNDATION OF GREATER CHICAGO</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>17 N STATE STREET, NO. 650</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>CHICAGO, IL 60602</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>36-2317619</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)</p>
<p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>			

**H** Enter the number of the organization's unrelated trades or businesses. ▶ \_\_\_\_\_ Describe the only (or first) unrelated trade or business here ▶ \_\_\_\_\_. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? .....  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **ROBERTA J SHOEMAKER** Telephone number ▶ **312-939-8622**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 0.		

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	0.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	0.
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>	
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30	<b>32</b>	0.

# Public Inspection Return

<b>Part III Total Unrelated Business Taxable Income</b>			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	33	0.
34	Amounts paid for disallowed fringes .....	34	13,475.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) .....	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34 .....	36	13,475.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) .....	37	1,000.
38	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 .....	38	12,475.

<b>Part IV Tax Computation</b>			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) .....	39	2,620.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	40	
41	Proxy tax. See instructions .....	41	
42	Alternative minimum tax (trusts only) .....	42	
43	Tax on Noncompliant Facility Income. See instructions .....	43	
44	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies .....	44	2,620.

<b>Part V Tax and Payments</b>			
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	45a	
b	Other credits (see instructions) .....	45b	
c	General business credit. Attach Form 3800 .....	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827) .....	45d	
e	<b>Total credits.</b> Add lines 45a through 45d .....	45e	
46	Subtract line 45e from line 44 .....	46	2,620.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) .....	47	
48	<b>Total tax.</b> Add lines 46 and 47 (see instructions) .....	48	2,620.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 .....	49	0.
50a	Payments: A 2017 overpayment credited to 2018 .....	50a	
b	2018 estimated tax payments .....	50b	
c	Tax deposited with Form 8868 .....	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions) .....	50d	
e	Backup withholding (see instructions) .....	50e	
f	Credit for small employer health insurance premiums (attach Form 8941) .....	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other .....	50g	
51	<b>Total payments.</b> Add lines 50a through 50g .....	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> .....	52	110.
53	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed .....	53	2,730.
54	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid .....	54	
55	Enter the amount of line 54 you want: <b>Credited to 2019 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/> .....	55	

<b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ .....		Yes No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. ....		Yes No
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ .....		Yes No

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 taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date	PRESIDENT	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	RON MARKLUND				P01985511
	Firm's name ▶ DUGAN & LOPATKA, CPA'S PC	Firm's EIN ▶ 36-2886485		4320 WINFIELD ROAD SUITE 450	
Firm's address ▶ WARRENVILLE, IL 60555-4036	Phone no. 630-665-4440				

# Public Inspection Return

Form **2220**

## Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return. **FORM 990-T**

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

**2018**

Name <b>EPILEPSY FOUNDATION OF GREATER CHICAGO</b>	Employer identification number <b>36-2317619</b>
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**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

<b>Part I Required Annual Payment</b>			
1 Total tax (see instructions) .....		1	2,620.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b		
c Credit for federal tax paid on fuels (see instructions) .....	2c		
d Total. Add lines 2a through 2c .....	2d		
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....		3	2,620.
4 Enter the tax shown on the corporation's 2017 income tax return. See instructions. <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b> .....		4	
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....		5	2,620.

<b>Part II Reasons for Filing</b> - Check the boxes below that apply. If any boxes are checked, the corporation <b>must</b> file Form 2220 even if it does not owe a penalty. See instructions.	
6	<input type="checkbox"/> The corporation is using the adjusted seasonal installment method.
7	<input type="checkbox"/> The corporation is using the annualized income installment method.
8	<input type="checkbox"/> The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

<b>Part III Figuring the Underpayment</b>					
		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	9	10/15/18	12/15/18	03/15/19	06/15/19
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	10	655.	655.	655.	655.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	11				
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	12				
13 Add lines 11 and 12 .....	13				
14 Add amounts on lines 16 and 17 of the preceding column .....	14		655.	1,310.	1,965.
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	15	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	16		655.	1,310.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	17	655.	655.	655.	655.
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	18				

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2018)

# Public Inspection Return

FORM 990-T

Form 2220 (2018)

EPILEPSY FOUNDATION OF GREATER CHICAGO

36-2317619

Page **2**

**Part IV Figuring the Penalty**

		(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions .....	<b>19</b>				
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>				
<b>21</b> Number of days on line 20 after 4/15/2018 and before 7/1/2018 .....	<b>21</b>				
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{365}$ ...	<b>22</b>	\$	\$	\$	\$
<b>23</b> Number of days on line 20 after 06/30/2018 and before 10/1/2018 .....	<b>23</b>				
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$ ...	<b>24</b>	\$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2018 and before 1/1/2019 .....	<b>25</b>				
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 5\% (0.05)}{365}$ ...	<b>26</b>	\$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2018 and before 4/1/2019 .....	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 6\% (0.06)}{365}$ ...	<b>28</b>	\$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2019 and before 7/1/2019 .....	<b>29</b>				
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b>	\$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2019 and before 10/1/2019 .....	<b>31</b>				
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b>	\$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2019 and before 1/1/2020 .....	<b>33</b>				
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b>	\$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2019 and before 3/16/2020 .....	<b>35</b>				
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$ .....	<b>36</b>	\$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b>	\$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b>			\$	<b>110.</b>

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2018)

