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Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

<u> </u>	or the	2012 calendar year, or tax year beginning $JUL 1$ , $2012$ and en	iding J	UN 30, 201	.3_
Вс	Check if applicable	C Name of organization		D Employer iden	
_	- Addres⊓				
v	change Name _change			27	1100771
<u> </u>	cnange Initial return		oom/suite	E Telephone num	1192771
	Termin- ated		Julii/Suite	•	)9) 691-3800
-	Amend			G Gross receipts \$	2,136,863.
<u> </u>	Ireturn ☐Applica			H(a) Is this a group	
	tion pending	F Name and address of principal officer STUART SCHMITT		for affiliates?	Yes X No
		SAME AS C ABOVE			included? Yes No
	 Гах∙ехе	mpt status X 501(c)(3)	527		a list (see instructions)
		E: ► WWW.EPICPEORIA.ORG		H(c) Group exemp	,
		organization: X Corporation Trust Association Other	L Year		M State of legal domicile: IL
		Summary			W state of logar dominion 222
d)	1 E	Briefly describe the organization's mission or most significant activities EP!C I	FOUND	ATION, INC	. WAS
Activities & Governance	1	CREATED TO RAISE FUNDS AND OVERSEE THE INV			
rna	2	Check this box   If the organization discontinued its operations or disposed	d of more	than 25% of its net	assets
ove.	3 1	lumber of voting members of the governing body (Part VI, line 1a)			3 9
ن م	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			4 9
es	5 1	otal number of individuals employed in calendar year 2012 (Part V, line 2a)			5 0
vit	6 T	otal number of volunteers (estimate if necessary)			69
Act	7 a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7	7a 0.
<u>Ça</u>	h۱	Net unrelated business taxable income from Form 990-T, line 34		7	и О.
OSININGOS P				Prior Year	Current Year
e 🦓		Contributions and grants (Part VIII, line 1h)			160,178.
SNUN Revenue	1	Program service revenue (Part VIII, line 2g)		0	<del></del>
Re M		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		105,633	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	50	
  !::!!!		otal revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		105,683	
Ŕ		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	C	
€3		Renefits paid to or for members (Part IX, column (A), line 4)	-		<del>-</del>
es ses	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)			0.
%070 € Expenses			o. 🗀		<u>.                                    </u>
₹ Ex	ŀ	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del>-</del> -	206,768	20,954.
		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		206,768	
	1	Revenue less expenses. Subtract line 18 from line 12		-101,085	
or Ses		meach/ch	Bec	jinning of Current Yea	
Net Assets or Fund Balances	20 T	otal assets Part X line 16		1,995,918	
ASS d B	21 T	of al liabilities (Part X, line 26)		99,967	
Ne	22	let assets or fund ballances Subtract line 21 from line 20		1,895,951	
Pa	art II) °	\$ignature Block			
Unde	er penall	ies of periory, declare that Thave examined this return, including accompanying schedules a	nd stateme	ents, and to the best o	my knowledge and belief, it is
true,	correct	, and complete Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge	
		Attent from t		2-12-	14
Sıgr	n	Signature of officer		Date	·
Here	е	STUART SCHMITT, CFO		<del></del>	
		Type or print name and title	1.0		
_		Print/Type preparer's name Preparer's signature	1	ate Check	PTIN
Paid		ALVIN D. ZIEGLER	- 2	/ -   30 0	<del></del>
Prep		Firm's name CLIFTONLARSONALLEN LISP	/	Firm's EIN	41-0746749
Use	Only	Firm's address 301 SW ADAMS STE 900, BOX 1835			/000\ 654 4555
		PEORIA, IL 61656-1835		Phone no.	(309) 671-4500
<u>May</u>	the IR	S discuss this return with the preparer shown above? (see instructions)			Yes No
00000		TO LEW FOR HODOFWORK Hodination Bod Bladies and the semestal materials.	_		E UU (0010)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	(Expenses \$	including grants of \$ 142,360.	) (Revenue \$	)
4d	Other program services (Describe in Sch	edule O)		
_				
			· · · · · · · · · · · · · · · · · · ·	
_	/ / Cybaileas a	ancidentity grants of \$	/ Intervenue >	/
4c	(Code) (Expenses \$	including grants of \$	) (Revenue \$	
				·····
	-			<del></del>
4b	(Code ) (Expenses \$	including grants of \$	) (Revenue \$	)
		·		
	INVESTMENT OF FUNDS : INC. THIS AMOUNT WAS	DESIGNATED FOR THE SUP GRANTED TO EP!C, INC.	PORT AND BENEFIT OF THIS YEAR.	EP!C,
-	EP!C FOUNDATION, INC	. WAS CREATED TO RAISE	FUNDS AND OVERSEE	THE
4a	revenue, if any, for each program service  (Code ) (Expenses \$	reported 142,360. Including grants of \$	142,360.) (Revenue \$	19.)
	Section 501(c)(3) and 501(c)(4) organizat	ions are required to report the amount of gra		
4	If "Yes," describe these changes on Sch Describe the organization's program sen	edule O vice accomplishments for each of its three la	rgest program services, as measured t	by expenses
3	Did the organization cease conducting, o	or make significant changes in how it conduc	cts, any program services?	Yes X No
	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on	Schedule O		Yes X No
2	, ,	ficant program services during the year which	h were not listed on	
	INC.			
		. WAS CREATED TO RAISE DESIGNATED FOR THE SUP		
1	Briefly describe the organization's mission		EINING AND OVERGEE	
		sponse to any question in this Part III		
Pai	rt III   Statement of Program Ser	vice Accomplishments		

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98 197 If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10_		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	!		
	as applicable	:		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	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 167 If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	<u> X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	<u>X</u>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		<u>X</u>
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			 V
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			<b>3</b> 7
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	4.5		v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.5		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		aan	(2012)

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	_X_	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		<u>X</u>
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	ĺ		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X_
27	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? If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
С	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? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	-	<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3.5
	sections 301 7701-2 and 301 7701 3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
05.	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
В	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		v
07	If "Yes," complete Schedule R, Part V, line 2	_36_		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	2.7		v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_ 37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Х	
	Note. All Form 990 filers are required to complete Schedule O			(2012)
		1 01111	(	(2112)

232004 12-10-12

# Form 990 (2012) EP!C FOUNDATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

1s Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable  Enter the number of Forms W 2G included in Ine 1s Enter -0 if not applicable  Defer the number of Forms W 2G included in Ine 1s Enter -0 if not applicable  Defer the number of Forms W 2G included in Ine 1s Enter -0 if not applicable  Defer the number of Porms W 2G included in Ine 1s Enter -0 if not applicable  Defer the quantity of the provided in Ine 1s Enter -0 if not applicable  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lifed for the calendar year ending with or within the year covered by this return  If at least one is reported on the 2d, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  3a		Check it Schedule O contains a response to any question in this Part V				<u></u>
be Enter the number of Forms W-20 included in line 1a. Enter 0-1 not applicable   10					Yes	No
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambing) within gambing) within gambing within gamb	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 4			
(agambling) winnings to prize winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization life all required federal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-five (see instructions)  3b Dd the organization have unrelated business gross income of \$1,000 or more during the year?  3c Dd the organization have unrelated business gross income of \$1,000 or more during the year?  3c Dd the organization have unrelated business gross income of \$1,000 or more during the year?  3c Dd the organization thave unrelated business gross income of \$1,000 or more during the year?  3c Dd the organization is filed a form 900-1 for the year? If "No," provide an explaination in Sendebule O  3d Dd the organization and pray to a prohibited tax shelter transaction, as countries account, or other financial accounts?  3c Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at your finations that were not tax deductible or granization that the varies of the organization file organization that it was or is a party to a prohibited tax shelter transaction or gifts were not tax deductible in a schariable contributions?  3c Dd the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any confributions that were not tax deductible is a chariable contribution and partly for goods and services provided to the payor?  3c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible is a chariable contribution or and partly for goods and services provided to the payor?  3c If "Yes," indicate the number of Forms 28822 filed during the year  3c Dd the organization shall may receive deductible contribution and	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
2a Enter the number of employees reported on Form W-3. Transmittal of Wape and Tax Statements, filed for the calendar year ending with or within the year covered by this return  It at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  But the organization have unrelated business gross income of \$1.00 or more during the year?  3a July 16 (**Yes**, 1 and 16 organization have an interestin 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; or financial accou	С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable gaming			
field for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a. If If Yes, 1a and 1a is and 2a is greater than 250, you may be required to e-file (see instructions)  3b. Dif the organization have unrelated business gross income of \$1,000 or more during the year?  3a. Jan 2 if Yes, 2 in the file a form 9050 Tr for the year If 1%0, *provide an explanation in 26-feeble 0  3b. If Yes, 1 is a file a form 9050 Tr for the year If 1%0, *provide an explanation and provided in the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?  5b. If Yes, 1 is one so 1 bb, did the organization that If yes or in a provided tax sheller transaction of the financial Accounts  5c. If Yes, 1 is one 5 are 5b, did the organization that If wes or is a party to a prohibited tax sheller transaction?  5c. If Yes, 1 is one 5 are 5b, did the organization that If wes or is a party to a prohibited tax sheller transaction?  5c. If Yes, 1 in the 5 acro 1 bb, did the organization that If wes or is a party to a prohibited tax sheller transaction?  5c. If Yes, 1 in the 5 acro 1 bb, did the organization shell organization shell are normally greater than \$100,000, and did the organization solicit ary contributions that were not tax deductible as charitable contributions?  5c. If Yes, 1 in the organization shell are promitive defined in the value of the goods or services provided?  5c. If Yes, 1 in the organization shell explanation shell are promitive defined in the value of the goods or services provided?  5c. If Yes, 1 in the organization shell were provided to the regionization file a formit middle that the fill of the organization file a formity the d		(gambling) winnings to prize winners?		1c	X	
If all least one is reported on line 2a, did the organization (file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did Tives, 1 has it filed a form 990-T for this year? If "No," provide an explanation in Schedule O  3b Did Hove, 1 has it filed a form 990-T for the year? If "No, provide an explanation in Schedule O  3b Did All any time during the catendary year, did the organization have uniterest, in or a significance or the authority over, a financial account, in oriegin country (such as a bank account, secretic as agriculture or other authority over, a financial account in a foreign country. ►  See instructions for filing requirements for Form 10 F 90.22 1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax shelter transaction or any time during the tax year?  5b D did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to the 6a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to the organization microle with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If "Yes," to the organization in eccess of \$15 made party as a contribution and party for poods and services prouded?  7d Did the organization seleves applient in excess of \$15 made party as a contribution and party for poods and services prouded?  7b If "Yes," did the organization in eccess of \$15 made party as a contribution and party for which it was required to file organization. All p	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
So Det. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 Det the organization have unrelated business gross income of \$1,000 or more during the year?  3 Det. If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3 Det. 4 A ray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly a foreign country level.  4 Det. 5 Det. 5 Det. 5 Det. 6 Det		filed for the calendar year ending with or within the year covered by this return	2a 0			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b If "Yes," has it field a Form 990-T for this year? If "No." provide an explanation in Schedule O  5b If "Yes," and it field a Form 990-T for this year? If "No." provide an explanation in Schedule O  5b If "Yes," and it field a Form 990-T for this year? If "No." provide an explanation in schedule or other financial account; or other financial accou	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b		
b if "Yes," has it field a Form 990-T for this year" // "No." provide an explanation in Schedule O 4a. All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly a foreign country such as a bank account, excertise account, or other financial accountly?  4b if "Yes," either the name of the foreign country ▶  See instructions for filling requirements for form TDF 90/22 1, Report of Foreign Bank and Financial Accounts  8a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b D d any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b D set the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions and explored to the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  5c Ord the organization shell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8892?  5c If "Yes," did the organization nectify the donor of the value of the goods or services provided?  5c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8892.  5c Did the organization members of Forms 88282 filed during the year  5d If "Yes," did the organization or eceive a pay premium, directly or indirectly, to pay premiums on a personal benefit contract?  7d If the organization received a contribution of qualified intellectual property, did the organization file a Form 1998 Co. 1995 Property f		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
4a All 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 accounts?  b if "Yes," enter the name of the foreign country ▶  See instructions for filling requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  5a Was the organization party to a prohibited tax shelter firansicion at any time during the tax year?  5a 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?  6b If "Yes," to line 5 or 55b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a 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?  7a Did the organization receive a payment in excess of \$75 made partly as a contribution of prometry for which it was required to file Form 8282?  8 If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization received a contribution of quilified intellectual property, did the organization file a Form 1098 C?  8 Sponsoring organizations maintaining donor advised funds and section \$99(a)(3) supporting organization file a Form 1098 C?  9 Sponsoring organizations maintaining donor advised funds and section \$99(a)(3) supporting organizations bid the supporting organization, era donor advised funds and section \$99(a)(3) supporting organizations bid the supporting organization make a distribution to a donor, donor advised funds.  9 Sp	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
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b   f 'ves," enter the name of the foreign country ►  See instructions for filing requirements for Form TD F 90:22 1, Report of Foreign Bank and Financial Accounts  4 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Dives, "to line 5a or 5b, did the organization file Form 8886-T?  6 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?  6 If 'ves," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 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?  7 If 'ves," indicate the number of Forms 8282 filed during the year  8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received a contribution of cars, boats, anglanes, or other vehicles, did the organization file a Form 1908 C?  8 Sponsoring organizations maintaining donor advised funds and section 590(a) supporting organizations bid the supporting organization make any taxable distributions under section 4966?  9 Sponsoring organizations maintaining donor advised funds.  10 If the organization make any taxable distribution of cars, boats, anglanes, or other vehicles, did the organization flee a Form 1908 C?  8 Sponsoring organizations maintaining donor advised funds.  10 If the organization make any taxable distributions under section 4966?  11 Section 501(c)(7) organizations. Enter  12 In I	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	ıthority over, a			
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes," to line 5 a or 5b, did the organization file form 886-17 and you contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c).  b If every an include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  b If every indicate the organization notify the donor of the value of the goods or services provided?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8898 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations file Form 8899 as required?  S Sponsoring organizations maintaining donor advised funds.  S Sponsoring organizations maintaining donor advised funds.  Old the organization make a distribution to a donor, donor advised funds.  Old the organization make a distribution to a donor, donor advised funds.  C Section 501(c)(7) organizations. Enter  Initiation fees and capatic contributions included on Part Vill, line 12  Gross receipts, included on Form 990, Part Vill, line 12, for public use of club facilities  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  28 Section 501(c)(7) organizations. Enter  Gross income from members or shareholders  Gross income from members or shareholders  B Section 501(c)(29) qualified nonprofit health plan		See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Ad	counts			
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fit the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C?  8 Sponsoring organizations maintaining donor advised funds and section 509(3)(3) supporting organizations. Did the supporting organization, or a donor advised fund and section 509(3)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(3)(3) supporting organizations. Did the supporting organizations make and substitution to a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make and staribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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  Enter the amount of reserves on hand  13b  13c  14a  Did the organization in Schedule O	е			7e		Х
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14a 2  14a 2  14b 3	С					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14a		Х
			o			
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EP!C FOUNDATION, INC.

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 to any question in this Part VI					$\mathbf{X}$
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		<u>9</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			
	officer, director, trustee, or key employee?			2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	is filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		<u>X</u> _
6	Did the organization have members or stockholders?			6		<u>X</u> _
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			7a		<u>X</u> _
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			
а	The governing body?			8a	_X_	
b	Each committee with authority to act on behalf of the governing body?			_8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u>X</u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code )			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly beto	re filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			1.0	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	- 4	Al-aka O	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	res, a	escribe	100	v	
40	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approve	al bu c	donondont	14	Х	
15			idependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			150	х	
a	The organization's CEO, Executive Director, or top management official			15a	X	
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			15b		
16~	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	— ment v		-		
·va	taxable entity during the year?	ciit V	4	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its i	participation	100		41
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the organization to evaluate the organization of the		•			
	exempt status with respect to such arrangements?	iiizatio		16b		
Sec	tion C. Disclosure			1 100		<u> </u>
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 (or 1024 if applicable), 990, and 990-	T (Sect	on 501(c)(3)s only	) availab	le	
	for public inspection. Indicate how you made these available. Check all that apply	,200		,	-	
	Own website Another's website X Upon request Other (explain	ın Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c		· ·	ind finar	ncial	
	statements available to the public during the tax year		ponoji			
20	State the name, physical address, and telephone number of the person who possesses the books a	ınd rec	ords of the organiz	ation >	•	
	STUART SCHMITT, CFO - (309) 691-3800					
	1913 W. TOWNLINE ROAD, PEORIA, IL 61612-3418					
23200 12-10-	6			Form	990	(2012)

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

Check if Schedule O contains a response to any question 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

(A)	(B)			_ ((	?)			(D)	(E)	(F)
Name and Title	Average	(do		Posi		l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	s bot	h an	compensation	compensation	amount of
	week		Cer ai	o a u		7,1103	100,	from	from related	other
	(list any hours for	direct				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	96 OF	stee			nsate		(W-2/1099-MISC)	(11 27 1033 111100)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	adwo		(** = *** = *** = ***		and related
	below	ndual	tetto	نة	Key employee	est co	JE.			organizations
	line)	直	먑	Officer	Key	Highest compensated employee	Former			
(1) DEREK SCHRYER	0.20									
CHAIRPERSON		X		X				0.	0.	0
(2) JUDI GENTRY	0.20									
VICE CHAIRPERSON		X		X				0.	0.	0
(3) KEITH BOSWELL	0.20									
DIRECTOR	0.50	X						0.	0.	0
(4) DAVID SCHULDT	0.20					}				
SECRETARY/TREASURER		X	<u> </u>	X				0.	0.	0
(5) KATHIE RAIBORN	0.20	1								
DIRECTOR	0.50	X				<u> </u>		0.	0.	0
(6) BETH JONES	0.20	ļ								
DIRECTOR		X						0.	0.	0
(7) ASHLEY MCNAMEE	0.20	]								
DIRECTOR		X						0.	0.	0
(8) BILL RUSSELL	0.20	1								
DIRECTOR		X						0.	0.	0
(9) PAT KAWCZYNSKI	0.20									
DIRECTOR	0.50	X					ļ	0.	0.	0
(10) STU SCHMITT	0.20	4								-
VP/CFO	40.00	<u> </u>		Х				0.	68,005.	14,323
(11) KIM CORNWELL	0.20	-		i 	ĺ					
PRESIDENT/CEO	40.00	├		Х				0.	88,563.	24,676
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Form 990 (2012)

Part VII Section A. Officers, Dire	ectors, Trustees, Key Er	nploy	/ees	and	d His	ghe	st C	compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per	box	not c	ss per	tion more rson i	than o	h an	( <b>D)</b> Reportable compensation	(E) Reportable compensation	n		(F) timate lount (	
,	week (list any hours for related organization below line)	itee or director	Institutional trustee	Officer Officer	Key employee	Highest compensated scripes		from the organization (W-2/1099-MISC)	from related organizations (W 2/1099-MIS	3	com fro orga and	other pensa om the anizati i relate nizatio	e on ed
													•
		_							<del></del>				-
		-										•	
1b Sub-total					<u> </u>	<b></b>		0.	156,56	$\overline{}$	3	3,9	99.
c Total from continuation sheet d Total (add lines 1b and 1c)						<b>&gt;</b>		0.	156,56		3	3,9	0. 99.
Total number of individuals (inc compensation from the organization)		those	liste	ed at	oove	e) wh	no re	eceived more than \$100	,000 of reportable	e 		Yes	No.
3 Did the organization list any for line 1a? If "Yes," complete Scho			e, ke	y en	nplo	yee,	or l	highest compensated e	mployee on		3		Х
4 For any individual listed on line and related organizations great	er than \$150,000? If "Ye	s," co	mple	ete S	Sche	edule	J f	or such individual	J		4		х
5 Did any person listed on line 1a rendered to the organization? It Section B. Independent Contracto	f "Yes," complete Sched				-		elate	ed organization or indivi	dual for services		5		Х
Complete this table for your five the organization. Report compe	e highest compensated i									pensa	ation fi	rom	
Name ar	(A) nd business address	N	ONE	₹				( <b>B)</b> Description of s	ervices	Co	(Comper	s) nsation	1
						<del></del>					<u>-</u>		
												_	
			-									-	
Total number of independent co \$100,000 of compensation from		not li	mite	d to		se lis O	sted	above) who received m	nore than		-		
222008										I	Form 9	<b>990</b> (2	2012)

Form 990 (2012) EP!C FOUNDATION, INC.

Part VIII | Statement of Revenue

			Check if Schedule O cont	ains a response t	to any question i	n this Part VIII			
					, , ,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts ts	1	à	Federated campaigns	1a		,			
ran			Membership dues	1b					
اع ت			Fundraising events	1c					
ar A			Related organizations	1d					
3,E			Government grants (contribut		-				
Sign			All other contributions, gifts, gran	' <del>                                    </del>					
호호			similar amounts not included abo		160,178.				
풀히		_	Noncash contributions included in lines		100,170.				
Contributions, Gifts, Grants and Other Similar Amounts		•	Total. Add lines 1a-1f	. ia-ii ֆ		160 178.			
<u> </u>		<u></u>	Total: 7 do in oo Tu 11		Business Code	100,170.			
o l	2	а							
Š		b							
Ser		c				<del>.</del> ,, <del></del>			
E S		d							
Program Service Revenue		e							
F									
			Total, Add lines 2a-2f		<b>•</b>				
	3		Investment income (including	dividends, intere	est, and				
			other similar amounts)	•	· •	48,724.			48,724.
	4		Income from investment of ta	x-exempt bond p	roceeds				
	5		Royalties	•	•				
			•	(ı) Real	(II) Personal				
	6	а	Gross rents						
		b	Less rental expenses						1
		С	Rental income or (loss)		-				
			Net rental income or (loss)		<b>&gt;</b>				
	7	а	Gross amount from sales of	(ı) Securities	(II) Other				
			assets other than inventory	1,927,942.					
		b	Less cost or other basis						
			and sales expenses	1,915,240.					
		С	Gain or (loss)	12,702.					
		d	Net gain or (loss)			12,702.			12,702.
o	8	а	Gross income from fundraisin	g events (not		·			
Ę.			including \$	of					
Other Reven			contributions reported on line	1c) See		:			
er F			Part IV, line 18	а					
Ţ.		b	Less direct expenses	b					
•		С	Net income or (loss) from fund	draising events					
	9	а	Gross income from gaming ad	ctivities See					
			Part IV, line 19	а					
			Less direct expenses	b	L				
			Net income or (loss) from gan		<u>_</u>				
	10	а	Gross sales of inventory, less	returns					}
			and allowances	а					
		b	Less cost of goods sold	b					
		С	Net income or (loss) from sale		<b></b>				
			Miscellaneous Revenu	ıe	Business Code				
	11	а	RELEASE FROM LIABILITY	TO AFFILIA	900099	19.	19.		
		b							
		С						<u> </u>	
		d	All other revenue		L				
		е	Total. Add lines 11a-11d		<b>&gt;</b>	19.			
22200	12		Total revenue See instructions.		<u> </u>	221 623.		0.	61 426.
23200 12-10	- 12								Form <b>990</b> (2012)

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mplete column (A)	
	not include amounts reported on lines 6b,		(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and	440 000	440.050		
	organizations in the United States See Part IV, line 21	142,360.	142,360.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				- · · · · · · · · · · · · · · · · · · ·
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	3,740.		3,740.	
C	Accounting	3,740.		3,740.	
d	Lobbying  Professional fundrausing garvess. See Part IV, line 17				
e	Professional fundraising services. See Part IV, line 17	12,481.		12,481.	
f	Investment management fees  Other (If line 11g amount exceeds 10% of line 25,	12,401.		14,401.	
g	column (A) amount, list line 11g expenses on Sch O.)	400.		400.	
12	Advertising and promotion	400.		400.	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				<del></del>
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	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 0.)				
а	MISCELLANEOUS	4,333.		4,333.	
b	·	=,333.		4,555.	
C					
d					
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	163,314.	142,360.	20,954.	0.
26	Joint costs Complete this line only if the organization	100/0140		20,334.	<u>.</u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				

Pai	t X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X		,	
		,	(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	129,750.	1	285,531
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	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		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges	-	9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	1,758,540.	12	1,742,099
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	107,628.	15	105,538
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,995,918.	16	2,133,168
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		_20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	· · · · · · · · · · · · · · · · · · ·
ılıtı	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons			
_		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	99,967.	25	45,439
	26	Total liabilities. Add lines 17 through 25	99,967.	26	45,439
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	1,895,951.	27	2,087,729
Ва	28	Temporarily restricted net assets		28	
D D	29	Permanently restricted net assets		29	
Ĩ.		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds	• •	30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Set	32	Retained earnings, endowment, accumulated income, or other funds	1 005 051	32	2 007 720
_	33	Total liabilities and not coasts (find beloace	1,895,951. 1,995,918.	33	2,087,729
	34	Total liabilities and net assets/fund balances	1,995,918.	34	2,133,168. Form <b>990</b> (2012

Form **990** (2012)

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

## **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. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 37-1192771 EP!C FOUNDATION. 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 11, check only one box) 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) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An 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) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h b Type II c X Type III - Functionally integrated d Type III · Non-functionally integrated e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (III) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col. (i) organized in the US? (described on lines 1-9) in col. (ı) listed in your organization in col. organization support governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes No EP!C, INC. 37-0794792 7 Х X Х 142,360. 142,360.

232021 12-04-1

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012

### Schedule A (Form 990 or 990 EZ) 2012 Part II Support Schedule for 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)

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to					-	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions	:					
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4				<u>L</u>	<u> </u>	1
	ction B. Total Support		Τ		T	- <del></del>	1
	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	·			1		
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain					j	
	or loss from the sale of capital						
	assets (Explain in Part IV)						
	<b>Total support.</b> Add lines 7 through 10	L,	<u> </u>	1	]		<u> </u>
	Gross receipts from related activities,	•	-			12	
13	First five years. If the Form 990 is for		s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
Sei	organization, check this box and stop ction C. Computation of Publ	<u>ic Support Pe</u>	rcentage				▶∟_
	Public support percentage for 2012 (			column (fl)	·	14	9
	• • • • • • • • • • • • • • • • • • • •		•	Column (i))		15	9
10	Public support percentage from 2011			on line 13, and line	14 is 33 1/3% or	<u> </u>	
	3 22 1/2% support tost - 2012 If the	nganization did H	or cliedy file DOX (		17 13 00 1/370 UI	more, check this Di	L □
	a 33 1/3% support test - 2012. If the constant here. The organization qualifies	as a nublicly supr	norted organization				
16a	stop here. The organization qualifies		<del>-</del>		l line 15 is 33 1/39	% or more check to	his box
16a	stop here. The organization qualifies 33 1/3% support test - 2011. If the o	organization did no	ot check a box on	line 13 or 16a, and	i line 15 is 33 1/39	% or more, check t	his box
16a	stop here. The organization qualifies 33 1/3% support test - 2011. If the cand stop here. The organization qualifies	organization did no lifies as a publicly	ot check a box on supported organiz	line 13 or 16a, and zation			▶□
16a	stop here. The organization qualifies 33 1/3% support test - 2011. If the cand stop here. The organization qual 10% -facts-and-circumstances tes	organization did no lifies as a publicly t - 2012. If the org	ot check a box on supported organiz ganization did not	line 13 or 16a, and zation check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
16a	stop here. The organization qualifies of 33 1/3% support test - 2011. If the control and stop here. The organization qualifies a 10% -facts-and-circumstances test and if the organization meets the "facts"	organization did no lifies as a publicly t - 2012. If the org cts-and-circumstar	ot check a box on supported organization did not nees" test, check t	line 13 or 16a, and zation check a box on line this box and stop I	e 13, 16a, or 16b, nere. Explain in Pa	and line 14 is 10%	or more,
16a	stop here. The organization qualifies 33 1/3% support test - 2011. If the cand stop here. The organization qualifies 10% -facts-and-circumstances test and if the organization meets the "facts-and-circumstances"	organization did no lifies as a publicly t - 2012. If the org cts-and-circumstar test. The organiza	ot check a box on supported organization did not nees" test, check thation qualifies as a	line 13 or 16a, and zation check a box on line this box and stop in publicly supporter	e 13, 16a, or 16b, nere. Explain in Pa d organization	and line 14 is 10% art IV how the organ	or more,
16a	stop here. The organization qualifies 3 33 1/3% support test - 2011. If the cand stop here. The organization qualifies 10% -facts-and-circumstances test and if the organization meets the "facts-and-circumstances" 10% -facts-and-circumstances test 10% -facts-and-circumstances test	organization did no lifies as a publicly t - 2012. If the org cts-and-circumstar test The organiza t - 2011. If the org	ot check a box on supported organization did not nees" test, check to ation qualifies as a ganization did not	line 13 or 16a, and zation check a box on line this box and stop h i publicly supported check a box on line	e 13, 16a, or 16b, nere. Explain in Pa d organization e 13, 16a, 16b, or	and line 14 is 10% art IV how the orgal	or more, nization 10% or
16a	stop here. The organization qualifies 3 33 1/3% support test - 2011. If the cand stop here. The organization qualifies 10% -facts-and-circumstances test and if the organization meets the "facts-and-circumstances" 10% -facts-and-circumstances test more, and if the organization meets the	organization did no lifies as a publicly t - 2012. If the org cts-and-circumstar test The organiza t - 2011. If the org he "facts-and-circu	ot check a box on supported organization did not acces test, check the ation qualifies as a ganization did not umstances test, c	line 13 or 16a, and cation check a box on line this box and stop to publicly supported check a box on line theck this box and	e 13, 16a, or 16b, nere. Explain in Pa d organization e 13, 16a, 16b, or stop here. Explai	and line 14 is 10% art IV how the orgal 17a, and line 15 is in in Part IV how the	or more, nization 10% or
16a	stop here. The organization qualifies 3 33 1/3% support test - 2011. If the cand stop here. The organization qualifies 10% -facts-and-circumstances test and if the organization meets the "facts-and-circumstances" 10% -facts-and-circumstances test 10% -facts-and-circumstances test	organization did no lifies as a publicly t - 2012. If the org ets-and-circumstar test. The organiza t - 2011. If the org he "facts-and-circu	ot check a box on supported organization did not aces" test, check the ation qualifies as a ganization did not umstances" test, or The organization	line 13 or 16a, and cation check a box on line this box and stop is publicly supported check a box on line theck this box and qualifies as a public	e 13, 16a, or 16b, nere. Explain in Pa d organization e 13, 16a, 16b, or stop here. Explai icly supported org	and line 14 is 10% art IV how the orgal 17a, and line 15 is in IP Part IV how the parization	or more, nization 10% or

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

(Complete only if you checked the box on line 9 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	, ,	<u></u>				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and	<del></del>					
membership fees received (Do not	I					
include any "unusual grants ")						_
2 Gross receipts from admissions,						
merchandise sold or services per	1					
formed, or facilities furnished in any activity that is related to the	I					
organization's tax-exempt purpose	I					
3 Gross receipts from activities that						
are not an unrelated trade or bus-	I					
iness under section 513	1					
4 Tax revenues levied for the organ		-				
ization's benefit and either paid to	1					
or expended on its behalf	I					
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge	1					
			<u> </u>	<del>                                     </del>		-
6 Total. Add lines 1 through 5	<u> </u>		-			
7a 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				1		<del> </del>
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)	L	1		<u> </u>		<u> </u>
Section B. Total Support			· · · · · · · · · · · · · · · · · · ·		· · · · ·	Τ
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6					<u> </u>	
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income Do not include gain			1			
or loss from the sale of capital						1
assets (Explain in Part IV)  13 Total support (Add lines 9, 10c, 11, and 12)					<del> </del>	
14 First five years. If the Form 990 is for	r the organization	's first second the	rd, fourth, or fifth t	lax vear as a secti	on 501(c)(3) organia	zation.
check this box and stop here	the organization	3 m3t, second, tm	ra, roartri, or inter t	ian year as a seem	ori so ricito) organiz	Lation,
Section C. Computation of Publ	ic Support Pe	ercentage				
15 Public support percentage for 2012 (			column (fl)		15	%
16 Public support percentage for 2012 (		•			16	%
Section D. Computation of Inves		_	· · · · · · · · · · · · · · · · · · ·		, , , ,	
17 Investment income percentage for 20					17	%
18 Investment income percentage from:			10, 00,00		18	%
19a 33 1/3% support tests - 2012. If the			on line 14 and lin	e 15 is more than		
• •	_					., 19 1101
more than 33 1/3%, check this box a	•			• • • • •		<b>▶</b> □
b 33 1/3% support tests - 2011. If the						. —
line 18 is not more than 33 1/3%, che						<b>&gt;</b>
20 Private foundation. If the organization	in did not check a	1 DOX on line 14, 19	ea, or 19b, check t			
232023 12-04-12				Sc	hedule A (Form 99	ю or 990-EZ) 2012

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

2012
Open to Public Inspection

Nam	e of the organization	NO.	Employer identification number
Da	EP!C FOUNDATION, I 't I Organizations Maintaining Donor Advise	NC.	37-1192771
Pai			ACCOUNTS. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	· · · · · · · · · · · · · · · · · · ·	(h) Funda and other populate
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		<del></del>
5	Did the organization inform all donors and donor advisors in	-	
_	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	• •	•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	
Pai	mpermissible private benefit?  † II Conservation Easements. Complete if the org	repression annuared "Yea" to Form 000. Port IV	Yes No
			, line /
1	Purpose(s) of conservation easements held by the organizat		III.
	Preservation of land for public use (e.g., recreation or e		
	Protection of natural habitat	Preservation of a certified h	istoric structure
_	Preservation of open space	ford	
2	Complete lines 2a through 2d if the organization held a quali	ned conservation contribution in the form of a co	onservation easement on the last
	day of the tax year		Hold at the End of the Tay Year
_	Total number of conceniation agreements		Held at the End of the Tax Year
a	Total coronage restricted by conservation conservation		2a   2b
b	Total acreage restricted by conservation easements  Number of conservation easements on a certified historic str	ucture included in (a)	2c 2c
4	Number of conservation easements on a certified historic still Number of conservation easements included in (c) acquired	, ,	20
u	listed in the National Register	atter 6/17/00, and not on a historic structure	2d
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the organ	
J	year >	icased, extinguished, or terminated by the organ	meation during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
Ū	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	-	· —
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	on easements in its revenue and expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the or	ganization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	<del></del>
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance of	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and t	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public se	rvice, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gain,	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

		UNDATION,				041-	- · · · · · ·		192771		<u>; 2</u>
Par											
3	Using the organization's acquisition, accessi	on, and other recor	ds, checl	k any of the	following tha	at are a s	ignifica	ant use of its	collection	items	
	(check all that apply)										
а	Public exhibition	•			hange progra	ams					
b	Scholarly research	•	e	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ıın how th	ney further t	he organizati	on's exe	mpt p	urpose in Pa	rt XIII		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er sımıla	r asset	s	<del></del> ,		
	to be sold to raise funds rather than to be ma								Yes	N	<u>lo_</u>
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par	-	lete if the	organizatio	on answered	"Yes" to	Form	990, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other as	sets not	includ	led			_
	on Form 990, Part X?		,						Yes		lo
b	If "Yes," explain the arrangement in Part XIII	and complete the fe	ollowina 1	table							
-			· <b>3</b>						Amount		_
С	Beginning balance						1	С			_
d	Additions during the year							d			_
e	Distributions during the year							e		.,,	_
f	Ending balance							f			_
	Did the organization include an amount on F	orm 990. Part X. line	e 21?						Yes		10
b	If "Yes," explain the arrangement in Part XIII			n has beer	provided in	Part XIII		_			
Par											
		(a) Current year		rior year	(c) Two yea			ee years bacl	(e) Four	years bac	
1a	Beginning of year balance		1		1-7		· · · · · ·		1	•	_
b	Contributions										_
c	Net investment earnings, gains, and losses								· ·		_
d	Grants or scholarships						-				
e	Other expenditures for facilities										_
	and programs										
f	Administrative expenses										
g	End of year balance										_
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1	g, column (	a)) held as						_
а	Board designated or quasi-endowment	ŕ	%	,							
b	Permanent endowment ▶	<del></del> %	_								
С	Temporarily restricted endowment	<del></del>									
	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%									
За	Are there endowment funds not in the posse	ession of the organi	zation tha	at are held a	and administe	ered for t	the org	anızatıon	_		
	by									Yes N	lo_
	(i) unrelated organizations								3a(ı)		
	(ii) related organizations								3a(II)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required	on Sched	dule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's end	lowment	funds							
Pai	rt VI Land, Buildings, and Equipm	<b>nent.</b> See Form 99	0, Part X	, line 10							
	Description of property	(a) Cost or	other	(b) Cos	t or other	(c) A	ccum	ılated	(d) Book	value	
		basis (invest	tment)	basis	(other)	de	precia	tion			
1a	Land										
b	Buildings										
С	Leasehold improvements					]					
d	Equipment										
<u>e</u>	Other			<u></u>							
Tota	Add lines 1a through 1e (Column (d) must e	aual Form 000 Par	+ Y colur	nn (R) line	10(c) )			<b>▶</b>		(	η.

Schedule D (Form 990) 2012

liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

		orm 990) 2012 EP!C FOUNDATION, INC.				1192771 Page <b>4</b>
Par		Reconciliation of Revenue per Audited Financial Statemer	its W	ith Revenue per R	eturr	<del></del>
1		venue, gains, and other support per audited financial statements			1	355,092.
2	Amount	s included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unre	ealized gains on investments	2a	133,469.		
b	Donated	services and use of facilities	2b			
С	Recover	nes of prior year grants	2c			
d	Other (D	Pescribe in Part XIII)	2d			
е	Add line	s 2a through 2d			2e	133,469.
3	Subtract	t line 2e from line 1			3	221,623.
4	Amount	s included on Form 990, Part VIII, line 12, but not on line 1				
а	Investm	ent expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (D	escribe in Part XIII )	4b			
С	Add line	s 4a and 4b			4c	0.
5	Total rev	venue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	221,623.
Pai	rt XII   F	Reconciliation of Expenses per Audited Financial Stateme	nts V	/ith Expenses per	Retu	ırn
1	Total ex	penses and losses per audited financial statements			1	163,314.
2	Amount	s included on line 1 but not on Form 990, Part IX, line 25				
а	Donated	services and use of facilities	2a			
b	Prior yea	ar adjustments	2b			
С	Other lo	sses	2c			
d	Other (D	Pescribe in Part XIII )	2d	<u> </u>		
	•	s 2a through 2d			2e	0.
3		t line 2e from line 1			3	163,314.
4		s included on Form 990, Part IX, line 25, but not on line 1				
а		ent expenses not included on Form 990, Part VIII, line 7b	4a			
		Describe in Part XIII )	4b			
	•	s 4a and 4b			4c	0.
5		penses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	163,314.
		Supplemental Information				
		part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to part to part XII, lines 2d and 4b.				2b, Part V, line 4, Part
				<del> </del>		

Schedule D (Form 990) 2012

SCHEDULE I (Form 990)			Grants and Governments	Other Assistances, and Individuals	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	se		2012
Department of the Treasury Internal Revenue Service		Comp	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.	n answered "Yes" to Fo ► Attach to Form 990.	' to Form 990, Par n 990.	t IV, line 21 or 22.		Open to Public Inspection
Name of the organization	EP!C	FOUNDATION, I	INC.					Employer identification number 37-1192771
Part I General Ir	General Information on Grants and Assistance	1 1						
1 Does the organiz	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	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the select	[
	criteria used to award the grants or assistance?	stance?	:	:				Yes X No
Part II	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for moni	foring the use of grant	Tunds in the United	omplote if the orac	VII posomodo aostoria	##0 000 mag 04 "ag	W line 21 for any
٦	grants and Other Assistance to governments and Organizations in the Ornice States. Complete in the Organization answered these to Form 990, Farmy, interstyring any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	55,000 Part II can	be duplicated if addition	onal space is need	omplete ii the orga led	iliizatioii ailsweled	es to rolli 990, rait	.v,
1 (a) Name and ac	1 (a) Name and address of organization or government	( <b>p</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 non-cash assistance	(h) Purpose of grant or assistance
EPIC, INC. 1913 W. TOWNLINE	EPIC, INC. 1913 W. TOWNLINE ROAD, PO BOX 3418		601/07/03/	C V L	c			GRANT TO SUPPORTED
1				• 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
2 Enter total numb 3 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	nd government or s listed in the line	ganizations listed in the	e line 1 table				
<sub>4</sub>	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2012)

12-18-12

Schedule I (Form 990) (2012) (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance 26 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

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INC.

EP!C FOUNDATION,

Schedule I (Form 990) (2012)

Part III

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

### 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.

2012
Open to Public Inspection

Internal Revenue Service Inspection Name of the organization Employer identification number EP!C FOUNDATION, INC. 37-1192771 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DESIGNATED FOR THE SUPPORT AND BENEFIT OF EP!C, INC. FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY ALL BOARD MEMBERS PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: ANY POSSIBLE CONFLICT OF INTEREST ON THE PART OF A DIRECTOR SHALL BE DISCLOSED TO THE BOARD. WHEN ANY SUCH INTEREST BECOMES A MATTER OF BOARD ACTION, SUCH DIRECTOR SHALL NOT VOTE OR USE PERSONAL INFLUENCE ON THE MATTER, AND SHALL NOT BE COUNTED ON THE QUORUM FOR A MEETING AT WHICH BOARD ACTION IS TAKEN ON THE INTEREST. DIRECTOR MAY, HOWEVER, BRIEFLY STATE A POSITION ON THE MATTER, AND ANSWER PERTINENT QUESTIONS OF BOARD MEMBERS. THE MINUTES OF ALL ACTIONS TAKEN ON

FORM 990, PART VI, SECTION B, LINE 15: THERE ARE NO EMPLOYEES IN EP!C FOUNDATION OF CENTRAL ILLINOIS, INC.

SUCH MATTERS SHALL CLEARLY REFLECT THAT THESE REQUIREMENTS HAVE BEEN MET.

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS AND POLICIES ARE AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PART XII, SECTION 2C: THE AUDIT COMMITTEE ASSUMES

RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS

AND SELECTION OF AN INDEPENDENT ACCOUNTANT WHICH IS THE SAME PROCESS AS

IN PRIOR YEARS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990. Related Organizations and Unrelated Partnerships EPIC FOUNDATION, INC. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2012 Open to Public Inspection OMB No 1545-0047

Employer identification number 37-1192771

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

	(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 organizations during the tax year)	ations (Complete if the organization an	if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	t IV, line 34 becaus	e it had one or more re	lated tax-exempt

(c)	-	(q)
	(e) (d) (e)	

-
Primary activity
TO PROVIDE LIFELONG
SERVICES TO THE
DEVELOPMENTALLY DISABLED

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

Schedule R (Form 990) 2012

Page 2

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Schedule R (Form 990) 2012 EP! C FOUNDATION, INC.

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(c) (d) Legal Direct controlling domicile (state or foreign country)
as a Corporati
organizations freated as a corporation or trust during the tax year)         (a)         (b)         (c)         (d)         (e)         (f)         (g)         (h)         (i)
Primary activity

# Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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				Yes	٥ د
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?	s with one or more re	lated organizations listed	n Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				, 1a	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				db X	
c Gift, grant, or capital contribution from related organization(s)				10	×
d Loans or loan guarantees to or for related organization(s)				1d	×
e Loans or loan guarantees by related organization(s)				1e X	
f Dividends from related organization(s)				— <b>∓</b>	×
			•		>
				<u> </u>	4 >
h Furchase of assets from related organization(s)				=	4
i Exchange of assets with related organization(s)				=	×
<ul> <li>Lease of facilities, equipment, or other assets to related organization(s)</li> </ul>				=	×
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k	×
I Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ę	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			Ę	×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				9	×
p Reimbursement paid to related organization(s) for expenses				1p	×
q Reimbursement paid by related organization(s) for expenses			-	19	×
r Other transfer of cash or property to related organization(s)				1r X	
s Other transfer of cash or property from related organization(s)				15	×
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds		
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved	
(1) EP!C, INC.	В	129,688.	AUDITED FINANCIAL STATEMENTS	ENTS	
(2) EP!C, INC.	មា	43,439.	AUDITED FINANCIAL STATEMENTS	ENTS	
(3) EP!C, INC.	ሺ	12,672.	AUDITED FINANCIAL STATEMENTS	ENTS	
(4)					
(5)					
(9)					
232163 12-10-12	30		Schedule R (Form 990) 2012	(Form 990	) 2012

37-1192771

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Schedule R (Form 990) 2012 EP! C FOUNDATION, INC.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

S, and EIN Primity activity (Legal dominale Predictional Country) (State of foreign (1965)) (Sta	(a) (b) (c) (d)	(Q)	(0)		(a)	(6)	(£)	Ξ	3	3
Country) under section 5/2-5/4/   New No.   Income assets	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income partir (related, unrelated, 501		Share of end-of-year	Dispropor- tronate allocations?	Code V-UBI amount in box 20	General or managing partner?	Percentage ownership
			country)	under section 512-514) Yes		assets	Yes No	(Form 1065)	Yes No	
				-						
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Cathodulo D (Form 000) 2012										
Cohedule D (Form 000) 2012										
Schoolule D (Form 000) 2013				-						
Schodule D (Form 000) 2013										
Schoolule B (Form 000) 2012										
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