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Form 990

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)

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

OMB No 1545-0047

2012

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization EPILEPSY FOUNDATION OF AMERICA		D Employer identification number 52-0856660
	Doing Business As		E Telephone number 301-459-3700
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 22,065,561.
	8301 PROFESSIONAL PLACE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City, town, or post office, state, and ZIP code LANDOVER, MD 20785		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
F Name and address of principal officer PHILIP M. GATTONE SAME AS C ABOVE			H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.EPILEPSYFOUNDATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1967 M State of legal domicile: DE

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities SEE PART III, LINE 1.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	22	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	21	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	77	
	6	Total number of volunteers (estimate if necessary)	100	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	142,053.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	9,561,857.	14,174,311.
	9	Program service revenue (Part VIII, line 2g)	458,371.	627,116.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7g)	491,493.	884,041.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-458,340.	-788,599.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,053,381.	14,896,869.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,614,557.	3,786,565.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,822,709.	5,350,779.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	94,400.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,971,504.		
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,597,396.	5,889,479.
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	13,034,662.	15,121,223.
	19	Revenue less expenses - Subtract line 18 from line 12	-2,981,281.	-224,354.
	20	Total assets (Part X, line 16)	18,225,598.	17,963,773.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	7,956,979.	7,704,627.
	22	Net assets or fund balances - Subtract line 21 from line 20	10,268,619.	10,259,146.

Part II Signature Block

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

Sign Here	Signature of officer	Date	5/13/14
	PHILIP M. GATTONE, PRESIDENT AND CEO Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	GELMAN, ROSENBERG & FREEDMAN	Jane R. Longo	5/9/14
	Firm's name	Firm's EIN	PTIN
	4550 MONTGOMERY AVE SUITE 650N	52-1392008	P01329561
	BETHESDA, MD 20814-2930	Phone no.	(301) 951-9090

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

☒ Yes ☐ No

G16 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

1 Briefly describe the organization's mission:

THE EPILEPSY FOUNDATION LEADS THE FIGHT TO STOP SEIZURES, FIND A CURE AND OVERCOME THE CHALLENGES CREATED BY EPILEPSY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 4,992,282. including grants of \$ 1,613,727.) (Revenue \$ 482,363.)

COMMUNITY SERVICES - THE FOUNDATION PROVIDES COMMUNITY SUPPORT FOR INDIVIDUALS, FAMILIES, CAREGIVERS AND OTHERS IMPACTED BY EPILEPSY AND SEIZURES THROUGH PROGRAMS DEVELOPED FOR OUR NATIONWIDE AFFILIATE NETWORK AND THROUGH SERVICES PROVIDED DIGITALLY. PROGRAMS ARE FUNDED THROUGH NATIONAL PARTNERSHIPS WITH GOVERNMENT AGENCIES, CORPORATE SPONSORS, FOUNDATION GRANTS AND PRIVATE DONATIONS. THE FOUNDATION IS COMMITTED TO SERVING AN INCREASING DIVERSE COMMUNITY BY BUILDING PROGRAMS AND INITIATIVES FOCUSING ON ETHNIC AND OTHER CULTURAL OUTREACH. THE FOUNDATION ACTIVELY ENGAGES IN LEGISLATIVE ADVOCACY TO IMPROVE ACCESS TO MEDICATIONS, HEALTH CARE, EMPLOYMENT AND CIVIL RIGHTS. THE FOUNDATION'S GOAL IS TO ENSURE THAT ALL PEOPLE AFFECTED BY EPILEPSY AND SEIZURES HAVE ACCESS TO APPROPRIATE SERVICES AND

4b (Code) (Expenses \$ 3,173,670. including grants of \$ 2,141,000.) (Revenue \$ 2,700.)

RESEARCH - THE EPILEPSY FOUNDATION SUPPORTS INNOVATIVE NEW THERAPIES AND RESEARCH TO ELIMINATE SEIZURES, SIDE EFFECTS, EPILEPSY-RELATED MORTALITY, CO-MORBIDITIES AND THE CONSEQUENCES OF EPILEPSY. THE FOUNDATION FOCUSES ON ACCELERATING RESEARCH THROUGH GRANTS, INVESTMENTS AND INNOVATIVE PARTNERSHIPS. OUR STRATEGIC RESEARCH GOALS ALSO INCLUDE ENCOURAGING SCIENTISTS AND CLINICIANS TO DEVOTE THEIR CAREERS TO EPILEPSY RESEARCH AND CLINICAL CARE THROUGH FINANCIAL AND OTHER FORMS OF SUPPORT.

4c (Code) (Expenses \$ 2,457,434. including grants of \$) (Revenue \$ 142,053.)

PUBLIC HEALTH EDUCATION - THE FOUNDATION PROVIDES COMPREHENSIVE INFORMATION ON EPILEPSY, AVAILABLE THERAPIES, PROVIDERS AND SERVICES TO INDIVIDUALS, FAMILIES AND HEALTHCARE PROFESSIONALS ONLINE AND IN LOCAL COMMUNITIES. THIS IS DONE THROUGH OUR WEB ENTERPRISE AT EPILEPSY.COM AS WELL AS THROUGH SOCIAL AND TRADITIONAL MEDIA RESOURCES. THE FOUNDATION BUILDS PARTNERSHIPS WITH PROFESSIONAL ORGANIZATIONS TO FOSTER EXCHANGE OF RELEVANT AND CUTTING EDGE INFORMATION. THE FOUNDATION ALSO HAS A 24 HOUR NATIONWIDE SUPPORT RESOURCE AND PROVIDES INFORMATION THROUGH OUR NETWORK OF EPILEPSY FOUNDATION AFFILIATES.

4d Other program services (Describe in Schedule O)

(Expenses \$ 915,940. including grants of \$ 31,838.) (Revenue \$)

4e Total program service expenses ► 11,539,326.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 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 98-19? 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	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
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, VII, VIII, IX, or X as applicable		
a 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
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d X	
e 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 X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
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 X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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Part IV Checklist of Required Schedules (continued)

	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 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
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)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

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

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	38	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	77	
2b	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).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," 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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	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?		X
6b	If "Yes," 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).		
7a	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?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?	N/A	
9b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.	N/A	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.	N/A	
11b	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	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	N/A	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.	N/A	
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	22	
b Enter the number of voting members included in line 1a, above, who are independent	21	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a 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 reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 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?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **SEE SCHEDULE O**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
DIANE RUBINSTEIN - 301-918-3702
8301 PROFESSIONAL PLACE, LANDOVER, MD 20785-2353

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WARREN LAMMERT CHAIR	1.00 1.00	X		X				0.	0.	0.
(2) BRIEN SMITH IMMEDIATE PAST CHAIR	1.00 1.00	X		X				0.	0.	0.
(3) ROGER HELDMAN TREASURER	1.00 1.00	X		X				0.	0.	0.
(4) MAY LIANG SECRETARY	1.00 1.00	X		X				0.	0.	0.
(5) JOYCE BENDER DIRECTOR	1.00 1.00	X						0.	0.	0.
(6) BRADLEY BOYER DIRECTOR	1.00 1.00	X						0.	0.	0.
(7) NANETTE DE TURK DIRECTOR	1.00 1.00	X						0.	0.	0.
(8) ORRIN DEVINSKY DIRECTOR	1.00 1.00	X						0.	0.	0.
(9) FRANK FISCHER DIRECTOR	1.00 1.00	X						0.	0.	0.
(10) BROOK GORDON DIRECTOR	1.00 1.00	X						0.	0.	0.
(11) JIM JACOBY DIRECTOR	1.00 1.00	X						0.	0.	0.
(12) KEVIN MALONE DIRECTOR	1.00 1.00	X						0.	0.	0.
(13) GARRY MENZEL DIRECTOR	1.00 1.00	X						0.	0.	0.
(14) DANIEL MOORE DIRECTOR	1.00 1.00	X						0.	0.	0.
(15) DENISE PEPPARD DIRECTOR	1.00 1.00	X						0.	0.	0.
(16) GEOFFREY POPE DIRECTOR	1.00 1.00	X						0.	0.	0.
(17) STEVEN C. SCHACHTER DIRECTOR	1.00 1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROBERT SMITH DIRECTOR	1.00 1.00	X						0.	0.	0.
(19) HOWARD R. SOULE DIRECTOR	1.00 1.00	X						0.	0.	0.
(20) DONNA STAHLUT DIRECTOR	1.00 1.00	X						0.	0.	0.
(21) ELIZABETH WEISWASSER DIRECTOR	1.00 1.00	X						0.	0.	0.
(22) PHILIP GATTONE PRESIDENT AND CEO	40.00 5.00	X		X				119,616.	0.	8,053.
(23) LEE GASTON VP/FINANCE (BEGAN 8/2012)	40.00 1.00			X				48,740.	0.	3,729.
(24) ALEXANDRA FINUCANE EXECUTIVE VICE PRESIDENT	40.00 1.00					X		170,766.	0.	12,986.
(25) ELLEN WOODS VP/DEVELOPMENT (UNTIL 7/2012)	40.00 1.00					X		141,664.	0.	5,189.
(26) PATRICIA DUKES VICE PRESIDENT/OPERATIONS	40.00 1.00					X		138,452.	0.	11,320.
1b Sub-total								619,238.	0.	41,277.
c Total from continuation sheets to Part VII, Section A								113,634.	0.	26,378.
d Total (add lines 1b and 1c)								732,872.	0.	67,655.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
GELMAN, ROSENBERG & FREEDMAN, 4550 MONTGOMERY AVE, #650N, BETHESDA, MD 20814	AUDIT/TAX SERVICES	167,647.
CORNERSTONE GOV'T AFFAIRS, 300 INDEPENDENCE AVE, SE, WASHINGTON, DC 20003	GOVERNMENT AFFAIRS	130,000.
YOUTH PULSE, 149 WEST 29TH ST, 7TH FLOOR, NEW YORK, NY 10001	PUBLIC AWARENESS	113,000.
NET RESULTS, 7174 COLUMBIA GATEWAY DR, #100, COLUMBIA, MD 21046	IT SERVICES	103,824.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2012)

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,263,892.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,448,005.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,462,414.				
	g Noncash contributions included in lines 1a-1f \$		164,632.				
	h Total. Add lines 1a-1f			14,174,311.			
Program Service Revenue		Business Code					
	2 a AFFILIATE FEES		900099	482,363.	482,363.		
	b WEB ADVERTISING		900004	142,053.		142,053.	
	c REGISTRATION FEES		900099	2,700.	2,700.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			627,116.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			265,616.			265,616.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			11,503.			11,503.
		(i) Real	(ii) Personal				
	6 a Gross rents						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		6,714,960.					
	b Less cost or other basis and sales expenses			6,096,535.			
	c Gain or (loss)			618,425.			
	d Net gain or (loss)			618,425.			618,425.
	8 a Gross income from fundraising events (not including \$ 1,263,892. of contributions reported on line 1c) See Part IV, line 18						
		a		50,550.			
	b Less direct expenses	b		864,060.			
	c Net income or (loss) from fundraising events			-813,510.			-813,510.
	9 a Gross income from gaming activities See Part IV, line 19						
		a					
	b Less direct expenses	b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances			68,759.				
b Less: cost of goods sold			208,097.				
c Net income or (loss) from sales of inventory			-139,338.	-139,338.			
Miscellaneous Revenue			Business Code				
11 a REIMBURSEMENTS		900099	150,413.			150,413.	
b MISCELLANEOUS		900099	2,333.			2,333.	
c							
d All other revenue							
e Total. Add lines 11a-11d			152,746.				
12 Total revenue. See instructions.			14,896,869.	345,725.	142,053.	234,780.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	3,667,565.	3,667,565.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	119,000.	119,000.		
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	383,882.	209,401.	148,306.	26,175.
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	4,053,702.	2,720,962.	770,713.	562,027.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	171,585.	115,064.	31,535.	24,986.
9 Other employee benefits	420,215.	275,332.	87,615.	57,268.
10 Payroll taxes	321,395.	210,265.	67,447.	43,683.
11 Fees for services (non-employees)				
a Management				
b Legal	12,209.	8,200.	1,316.	2,693.
c Accounting	78,390.	52,650.	8,451.	17,289.
d Lobbying	237,656.	159,621.	25,620.	52,415.
e Professional fundraising services. See Part IV, line 17	94,400.			94,400.
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,673,598.	1,187,474.	190,592.	295,532.
12 Advertising and promotion				
13 Office expenses	1,334,454.	752,699.	58,614.	523,141.
14 Information technology	125,237.	84,115.	13,501.	27,621.
15 Royalties	34,576.	23,223.	3,727.	7,626.
16 Occupancy	870,175.	656,553.	90,306.	123,316.
17 Travel	304,793.	197,992.	41,313.	65,488.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	514,522.	514,522.		
20 Interest	2,345.	674.	1,311.	360.
21 Payments to affiliates	88,135.	88,135.		
22 Depreciation, depletion, and amortization	190,990.	146,247.	20,116.	24,627.
23 Insurance	73,395.	55,377.	7,617.	10,401.
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 O.)				
a BAD DEBT EXPENSE	190,000.	190,000.		
b EQUIPMENT MAINTENANCE	87,113.	52,599.	32,720.	1,794.
c MEMBERSHIP	61,911.	48,791.	3,991.	9,129.
d MISCELLANEOUS	9,980.	2,865.	5,582.	1,533.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	15,121,223.	11,539,326.	1,610,393.	1,971,504.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	733,360.	256,372.	0.	476,988.

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	264,755.	1	512,520.
	2 Savings and temporary cash investments	20,374.	2	539,507.
	3 Pledges and grants receivable, net	1,829,369.	3	4,384,664.
	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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	37,920.	8	23,195.
	9 Prepaid expenses and deferred charges	144,129.	9	216,656.
	10a Land, buildings, and equipment. Cost or other basis. Complete Part VI of Schedule D	10a 3,536,488.		
	b Less accumulated depreciation	10b 3,030,124.		
	11 Investments - publicly traded securities	421,231.	10c	506,364.
	12 Investments - other securities. See Part IV, line 11	12,277,619.	11	8,298,661.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	3,230,201.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,225,598.	15	3,482,206.	
Liabilities	17 Accounts payable and accrued expenses	17,963,773.	16	
	18 Grants payable	2,457,717.	17	2,545,355.
	19 Deferred revenue	2,209,081.	18	1,627,945.
	20 Tax-exempt bond liabilities	28,078.	19	125,169.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	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		24	
	26 Total liabilities. Add lines 17 through 25	3,262,103.	25	3,406,158.
	Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.	7,956,979.	26
28 Unrestricted net assets		2,473,123.	27	3,760,935.
29 Temporarily restricted net assets		3,717,380.	28	2,197,075.
30 Permanently restricted net assets		4,078,116.	29	4,301,136.
31 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
32 Capital stock or trust principal, or current funds			30	
33 Paid-in or capital surplus, or land, building, or equipment fund			31	
34 Retained earnings, endowment, accumulated income, or other funds			32	
35 Total net assets or fund balances		10,268,619.	33	10,259,146.
36 Total liabilities and net assets/fund balances		18,225,598.	34	17,963,773.

Form 990 (2012)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,896,869.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,121,223.
3	Revenue less expenses Subtract line 2 from line 1	3	-224,354.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,268,619.
5	Net unrealized gains (losses) on investments	5	3,722.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	211,159.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,259,146.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☒

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

Form 990 (2012)

Department of the Treasury
Internal Revenue Service

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

2012

**Open to Public
Inspection**

Name of the organization

EPILEPSY FOUNDATION OF AMERICA

Employer identification number

52-0856660

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.)

- 1 ☐ A church, convention, conference, 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).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An 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).**

11 ☐ 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

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ 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)

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,601,229.	13,085,940.	12,481,964.	9,561,857.	14,174,311.	63,905,301.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	14,601,229.	13,085,940.	12,481,964.	9,561,857.	14,174,311.	63,905,301.
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)						643,671.
6 Public support. Subtract line 5 from line 4						63,261,630.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	14,601,229.	13,085,940.	12,481,964.	9,561,857.	14,174,311.	63,905,301.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	513,677.	396,618.	352,736.	317,911.	277,119.	1,858,061.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)	97,033.	164,958.	104,744.	56,668.	152,746.	576,149.
11 Total support. Add lines 7 through 10						66,339,511.
12 Gross receipts from related activities, etc. (see instructions)					12	3,022,036.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	95.36 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	93.42 %
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2012

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

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2012

Open to Public
Inspection

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

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

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

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

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

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

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

Name of organization

EPILEPSY FOUNDATION OF AMERICA

Employer identification number

52-0856660

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

232041
01-07-13

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		20,760.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		216,894.													
c Total lobbying expenditures (add lines 1a and 1b)		237,654.													
d Other exempt purpose expenditures		14,883,569.													
e Total exempt purpose expenditures (add lines 1c and 1d)		15,121,223.													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		906,061.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		226,515.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	909,647.	903,310.	801,733.	906,061.	3,520,751.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,281,127.
c Total lobbying expenditures	302,024.	284,747.	280,850.	237,654.	1,105,275.
d Grassroots nontaxable amount	227,412.	225,828.	200,433.	226,515.	880,188.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,320,282.
f Grassroots lobbying expenditures	64,517.	52,450.	21,766.	20,760.	159,493.

Schedule C (Form 990 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.

OMB No. 1545-0047

2012Open to Public
Inspection

Name of the organization

EPILEPSY FOUNDATION OF AMERICA

Employer identification number

52-0856660**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(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		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

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

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

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

☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,078,116.	4,257,131.	3,912,836.	3,665,795.	4,550,892.
b Contributions		250.	10,000.		10,000.
c Net investment earnings, gains, and losses	240,137.	-159,908.	551,854.	355,835.	-895,097.
d Grants or scholarships					
e Other expenditures for facilities and programs	17,117.	19,357.	217,559.	108,794.	
f Administrative expenses					
g End of year balance	4,301,136.	4,078,116.	4,257,131.	3,912,836.	3,665,795.

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☒ 100.00 %

c Temporarily restricted endowment ☐ %

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

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		3,536,488.	3,030,124.	506,364.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				506,364.

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See Form 990, Part X, line 12

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	3,265,535.
(2) DUE FROM AFFILIATES	216,671.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)	3,482,206.

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	624,162.
(3) DUE TO THE FOUNDATION	2,781,996.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	3,406,158.

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

1	Total revenue, gains, and other support per audited financial statements	1	15,111,750.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	3,722.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	211,159.
e	Add lines 2a through 2d	2e	214,881.
3	Subtract line 2e from line 1	3	14,896,869.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,896,869.

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

1	Total expenses and losses per audited financial statements	1	15,121,223.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	15,121,223.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	15,121,223.

Part XIII Supplemental Information

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

PART V, LINE 4: THE ENDOWMENT FUNDS INCLUDE BOTH ENDOWMENT FUNDS AND

PERPETUAL FUNDS HELD BY OUTSIDE INVESTMENT COMPANIES. INCOME IS EITHER FOR THE UNRESTRICTED USE OF THE FOUNDATION OR RESEARCH.

PART X, LINE 2: FOR THE YEARS ENDED JUNE 30, 2013 AND 2012, THE

EPILEPSY FOUNDATION AND THE EPILEPSY RESEARCH FOUNDATION HAVE DOCUMENTED

THEIR CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES

GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)

NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT IS FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 211,159.

Department of the Treasury
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

Open To Public Inspection

Employer identification number
52-0856660

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- a ☒ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- ☒
- Yes
- ☐
- No

- | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| MINDSET DIRECT - 1700 N. JEFFERSON STREET, ARLINGTON, | | | X | 1,196,959. | 94,400. | 1,102,559. |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Total | | | | 1,196,959. | 94,400. | 1,102,559. |

- AL, AZ, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, OH, OK, OR
PA, RI, SC, TN, UT, VA, WV, WI

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

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	WALK	GALA	2	(add col (a) through col (c))
	(event type)	(event type)	(total number)	
Revenue				
1 Gross receipts	933,117.	367,135.	14,190.	1,314,442.
2 Less Contributions	933,117.	316,585.	14,190.	1,263,892.
3 Gross income (line 1 minus line 2)		50,550.		50,550.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	3,000.	15,500.		18,500.
7 Food and beverages	2,526.	48,459.		50,985.
8 Entertainment	1,750.	1,750.		3,500.
9 Other direct expenses	582,249.	196,110.	12,716.	791,075.
10 Direct expense summary Add lines 4 through 9 in column (d)				(864,060)
11 Net income summary Combine line 3, column (d), and line 10				-813,510.

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: MINDSET DIRECT

(I) ADDRESS OF FUNDRAISER: 1700 N. JEFFERSON STREET, ARLINGTON, VA 22205

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

EPILEPSY FOUNDATION OF AMERICA

Employer identification number
52-0856660

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AVENUE ALBANY, NY 12208	14-1338310	501(C)(3)	50,000.	0.			RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA MS: BCM 310 HOUSTON, TX 77030	17-4161387	501(C)(3)	129,500.	0.			RESEARCH
BROWN UNIVERSITY 164 ANGELL STREET, BOX 1929 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	95,000.	0.			RESEARCH
CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVENUE BOSTON, MA 02115	10-4277441	501(C)(3)	47,500.	0.			RESEARCH
CLEVELAND CLINIC-AES 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	45,000.	0.			RESEARCH
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - BOX 49 630 WEST 168TH STREET - NEW YORK, NY 10032	13-5598093	501(C)(3)	90,000.	0.			RESEARCH

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

76.

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

0.

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

Schedule I (Form 990) (2012)

EPILEPSY FOUNDATION OF AMERICA

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY 1599 CLIFTON ROAD NE, 4TH FLOOR MAILSTOP: 1599-001-1BA - ATLANTA, GA 30322	58-0566256	501(C)(3)	70,000.	0.			RESEARCH
LIEBER INSTITUTE 855 NORTH WOLFE ST, #300 BALTIMORE, MD 21205	26-3690883	501(C)(3)	50,000.	0.			RESEARCH
MICHIGAN STATE UNIVERSITY HANNAH ADMIN, 426 AUDITORIUM RD, #3 EAST LANSING, MI 48824	38-6005984	501(C)(3)	50,000.	0.			RESEARCH
NORTHWESTERN UNIV RUBLOFF BLDG, 7TH FL, 750 NORTH LAK CHICAGO, IL 60611	36-2167817	501(C)(3)	65,000.	0.			RESEARCH
NEW YORK UNIVERSITY SCHOOL OF MEDICINE - SPONSORED PROGRAMS ADMINISTRATION ONE PARK AVENUE, 6TH FLOOR - NEW YORK, NY 10016	13-5562308	501(C)(3)	150,000.	0.			RESEARCH
REGENTS OF UNIV MINNESOTA PO BOX 1450 MINNEAPOLIS, MN 55485-595	41-6007513	501(C)(3)	20,000.	0.			RESEARCH
SOUTHERN ILLINOIS UNIVERSITY 801 N. RUTLEDGE, RM 2077, POB 19616 SPRINGFIELD, IL 62794	37-6005961	501(C)(3)	50,000.	0.			RESEARCH
STANFORD UNIVERSITY 301 RAVENSWOOD AVENUE MENLO PARK, CA 94025-3434	94-1156365	501(C)(3)	50,000.	0.			RESEARCH
THE CHILD HOSP OF PHIL PO BOX 8500 PHILADELPHIA, PA 19178-145	23-1352166	501(C)(3)	20,000.	0.			RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 S. STATE STREET ROOM 1054 - ANN ARBOR, MI 48109-1274	38-6006309	501(C)(3)	90,000.	0.			RESEARCH
THE REGENTS THE UNIV CA 11000 KINROSS AVENUE, SUITE 211 LOS ANGELES, CA 90095	95-6006143	501(C)(3)	20,000.	0.			RESEARCH
THOMAS JEFFERSON UNIVERSITY 909 WALNUT STREET, SUITE300 PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	40,000.	0.			RESEARCH
TUFTS UNIVERSITY 136 HARRISON AVENUE BOSTON, MA 02111	04-2103634	501(C)(3)	45,000.	0.			RESEARCH
UNIV CINCINNATI 136 HARRISON AVENUE BOSTON, MA 02111	04-2103634	501(C)(3)	450,000.	0.			RESEARCH
UNIV OF CALIFORNIA-AES 11000 KINROSS AVENUE, SUITE 211 LOS ANGELES, CA 90095	95-6006143	501(C)(3)	45,000.	0.			RESEARCH
UNIVERSITY OF MICHIGAN 3003 S. STATE STREET ROOM 1054 ANN ARBOR, MI 48109-1274	38-6006309	501(C)(3)	20,000.	0.			RESEARCH
UNIVERSITY OF ILLINOIS SOUTH RESEARCH PARK, MC-685, 1901 SOUTH FIRST ST, SUITE A - CHAMPAIGN, IL 61	37-6000511	501(C)(3)	50,000.	0.			RESEARCH
UNIVERSITY OF CO DENVER PO BOX 91238 DENVER, CO 80291-023	84-6000555	501(C)(3)	31,000.	0.			RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF FLORIDA 219 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	20,000.	0.			RESEARCH
UNIVERSITY OF KENTUCKY 109 KINKEAD HALL LEXINGTON, KY 40506-0057	61-6033693	501(C)(3)	45,000.	0.			RESEARCH
UNIVERSITY OF PA 3400 CIVIC CTR BLVD, PERELMAN CTR FOR ADVANCED MEDICINE - PHILADELPHIA, PA 1	23-1352685	501(C)(3)	50,000.	0.			RESEARCH
UNIVERSITY OF WYOMING DEPT 3355, 1000 E. UNIVERSITY AVE LARAMIE, WY 82071	83-6000331	501(C)(3)	20,000.	0.			RESEARCH
WASHINGTON UNIV-AES 660 SOUTH EUCLID AVE, CAMPUS BOX 80 ST. LOUIS, MO 63110	43-0653611	501(C)(3)	45,000.	0.			RESEARCH
YALE UNIVERSITY 47 COLLEGE STREET, SUITE 203 PO BOX 208047 - NEW HAVEN, CT 06520-8047	06-0646973	501(C)(3)	45,000.	0.			RESEARCH
EPILEPSY FOUNDATION IDAHO 310 W IDAHO ST BOISE, ID 83702-6039	23-7160426	501(C)(3)	5,050.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION NORTHWEST 2311 N 45TH ST #134 SEATTLE, WA 98103-6905	91-1062461	501(C)(3)	45,390.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION NEW ENGLAND 540 GALLIVAN BLVD #200 BOSTON, MA 02124-5400	22-2505819	501(C)(3)	50,200.	0.			COMMUNITY SERVICE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990) Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPILEPSY FOUNDATION VERMONT PO BOX 6292 RUTLAND, VT 05702-6292	03-0273967	501(C)(3)	12,400.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION CONNECTICUT 386 MAIN ST MIDDLETOWN, CT 06457-3360	22-2535999	501(C)(3)	17,500.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION NEW JERSEY 1 AAA DR #203 TRENTON, NJ 08691-1811	23-7082215	501(C)(3)	54,700.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION ROCHESTER-SYRACUSE-BINGHAMTON - 1650 SOUTH AVE #300 - ROCHESTER, NY 14620-3926	22-2146295	501(C)(3)	14,850.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION LONG ISLAND 506 STEWART AVE GARDEN CITY, NY 11530-4706	11-1821135	501(C)(3)	26,500.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION METROPOLITAN NEW YORK - 65 BROADWAY, SUITE 505 - NEW YORK, NY 10006-2540	13-2608325	501(C)(3)	17,700.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION NORTHEASTERN NEW YORK - 3 WASHINGTON SQ - ALBANY, NY 12205-5523	14-1637156	501(C)(3)	36,750.	0.			COMMUNITY SERVICE
SOCIEDAD PUERTORRIQUENA DE EPILEPSIA - 1100 CALLE MARGINAL RUIZ SOLER - BAYAMON, PR 00959-7365	66-0312587	501(C)(3)	21,000.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION DELAWARE 240 N JAMES ST #104 NEWPORT, DE 19804-3167	51-6018401	501(C)(3)	21,500.	0.			COMMUNITY SERVICE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPILEPSY FOUNDATION CHESAPEAKE REGION - 8503 LASALLE ROAD - TOWSON, MD 21286-5915	52-2210541	501(C)(3)	31,220.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION EASTERN PENNSYLVANIA - 919 WALNUT ST #700 - PHILADELPHIA, PA 19107-5237	23-1882279	501(C)(3)	18,400.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION WESTERN/CENTRAL PENNSYLVANIA - 1501 REEDSDALE ST #3002 - PITTSBURGH, PA 15233-2310	23-7241930	501(C)(3)	56,500.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION VIRGINIA PO BOX 800659 CHARLOTTESVILLE, VA 22908-0659	54-1379432	501(C)(3)	21,950.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION ALABAMA 273 AZALEA RD #310 MOBILE, AL 36609-1970	63-0718795	501(C)(3)	31,000.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION FLORIDA 1200 NW 78TH AVE, SUITE 400 MIAMI, FL 33126-1891	59-2164525	501(C)(3)	82,950.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION GEORGIA 6065 ROSWELL RD #715 ATLANTA, GA 30328-4030	58-1115869	501(C)(3)	24,500.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION MISSISSIPPI 2001 AIRPORT RD N #307 FLOWOOD, MS 39232-8849	64-0605780	501(C)(3)	18,150.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION NORTH CAROLINA 1920 W. FIRST STREET, SUITE 5541A WINSTON SALEM, NC 27104-4220	56-1011151	501(C)(3)	36,750.	0.			COMMUNITY SERVICE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
EPILEPSY FOUNDATION SOUTHEAST TENNESSEE - 1 SISKIN PLZ - CHATTANOOGA, TN 37403-1306	58-1309190	501(C)(3)	8,000.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION EAST TENNESSEE 1715 E MAGNOLIA AVE KNOXVILLE, TN 37917-7827	58-1328013	501(C)(3)	38,500.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION MIDDLE & WEST TENNESSEE - 95 WHITE BRIDGE RD SUITE 215 - NASHVILLE, TN 37205-1482	58-1368789	501(C)(3)	24,400.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION NORTH/CENTRAL ILLINOIS IOWA & NEBRASKA - 321 W STATE ST #208 - ROCKFORD, IL 61101-1119	36-2741730	501(C)(3)	49,250.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION GREATER CHICAGO - 17 N STATE ST SUITE 650 - CHICAGO, IL 60602-3315	36-2317619	501(C)(3)	47,356.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION GREATER SOUTHERN ILLINOIS - 140 IOWA AVE #A - BELLEVILLE, IL 62220-3940	51-0225010	501(C)(3)	20,150.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION MINNESOTA 1600 UNIVERSITY AVE W #300 SAINT PAUL, MN 55104-3800	41-0874541	501(C)(3)	31,020.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION GREATER CINCINNATI AND COLUMBUS - 895 CENTRAL AVE #550 - CINCINNATI, OH 45202-5757	23-7284156	501(C)(3)	90,350.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION KENTUCKIANA 982 EASTERN PKWY LOUISVILLE, KY 40217-1566	61-1314540	501(C)(3)	26,000.	0.			COMMUNITY SERVICE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPILEPSY FOUNDATION WESTERN OHIO 11 W MONUMENT AVE, SUITE 101 DAYTON, OH 45402-1293	31-0920600	501(C)(3)	11,250.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION INDIANA 3901 W 86TH ST #380 INDIANAPOLIS, IN 46268-1799	20-5609111	501(C)(3)	15,000.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION SOUTHEAST WISCONSIN - 735 N WATER ST #541 - MILWAUKEE, WI 53202-4118	39-1666676	501(C)(3)	13,000.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION WESTERN WISCONSIN - 1812 BRACKETT AVE #5 - EAU CLAIRE, WI 54701-4677	39-1372185	501(C)(3)	14,500.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION HEART OF WISCONSIN - 1302 MENDOTA ST #100 - MADISON, WI 53714-1059	39-1370658	501(C)(3)	103,800.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION MICHIGAN 25200 TELEGRAPH ROAD, SUITE 110 SOUTHFIELD, MI 48033-7497	38-1508581	501(C)(3)	88,750.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION LOUISIANA 11762 S HARRELL'S FERRY RD SUITE A BATON ROUGE, LA 70816-2398	72-0824847	501(C)(3)	38,500.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION TEXAS - HOUSTON/DALLAS-FORT WORTH/WEST TEXAS - 2401 FOUNTAIN VIEW DR., SUITE 900 - HOUSTON, TX 77057-4821	74-2141084	501(C)(3)	101,800.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION CENTRAL & SOUTH TEXAS - 10615 PERRIN BEITEL RD #602 - SAN ANTONIO, TX 78217-3142	76-0415338	501(C)(3)	57,890.	0.			COMMUNITY SERVICE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPILEPSY FOUNDATION MISSOURI & KANSAS - 4406 ST. VINCENT - SAINT LOUIS, MO 63119-3429	43-6048869	501(C)(3)	23,600.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION COLORADO 5889 GREENWOOD PLAZA BLVD, SUITE 404 - GREENWOOD VILLAGE, CO 80111-2504	84-0607069	501(C)(3)	37,650.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION ARIZONA 240 W. THOMAS ROAD, 2ND FLOOR PHOENIX, AZ 85013-4407	86-6080639	501(C)(3)	26,270.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION NORTHERN CALIFORNIA - 155 MONTGOMERY STREET SUITE 309 - SAN FRANCISCO, CA 94104-4108	94-6128891	501(C)(3)	5,750.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION SAN DIEGO COUNTY - 2055 EL CAJON BLVD - SAN DIEGO, CA 92104-1091	95-1981182	501(C)(3)	25,050.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION GREATER LOS ANGELES - 5777 W CENTURY BLVD #820 - LOS ANGELES, CA 90045-5659	95-2046033	501(C)(3)	49,750.	0.			COMMUNITY SERVICE
EPILEPSY FOUNDATION HAWAII 1050 ALA MOANA BLVD, SUITE 2550 HONOLULU, HI 96814-4932	23-7216782	501(C)(3)	17,750.	0.			COMMUNITY SERVICE

Part III 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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SEAL OF EXCELLENCE AWARDS	3	119,000.	0.		••

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

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION GENERALLY REQUIRES
DOCUMENTATION OF EXPENDITURES, AND ACHIEVEMENT OF GOALS OF GRANT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

EPILEPSY FOUNDATION OF AMERICA

Employer identification number

52-0856660

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to
establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

- a** The organization?
b Any related organization?
If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

- a** The organization?
b Any related organization?
If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

9

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

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A: THE ORGANIZATION'S CFO HAS LIMITED TRAVEL FOR HIS FAMILY INCLUDED IN HIS CONTRACT, AND HAS BEEN INCLUDED IN HIS TAXABLE WAGES.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2012

Open to Public
Inspection

► Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization

EPILEPSY FOUNDATION OF AMERICA

Employer identification number

52-0856660

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		14,648.	FMV
6 Cars and other vehicles	X	87	51,985.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	12	97,999.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II

Yes No

30a		X
31	X	
32a	X	

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

Schedule M (Form 990) (2012)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): THE AMOUNT LISTED IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, LINE 32B: A SEPARATE COMPANY COLLECTS AND SELLS CARS THAT ARE DONATED TO THE ORGANIZATION. THIS ORGANIZATION THEN REMITS THE FUNDS RECEIVED FROM THE SALE OF THESE VEHICLES TO EFA.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

EPILEPSY FOUNDATION OF AMERICA

Employer identification number

52-0856660

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INFORMATION TO HELP BEST MANAGE EPILEPSY IN THEIR LIVES.

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

PATIENT SERVICES

EXPENSES \$ 862,710. INCLUDING GRANTS OF \$ 31,838. REVENUE \$ 0.

PROFESSIONAL EDUCATION AND TRAINING

EXPENSES \$ 53,230. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZING DOCUMENTS WERE
CHANGED TO REFLECT THE MERGER BETWEEN THE EPILEPSY FOUNDATION OF AMERICA
WITH THE EPILEPSY THERAPY PROJECT.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE
OUTSIDE ACCOUNTANTS AND AN ELECTRONIC COPY OF THE DRAFT FORM 990 WAS SENT
TO ALL BOARD MEMBERS FOR QUESTIONS, COMMENTS, OR CHANGE REQUESTS. WHEN
CHANGES ARE MADE, THE ORGANIZATION RESENDS THE FINAL COPY TO ALL BOARD
MEMBERS BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE EPILEPSY FOUNDATION HAS A
CONFLICT OF INTEREST POLICY AS PART OF ITS CODE OF ETHICS THAT IS SHARED
WITH ALL VOLUNTEERS, BOARD, EMPLOYEES AND AFFILIATES. BOARD MEMBERS AND
STAFF ANNUALLY COMPLETE A WRITTEN CONFLICT OF INTEREST DISCLOSURE
STATEMENT, WHICH IS KEPT ON FILE AT FOUNDATION HEADQUARTERS. FOUNDATION
POLICY REQUIRES ANYONE WITH A CONFLICT OF INTEREST TO REVEAL THE CONFLICT

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

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

232211
01-04-13

Name of the organization

EPILEPSY FOUNDATION OF AMERICA

Employer identification number

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DURING ANY DISCUSSIONS, DECISIONS, OR ACTIONS THAT TAKE PLACE IN WHICH A CONFLICT MAY ARISE, AND TO RECUSE HIM OR HERSELF FROM THE DECISION-MAKING OR ACTION TAKEN. THE EXECUTIVE COMMITTEE MAINTAINS AND REVIEWS THE CONFLICT OF INTEREST DISCLOSURE STATEMENTS FROM BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15: THE EPILEPSY FOUNDATION'S EXECUTIVE COMMITTEE SETS COMPENSATION FOR THE PRESIDENT & CEO OF THE FOUNDATION AND REVIEWS AND APPROVES ALL COMPENSATION FOR VICE PRESIDENTS (KEY EMPLOYEES). THE CEO IS HIRED AND COMPENSATION TERMS ARE SET BY CONTRACT WHICH HAS BEEN DEVELOPED BY THE EXECUTIVE COMMITTEE OF THE BOARD. THE EXECUTIVE COMMITTEE IS MADE UP OF EPILEPSY FOUNDATION OFFICERS AND BOARD MEMBERS, ALL WHO ARE VOLUNTEERS, AND INCLUDES THE CEO AS A NONVOTING MEMBER ONLY. DURING THE PROCESS FOR CONTRACT DETERMINATION, THE CEO IS RECUSED FROM ALL MEETINGS OF THE EXECUTIVE COMMITTEE THAT CONCERN HIS CONTRACT TERMS. THE CHAIR OF THE FOUNDATION NEGOTIATES THE TERMS OF THE CONTRACT WITH THE CEO UNDER THE DIRECTION AND WITH APPROVAL OF TERMS ESTABLISHED BY THE EXECUTIVE COMMITTEE OF THE BOARD.

IN ORDER TO DETERMINE AN APPROPRIATE SALARY AND COMPENSATION, THE EXECUTIVE COMMITTEE REVIEWS COMPARABLE DATA FROM THE WASHINGTON, DC METRO AREA FOR THE CEO POSITION, AS WELL AS DATA FROM THE NATIONAL HEALTH COUNCIL ON COMPENSATION OF CEOS FOR COMPARABLY SIZED AND SIMILARLY SITUATED NONPROFIT ENTITIES. SOURCES REVIEWED AT LAST CONTRACT NEGOTIATION FOR THE CEO INCLUDED THE NATIONAL HEALTH COUNCIL SURVEY DATA, THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES SURVEY FOR THE WASHINGTON, DC METRO AREA, DATA FROM THE AMERICAN RESEARCH COMPANY'S GENERAL SURVEY, AND HEALTH AND DISEASE SEGMENT FOR ALL GEOGRAPHY, FOR THE DC METRO AREA. BASED UPON THIS DATA, A SALARY RANGE IS DETERMINED FOR THE CEO POSITION. MINUTES OF THE EXECUTIVE

Name of the organization

EPILEPSY FOUNDATION OF AMERICA

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COMMITTEE DELIBERATIONS AND ACTION CONCERNING COMPENSATION ARE KEPT AT THE FOUNDATION'S HEADQUARTERS OFFICE. IN ADDITION, THE SIGNED CONTRACT SETTING SALARY AND COMPENSATION AND ALL TERMS OF EMPLOYMENT FOR CEO ARE MAINTAINED IN THE FOUNDATION'S HEADQUARTERS RECORDS. DOCUMENTATION OF THE DATA SOURCES, THE COMPARATIVE EVALUATIONS MADE, AND THE RESULTS OF THE EXECUTIVE COMMITTEE DELIBERATIONS, AND MINUTES OF MEETINGS DURING EXECUTIVE SESSION ARE ALSO INCLUDED IN THESE FILES.

ANNUAL REVIEW OF CEO PERFORMANCE IS DONE BY THE EXECUTIVE COMMITTEE IN EXECUTIVE SESSION (WITHOUT THE CEO BEING PRESENT), WITH A FORMAL WRITTEN REVIEW REQUIRED. THIS PERFORMANCE REVIEW SERVES AS THE BASIS FOR AN ANNUAL BONUS FOR THE CEO, IF ANY, WITHIN THE TERMS OF THE CEO CONTRACT. THE LAST COMPENSATION REVIEW TOOK PLACE AFTER JULY, 2012.

THE CEO IS RESPONSIBLE FOR HIRING AND COMPENSATION OF ALL EMPLOYEES OF THE FOUNDATION, INCLUDING KEY EMPLOYEES (VICE PRESIDENTS). NO KEY EMPLOYEE OTHER THAN THE CEO PARTICIPATES IN THE EXECUTIVE COMMITTEE'S COMPENSATION REVIEW OF THE VICE PRESIDENTS (KEY EMPLOYEES) OF THE FOUNDATION, AND THE CEO IS ASKED TO RECUSE HIMSELF DURING THE EXECUTIVE SESSION MEETING. DOCUMENTATION OF THE MATERIALS REVIEWED AND DISCUSSION IS MAINTAINED BY CHAIR OF EXECUTIVE COMMITTEE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AK, AZ, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, OH, OK, OR
PA, RI, SC, TN, UT, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: THE EPILEPSY FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

Name of the organization

EPILEPSY FOUNDATION OF AMERICA

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AVAILABLE TO THE PUBLIC UPON REQUEST.

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

CONSULTANTS & OTHER:

PROGRAM SERVICE EXPENSES	1,137,320.
MANAGEMENT AND GENERAL EXPENSES	182,543.
FUNDRAISING EXPENSES	283,050.
TOTAL EXPENSES	1,602,913.

STORAGE/MATERIAL HANDLING:

PROGRAM SERVICE EXPENSES	14,388.
MANAGEMENT AND GENERAL EXPENSES	2,309.
FUNDRAISING EXPENSES	3,581.
TOTAL EXPENSES	20,278.

CONTRACT SERVICES - OTHER:

PROGRAM SERVICE EXPENSES	35,766.
MANAGEMENT AND GENERAL EXPENSES	5,740.
FUNDRAISING EXPENSES	8,901.
TOTAL EXPENSES	50,407.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,673,598.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	211,159.
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FORM 990, PART XII, LINE 2C:

IN THE PRIOR YEAR, THE ORGANIZATION HAD AN AUDIT COMMITTEE THAT

REVIEWED THE AUDIT. HOWEVER, DURING 2013, THE ORGANIZATION DID NOT

Name of the organization

EPILEPSY FOUNDATION OF AMERICA

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HAVE AN AUDIT COMMITTEE. AN ADHOC COMMITTEE WILL BE APPOINTED TO REVIEW
THE AUDITED FINANCIAL STATEMENTS AND FORM 990.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
							Yes No	Yes No	Yes No	

[illegible][illegible]

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.**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?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes No	
					1a	1b
(1)						X
(2)						X
(3)						X
(4)						X
(5)						X
(6)						X

Part VII	Supplemental Information
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Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

[illegible]

