

Form **990**

**Return of Organization Exempt From Income Tax**

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

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>EPILEPSY FOUNDATION OF AMERICA</b>		<b>D</b> Employer identification number <b>52-0856660</b>
	Doing business as		<b>E</b> Telephone number <b>301-459-3700</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>16,061,354.</b>
	<b>8301 PROFESSIONAL PLACE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>LANDOVER, MD 20785</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>PHILIP M. GATTONE</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number ▶	
<b>I</b> 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			
<b>J</b> Website: ▶ <b>WWW.EPILEPSY.COM</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1967</b> <b>M</b> State of legal domicile: <b>DE</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>SEE PART III, LINE 1.</b>			
	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) ..... <b>22</b>		
	4	Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>21</b>		
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a) ..... <b>71</b>		
	6	Total number of volunteers (estimate if necessary) ..... <b>100</b>		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>0.</b>		
	7b	Net unrelated business taxable income from Form 990-T, line 34 ..... <b>0.</b>		
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h) ..... <b>17,745,071.</b>	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g) ..... <b>526,812.</b>	<b>12,995,210.</b>	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>582,592.</b>	<b>902,238.</b>	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>-4,176,221.</b>	<b>432,365.</b>	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>14,678,254.</b>	<b>-1,206,937.</b>	<b>13,122,876.</b>
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>2,323,297.</b>	<b>2,160,223.</b>	
	14	Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b>	<b>0.</b>	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>5,338,527.</b>	<b>4,988,897.</b>	
	16a	Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>400,550.</b>	<b>353,150.</b>	
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,493,442.</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>5,961,813.</b>	<b>5,814,622.</b>	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>14,024,187.</b>	<b>13,316,892.</b>	
19	Revenue less expenses. Subtract line 18 from line 12 ..... <b>654,067.</b>	<b>-194,016.</b>		
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16) ..... <b>17,379,507.</b>	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26) ..... <b>5,878,873.</b>	<b>16,184,412.</b>	<b>4,708,772.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20 ..... <b>11,500,634.</b>	<b>11,475,640.</b>	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer:	Date: <b>3/15/16</b>
	Type or print name and title: <b>PHILIP M. GATTONE, PRESIDENT AND CEO</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name: <b>Jarvis M. Bass</b>	Preparer's signature:	Date: <b>3/1/16</b>	Check if self-employed: <input type="checkbox"/>	PTIN: <b>P01329561</b>
	Firm's name: <b>GELMAN, ROSENBERG &amp; FREEDMAN</b>	Firm's EIN: <b>52-1392008</b>	Firm's address: <b>4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930</b>		
Phone no. <b>(301) 951-9090</b>					

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE EPILEPSY FOUNDATION IS TO STOP SEIZURES AND SUDEP, FIND A CURE AND OVERCOME THE CHALLENGES CREATED BY EPILEPSY THROUGH EFFORTS INCLUDING EDUCATION, ADVOCACY AND RESEARCH TO ACCELERATE IDEAS INTO THERAPIES.

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

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

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

4a (Code: ) (Expenses \$ 4,534,969. including grants of \$ 853,075.) (Revenue \$ 421,318.) 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 \$ 2,051,517. including grants of \$ ) (Revenue \$ ) 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.

4c (Code: ) (Expenses \$ 2,075,703. including grants of \$ 1,273,701.) (Revenue \$ 480,920.) 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.

4d Other program services (Describe in Schedule O.) (Expenses \$ 751,228. including grants of \$ 33,447.) (Revenue \$ )

4e Total program service expenses 9,413,417.

**Part IV Checklist of Required Schedules**

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

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

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form table with columns for question number, description, and Yes/No boxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and deductible contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (22); 1b 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? (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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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?

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. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: 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 Contractors**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WARREN LAMMERT CHAIR	1.00 1.00	X		X				0.	0.	0.
(2) ROGER HELDMAN TREASURER	1.00 1.00	X		X				0.	0.	0.
(3) MAY J. LIANG SECRETARY	1.00 1.00	X		X				0.	0.	0.
(4) JOYCE BENDER DIRECTOR	1.00 1.00	X						0.	0.	0.
(5) BRADLEY BOYER DIRECTOR	1.00 1.00	X						0.	0.	0.
(6) TONY COELHO DIRECTOR	1.00 1.00	X						0.	0.	0.
(7) FRANK FISCHER DIRECTOR	1.00 1.00	X						0.	0.	0.
(8) BROOKE GORDON DIRECTOR	1.00 1.00	X						0.	0.	0.
(9) RICK HARRISON DIRECTOR	1.00 1.00	X						0.	0.	0.
(10) JIM JACOBY DIRECTOR	1.00 1.00	X						0.	0.	0.
(11) GARRY MENZEL DIRECTOR	1.00 1.00	X						0.	0.	0.
(12) BARI MILKEN DIRECTOR	1.00 1.00	X						0.	0.	0.
(13) DANIEL MOORE DIRECTOR	1.00 1.00	X						0.	0.	0.
(14) GEOFFREY POPE DIRECTOR	1.00 1.00	X						0.	0.	0.
(15) STEVEN C. SCHACHTER DIRECTOR	1.00 1.00	X						0.	0.	0.
(16) ROBERT W. SMITH DIRECTOR	1.00 1.00	X						0.	0.	0.
(17) HOWARD R. SOULE 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) DONNA STAHLHUT DIRECTOR	1.00 1.00	X						0.	0.	0.
(19) ELIZABETH WEISWASSER DIRECTOR	1.00 1.00	X						0.	0.	0.
(20) RANDOLPH SIEGEL DIRECTOR	1.00 1.00	X						0.	0.	0.
(21) STEVE WULCHIN DIRECTOR	1.00 1.00	X						0.	0.	0.
(22) PHILIP GATTONE PRESIDENT AND CEO	40.00 1.00	X		X				288,325.	0.	21,144.
(23) LEE GASTON (UNTIL APRIL 2015) CFO	35.00 1.00			X				131,663.	0.	10,123.
(24) ELLEN HOBBY (BEGAN MAY 2015) CFO	40.00 1.00			X				0.	0.	0.
(25) ANGELA OSTROM COO & VP OF PUBLIC POLICY	40.00 1.00					X		146,654.	0.	26,866.
(26) JANICE BUELOW VICE PRESIDENT	40.00					X		158,986.	0.	18,095.
<b>1b Sub-total</b>								725,628.	0.	76,228.
<b>c Total from continuation sheets to Part VII, Section A</b>								351,728.	0.	33,323.
<b>d Total (add lines 1b and 1c)</b>								1,077,356.	0.	109,551.

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 **11**

	Yes	No
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		X
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	X	
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		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
DESIGN DATA, 610 PROFESSIONAL DRIVE, GAITHERSBURG, MD 20879	IT SUPPORT	325,515.
BURTON STRATEGIES, 2920 NEILSON WAY, SUITE 501, SANTA MONICA, CA 90405	FUNDRAISING	214,500.
MINDSET DIRECT, 1220 N. FILMORE STREET, SUITE 400, ARLINGTON, VA 22201	DIRECT MAIL	207,750.
RESEARCH TRIANGLE INSTIT., 3040 CORNWALLIS ROAD, RESEARCH TRIANGLE PARK, NC 27709	SUBCONTRACTOR	205,058.
HARGROVE 1 HARGROVE DRIVE, LANHAM, MD 20706	EVENT PLANNING	176,840.

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 **9**

SEE PART VII, SECTION A CONTINUATION SHEETS



**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 (check all that apply)						(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				
(27) ALEXANDRA FINUCANE SENIOR ADVISOR	35.00					X			118,321.	0.	9,244.
(28) CHAD HARTMAN VP OF DEVELOPMENT	35.00					X			114,823.	0.	8,864.
(29) KENNETH LOWENBERG VP OF COMMUNICATIONS	35.00					X			118,584.	0.	15,215.
Total to Part VII, Section A, line 1c									351,728.		33,323.

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,739,594.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,172,187.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,083,429.				
	g Noncash contributions included in lines 1a-1f: \$		1,174,381.				
	h Total. Add lines 1a-1f		12,995,210.				
	Program Service Revenue	2 a PCORI CONTRACTS	Business Code	900099	480,920.	480,920.	
		b AFFILIATE FEES		900099	421,318.	421,318.	
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				902,238.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			132,123.		132,123.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			9,277.		9,277.	
	6 a Gross rents	(i) Real					
		(ii) Personal					
		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					
		b Less: cost or other basis and sales expenses			618,768.		
		c Gain or (loss)			300,242.		
	d Net gain or (loss)			300,242.		300,242.	
	8 a Gross income from fundraising events (not including \$ 1,739,594. of contributions reported on line 1c). See Part IV, line 18	a			11,602.		
		b Less: direct expenses			744,671.		
		c Net income or (loss) from fundraising events			-733,069.		-733,069.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a			1,012,524.			
	b Less: cost of goods sold			1,575,039.			
	c Net income or (loss) from sales of inventory			-562,515.		-562,515.	
Miscellaneous Revenue		Business Code					
11 a REIMBURSEMENTS		900099		69,115.		69,115.	
b MISCELLANEOUS		900099		10,255.		10,255.	
c							
d All other revenue							
e Total. Add lines 11a-11d				79,370.			
12 Total revenue. See instructions.				13,122,876.	339,723.	0.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,016,223.	2,016,223.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	12,000.	12,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	132,000.	132,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	465,897.	253,158.	181,094.	31,645.
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	3,737,544.	2,466,981.	429,097.	841,466.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	101,856.	68,329.	8,860.	24,667.
9 Other employee benefits	386,359.	250,149.	55,813.	80,397.
10 Payroll taxes	297,241.	193,160.	43,042.	61,039.
11 Fees for services (non-employees):				
a Management				
b Legal	27,990.	16,433.	5,626.	5,931.
c Accounting	66,570.	39,084.	13,381.	14,105.
d Lobbying	90,000.	52,840.	18,090.	19,070.
e Professional fundraising services. See Part IV, line 17	353,150.			353,150.
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.)	1,983,108.	1,420,710.	402,809.	159,589.
12 Advertising and promotion				
13 Office expenses	1,226,286.	602,570.	57,753.	565,963.
14 Information technology	155,409.	91,242.	31,238.	32,929.
15 Royalties	60,367.	35,442.	12,134.	12,791.
16 Occupancy	378,387.	256,955.	38,855.	82,577.
17 Travel	283,877.	237,873.	10,416.	35,588.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	399,653.	334,886.	14,665.	50,102.
20 Interest				
21 Payments to affiliates	415,680.	415,680.		
22 Depreciation, depletion, and amortization	465,591.	328,510.	49,777.	87,304.
23 Insurance	107,571.	73,049.	11,046.	23,476.
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 <b>EQUIPMENT MAINTENANCE</b>	123,621.	101,892.	19,465.	2,264.
b <b>MEMBERSHIP</b>	22,358.	12,986.	808.	8,564.
c <b>MISCELLANEOUS</b>	7,341.	1,265.	6,064.	12.
d <b>GRANT MISC. FEES</b>	813.			813.
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>13,316,892.</b>	<b>9,413,417.</b>	<b>1,410,033.</b>	<b>2,493,442.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	1,049,818.	456,656.	0.	593,162.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,825,593.	<b>1</b>	1,632,750.
	<b>2</b> Savings and temporary cash investments .....	650,238.	<b>2</b>	653,100.
	<b>3</b> Pledges and grants receivable, net .....	2,421,325.	<b>3</b>	2,201,294.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	11,997.	<b>8</b>	4,891.
	<b>9</b> Prepaid expenses and deferred charges .....	441,471.	<b>9</b>	254,946.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,468,843.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,696,577.	1,182,456.	<b>10c</b> 772,266.
	<b>11</b> Investments - publicly traded securities .....	7,192,780.	<b>11</b>	7,131,906.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,653,647.	<b>15</b>	3,533,259.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	17,379,507.	<b>16</b>	16,184,412.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,324,875.	<b>17</b>	1,541,393.
	<b>18</b> Grants payable .....	1,119,358.	<b>18</b>	958,567.
	<b>19</b> Deferred revenue .....	339,093.	<b>19</b>	16,864.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,095,547.	<b>25</b>	2,191,948.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	5,878,873.	<b>26</b>	4,708,772.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	5,505,945.	<b>27</b>	6,879,824.
	<b>28</b> Temporarily restricted net assets .....	1,410,283.	<b>28</b>	122,726.
	<b>29</b> Permanently restricted net assets .....	4,584,406.	<b>29</b>	4,473,090.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	11,500,634.	<b>33</b>	11,475,640.	
<b>34</b> Total liabilities and net assets/fund balances .....	17,379,507.	<b>34</b>	16,184,412.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,122,876.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,316,892.
3	Revenue less expenses. Subtract line 2 from line 1	3	-194,016.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,500,634.
5	Net unrealized gains (losses) on investments	5	293,577.
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	-124,555.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,475,640.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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 (2014)

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
  - 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
  - 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
  - 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
    - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
    - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
    - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
    - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
    - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations \_\_\_\_\_

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
<b>Total</b>						