## Form 990-EZ

## \*PUBLIC DISCLOSURE\* **Short Form**

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

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

2021

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Inspection 2021 For the 2021 calendar year, or tax year beginning JUL 1 and ending JUN 30, 2022 Check if applicable: C Name of organization D Employer identification number Address change 56-2369930 EPILEPSY RESEARCH FOUNDATION Name change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 3540 CRAIN HWY 675 800-332-1000 terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return 20716 BOWIE, MD Number > Application pending Cash X Accrual **H** Check **X** if the organization is **G** Accounting Method: Other (specify) Website: ► WWW.EPILEPSY.COM not required to attach Schedule B Tax-exempt status (check only one) - X 501(c)(3) 501(c) ( )**◄**(insert no.) 4947(a)(1) or (Form 990). Form of organization: X Corporation Trust Association Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 0. column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 4 Investment income 4 Gross amount from sale of assets other than inventory 5a 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b **c** Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7с Other revenue (describe in Schedule 0) 8 8 0. **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 Grants and similar amounts paid (list in Schedule 0) 10 10 Benefits paid to or for members 11 11 Salaries, other compensation, and employee benefits 12 12 13 Professional fees and other payments to independent contractors 13 Occupancy, rent, utilities, and maintenance 14 14 Printing, publications, postage, and shipping 15 15 16 Other expenses (describe in Schedule 0) 16 0. 17 17 Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (subtract line 17 from line 9) 18 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule 0) 20 20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year. Combine lines 18 through 20

Form **990-EZ** (2021)

21

## Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning	${\sf JUL}$	1	, 2021, and ending	JUN	30	, 20 <b>2 2</b>

▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8879TE for the latest information.

marrie o	Tiller		EIN OF	SSN
	EPILEPSY RESEARC	H FOUNDATION	56-	-2369930
Name a	nd title of officer or person subject to tax	RAHEL ROSNER		
		CFOO		
Part	Type of Return and Re	turn Information		
Form 5 or 10a whiched than or 1a 2a 3a 4a 5a	330 filers may enter dollars and cents. below, and the amount on that line for	b using this Form 8879-TE and enter the ap For all other forms, enter whole dollars only the return being filed with this form was black). But, if you entered -0- on the return, ther  b Total revenue, if any (Form 990, Part b Total revenue, if any (Form 990-EZ, lib Total tax (Form 1120-POL, line 22)  b Tax based on investment income (F b Balance due (Form 8868, line 3c)	y. If you check the box on line 1a, ank, then leave line 1b, 2b, 3b, 4b n enter -0- on the applicable line be VIII, column (A), line 12) ine 9)  Form 990-PF, Part V, line 5)	2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 5b, 6b, 7b, 8b, 9b, or 10b, low. Do not complete more  1b
6a 70		b Total tax (Form 990-T, Part III, line 4)		
7a 8a	Form 4720 check here Form 5227 check here	<ul><li>b Total tax (Form 4720, Part III, line 1).</li><li>b FMV of assets at end of tax year (Form 4720, Part III, line 1).</li></ul>		7b 8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	51111 5227, Reili Dj	9b
10a	Form 8038-CP check here		d (Form 8038-CP Part III line 22)	
Part		ure Authorization of Officer or Pe		100
Under		I am an officer of the above entity or	<u> </u>	respect to (name
	• • •	, (EIN)		
later th payme person PIN: cl	an 2 business days prior to the payme nt of taxes to receive confidential infor al identification number (PIN) as my sig	ccount. To revoke a payment, I must containt (settlement) date. I also authorize the finamation necessary to answer inquiries and regnature for the electronic return and, if appl	ancial institutions involved in the paesolve issues related to the payme icable, the consent to electronic fu	rocessing of the electronic nt. I have selected a nds withdrawal.
L	I authorize JOHNSON LAME		to enter r	,
		ERO firm name		Enter five numbers, but do not enter all zeros
	with a state agency(ies) regulating of on the return's disclosure consents.  As an officer or person subject to tareturn. If I have indicated within this IRS Fed/State program, I will enter	21 electronically filed return. If I have indicated tharities as part of the IRS Fed/State prograscreen.  ax with respect to the entity, I will enter my are return that a copy of the return is being file my PIN on the return's disclosure consents.	am, I also authorize the aforemention of the tax year ed with a state agency(ies) regulationscreen.	oned ERO to enter my PIN ar 2021 electronically filed ng charities as part of the
Part	of officer or person subject to tax  Certification and Author	entication		Date >
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	r (EFIN) followed by your five-digit self-	•	56370881531 Do not enter all zeros	
submit Busine	ting this return in accordance with the ss Returns.  ignature	marle !	File (MeF) Information for Authorize  Date $\blacktriangleright$ 10 Feb 2023  2/15/2023	
		ERO Must Retain This Form - Se		
	Do Not Si	ubmit This Ferm to the IRS Unles	ss Requested To Do So	

https://efile.prosystemfx.com/

Product: Exempt

Name: Epilepsy Research Foundation

e-Postmark: **2**/

e-Postmark: 2/15/2023 11:48 AM

IRS Center: Ogden

Plan Number: Notification:

Bank Info:

Fiscal Year Begin Date: 7/1/2021

IRS Message:

FEIN: \*\*\*\*\*9930

Fiscal Year End Date: 6/30/2022 eSigned:

Category:

#### **Return Information**

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
02/15/2023	21X:562369930:V1	Upload Started			Marks,Calvin	
02/15/2023	21X:562369930:V1	Released for Transmission - Validation in Progress			Marks,Calvin	
02/15/2023	21X:562369930:V1	Ready to transmit - Validation Complete				
02/15/2023	21X:562369930:V1	Transmitted to FD	56370820230460348e47			
02/15/2023	21X:562369930:V1	Accepted by FD on 2/15/2023				

ID Status Date Status State/Other State Category FBAR FBAR BSA ID

about:blank 1/1

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print 56-2369930 EPILEPSY RESEARCH FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 3540 CRAIN HWY, 675 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 20716 BOWIE, MD Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) 07 RAHEL ROSNER The books are in the care of ► 3540 CRAIN HWY, 675 - BOWIE, MD 20716 Telephone No. ► 800-332-1000 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 \_\_\_\_, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or  $\underline{\hspace{0.5cm}}$  , and ending  $\underline{\hspace{0.5cm}}$  JUN  $\hspace{0.5cm}$  30 ,  $\hspace{0.5cm}$  2022 ► X tax year beginning JUL 1, 2021 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Form 990-I	EZ (2021) EPILEPSY RESEARCH FOUNDAT  Balance Sheets (see the instructions for Part II)	!ION		06-	23	699	30 Page
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-	Official in the organization used ochedule of to res	<del>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </del>	A) Beginning of year	Τ		(B) F	nd of year
<b>22</b> Cas	h, savings, and investments	<del></del>	1 <b>/</b> 2 = 9 9 = 1 , 5 a	22		(5) =	
	d and buildings			23	_		
	er assets (describe in Schedule O)			24	_		
	al assets		0.		_		0
	al liabilities (describe in Schedule 0)		0.		_		0
27 Net	assets or fund balances (line 27 of column (B) must agree with line 21)		0.		_		0
Part III		nts (see the instructi		1		Ex	penses
	Check if the organization used Schedule O to res	pond to any question	in this Part III	X		equired	for section
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	organization's program service accomplishments for each of its three largest program		In a clear and concise			ers.)	ms, optional for
	cribe the services provided, the number of persons benefited, and other relevant inform						
28 THE	FOUNDATION HAS HISTORICALLY SUP	PORTED INNOVA	CIVE				
SEN	IIOR LEVEL RESEARCH PROJECTS WITH	POTENTIAL TO	DISCOVER				
NEW	THERAPIES AND A CURE FOR SEIZUR	E DISORDERS					
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29							
(Gran	ts\$ ) If this amount includes foreign	grants, check here	<b>&gt;</b>		29a		
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	r program services (describe in Schedule O)				30a		
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31 Other (Gran) 32 Total Part IV  LAURA CEO BRADL CHAIR JEFFR VICE ROBER TREAS CYNTH SECRE COURT DIREC JERIL DIREC CAMIL	r program services (describe in Schedule O)  Its \$ ) If this amount includes foreign I program service expenses (add lines 28a through 31a)  List of Officers, Directors, Trustees, and Key E  Check if the organization used Schedule O to res  (a) Name and title  A THRALL  LEY BOYER  EY PARENT  CHAIR  LT W. SMITH  SURER  LIA HUDSON  CTARY  NEY BARTON  CTOR  LEE BEAUDOIN  CTOR  LA COELHO	grants, check here  mployees (list each one epond to any question  (b) Average hours per week devoted to position  0.10  0.10  0.10  0.10  0.10  0.10  0.10	ven if not compensated - se in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  0.  0.  0.	(d) He conti emploplans,	31a 32 instruction	enerits, ons to be enerits, ons to be enerits, ons to be enerit leferred ation  O •  O •  O •  O •	(e) Estimated amount of othe compensation  0  0  0  0  0  0
31 Other (Gran) 32 Total Part IV  LAURA CEO BRADL CHAIR JEFFR VICE ROBER TREAS CYNTH SECRE COURT DIREC CAMIL DIREC CAMIL DIREC	r program services (describe in Schedule O)  Its \$ ) If this amount includes foreign I program service expenses (add lines 28a through 31a)  List of Officers, Directors, Trustees, and Key E  Check if the organization used Schedule O to res  (a) Name and title  A THRALL  LEY BOYER  EY PARENT  CHAIR  ET W. SMITH  SURER  IIA HUDSON  CTARY  NEY BARTON  CTOR  LEE BEAUDOIN  CTOR  LA COELHO  CTOR	grants, check here  mployees (list each one e pond to any question (b) Average hours per week devoted to position  0.10  0.10  0.10  0.10  0.10  0.10	ven if not compensated - se in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  0.  0.  0.	(d) He conti emploplans,	31a 32 instruction	enerits, one to be penerity of the ferred ation    0 •	(e) Estimated amount of othe compensation  0  0  0  0  0  0
31 Other  (Gran) 32 Total  Part IV  LAURA CEO BRADL CHAIR JEFFR VICE ROBER TREAS CYNTH SECRE COURT DIREC CAMIL DIREC CAMIL DIREC TONY	r program services (describe in Schedule O)  Its \$ ) If this amount includes foreign I program service expenses (add lines 28a through 31a)  List of Officers, Directors, Trustees, and Key E  Check if the organization used Schedule O to res  (a) Name and title  THRALL  EY BOYER  EY PARENT  CHAIR  ET W. SMITH  SURER  IIA HUDSON  STARY  PNEY BARTON  TOR  LEE BEAUDOIN  TOR  LA COELHO  TOR  COELHO	grants, check here  mployees (list each one e pond to any question  (b) Average hours per week devoted to position  0.10  0.10  0.10  0.10  0.10  0.10  0.10  0.10	ven if not compensated - so in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  0.  0.  0.  0.	(d) He conti emploplans,	31a 32 instruction	penefits, ons to openefit eferred ation  O .  O .  O .  O .  O .	(e) Estimated amount of othe compensation  0  0  0  0  0  0  0
I Other  (Gran) 32 Total  Part IV  LAURA CEO BRADL CHAIR JEFFR VICE ROBER TREAS CYNTH SECRE COURT DIREC DIREC TONY DIREC TONY DIREC	r program services (describe in Schedule O)  Its \$ ) If this amount includes foreign I program service expenses (add lines 28a through 31a)  List of Officers, Directors, Trustees, and Key E  Check if the organization used Schedule O to res  (a) Name and title  THRALL  LEY BOYER  EY PARENT  CHAIR  TW. SMITH  SURER  LIA HUDSON  CTARY  PNEY BARTON  CTOR  LEE BEAUDOIN  CTOR  LA COELHO  CTOR  COELHO  CTOR (TO OCT '21)	grants, check here  mployees (list each one epond to any question  (b) Average hours per week devoted to position  0.10  0.10  0.10  0.10  0.10  0.10  0.10	ven if not compensated - se in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  0.  0.  0.	(d) He conti emploplans,	31a 32 instruction	enerits, ons to be enerits, ons to be enerits, ons to be enerit leferred ation  O •  O •  O •  O •	(e) Estimated amount of othe compensation  0  0  0  0  0  0  0
ILAURA CEO BRADL CHAIR JEFFR VICE ROBER TREAS CYNTH SECRE COURT DIREC JERIL DIREC TONY DIREC ELIZA	r program services (describe in Schedule O)  Its \$ ) If this amount includes foreign I program service expenses (add lines 28a through 31a)  List of Officers, Directors, Trustees, and Key E  Check if the organization used Schedule O to res  (a) Name and title  A THRALL  LEY BOYER  EY PARENT  CHAIR  LT W. SMITH  SURER  LIA HUDSON  CTARY  PNEY BARTON  CTOR  LEE BEAUDOIN  CTOR  LA COELHO  CTOR  COELHO  CTOR  COELHO  CTOR (TO OCT '21)  LEETH CORBETT	grants, check here  mployees (list each one e pond to any question (b) Average hours per week devoted to position  0.10  0.10  0.10  0.10  0.10  0.10  0.10  0.10  0.10	ven if not compensated - si in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  0.  0.  0.  0.  0.	(d) He conti emploplans,	31a 32 instruction	enerits, ons to openefit efferred ation  O .  O .  O .  O .  O .	(e) Estimated amount of othe compensation  0  0  0  0  0  0  0  0  0  0
ATTENTIONY DIRECTONY	r program services (describe in Schedule O)  Its \$ ) If this amount includes foreign Iprogram service expenses (add lines 28a through 31a)  I List of Officers, Directors, Trustees, and Key E  Check if the organization used Schedule O to res  (a) Name and title  A THRALL  A TH	grants, check here  mployees (list each one e pond to any question  (b) Average hours per week devoted to position  0.10  0.10  0.10  0.10  0.10  0.10  0.10  0.10	ven if not compensated - so in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  0.  0.  0.  0.	(d) He conti emploplans,	31a 32 instruction	penefits, ons to openefit eferred ation  O .  O .  O .  O .  O .	(e) Estimated amount of othe compensation  0  0  0  0  0  0  0  0  0  0
31 Other (Gran) 32 Total Part IV  LAURA CEO BRADL CHAIR JEFFR VICE ROBER TREAS CYNTH SECRE COURT DIREC JERIL DIREC CAMIL DIREC TONY DIREC ELIZA DIREC FRANK	r program services (describe in Schedule O)  Its \$	grants, check here  mployees (list each one epond to any question  (b) Average hours per week devoted to position  0.10  0.10  0.10  0.10  0.10  0.10  0.10  0.10  0.10  0.10	ven if not compensated - se in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  0.  0.  0.  0.  0.  0.	(d) He conti emploplans,	31a 32 instruction	penefits, ons to openefit leferred ation  O.  O.  O.  O.  O.  O.  O.	(e) Estimated amount of othe compensation  0  0  0  0  0  0  0  0  0  0  0  0  0
31 Other  (Gran) 32 Total  Part IV  LAURA CEO BRADL CHAIR JEFFR VICE ROBER TREAS CYNTH SECRE COURT DIREC CAMIL DIREC CAMIL DIREC TONY DIREC ELIZA DIREC FRANK DIREC	r program services (describe in Schedule O)  Its \$	grants, check here  mployees (list each one e pond to any question (b) Average hours per week devoted to position  0.10  0.10  0.10  0.10  0.10  0.10  0.10  0.10  0.10	ven if not compensated - si in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)  0.  0.  0.  0.  0.	(d) He conti emploplans,	31a 32 instruction	enerits, ons to openefit efferred ation  O .  O .  O .  O .  O .	(e) Estimated amount of othe compensation  0  0  0  0  0  0  0  0  0

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Yes   No   No   State   No		instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	V	X
actionly in Schedule 0  A Wore any significant changes made to the organization growering documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization of some 0. Thereins, explain the change on Schedule 0. See instructions  44				Yes	No
34 Were any significant changes made to the organization of powerning documents? If "Yes," affacts a conformed copy of the amended documents if the ry reflect of change to the comparison of the remembers of the reflect of the remembers of the	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
34 Were any significant changes made to the organization or governing documents? If Yes, "a fauch a conformed copy of the amended documents if they reflect a change to the organization same. Otherwise, capilan the change on Schedule O. See in the Very File they reflect of the property of the organization and they reflect of the property of the organization and they are flower than 1 to 1 t		activity in Schedule 0	33		Х
35a D M the organization to a section 501(c)(4), 501(c)(4), 501(c)(5), or 501(c)(6) or mines 2, 6a, and 7a, among others)?  No if Yes's to line SSa, has the organization field a Form 990-T for the year? If No, 'provide an explanation in Schedule 0  Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(q) notice, reporting, and proxy bit requirements for during the year? If Yes, complete Sequence (Part III)  By the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete sequence organization and proxy bit with organization to form 120-POL for this year?  If Yes's complete angle Schedule, I, Part III, and enter the total amount involved  If Yes's complete schedule Schedule, I, Part III, and enter the clan amount for whether in a prior year and still outstanding at the end of the tax year covered by this return?  If Yes's complete schedule is Chart II, and enter the total amount involved  If Yes's complete schedule, I, Part II, and enter the total amount involved  If Yes's complete schedule, I, Part II, and enter the total amount involved  If Yes's complete schedule, I, Part II, and enter the total amount involved  If Yes's complete schedule is Chart II, and enter the total amount involved  If Yes's complete schedule, I Part II, and enter the total amount involved  If Yes's complete schedule, I Part II, and enter the total amount involved  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3) organizations. Part amount of tax imposed on the organization and part year which is not been reported on any of its prior forms 990 or 990-E2? If Yes, complete Schedule I, Part II  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax is imposed on organization manages or disqualified persons during the year under sections 4912, 4955, and 4958  O .  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizati	34				
on lines 2, 6a, and 7a, among others??  b If 'Yes' to line \$5a, has the organization listed a form 990-T for the year? If 'No.' provide an explanation in Schedule 0  c Was the organization a section 50 f(c)(4), 50 f(c)(5), or 50 f(c)(6) organization subject to section 6033(c) notice, reporting, and proxy tax requirements during the year? If 'Yes, complete Schedule C, Tart III  35b		documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
b If Yes' to line 35a, has the organization if well a Frem 990-1 for the year? If You', provide an explanation in Schedule 0  Vas the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes,' complete Schedule C, Part III  37 b Id the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,' complete Schedule C, Part III  38 b Id the organization life Frem 124-POL, for this year?  39 a Id the organization of political expenditures, direct or indirect, as described in the instructions  30 b If the organization life Frem 124-POL, for this year?  31 b If the organization or year or or or make any leans to, any ordinar, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  30 Section 501(c)(7) organizations. Enter:  31 Intition for sear and captali contributions included on line 9  32 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction during the year under:  32 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year under:  33 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year under:  34 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year under:  35 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax on line 40c reimbursed  36 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax on line 40c reimbursed  37 b Ara yim dering the benefit and 501(c)(2) organ	35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
b If Yes' to line 35a, has the organization field a Form 990-T for the year? If Yes, provide an explanation in Schedule 0  Was the organization ascellar of Dic(14), 6010(6); 0 or 010(6); 0 organization subject to section 6033(e) notice, reporting, and provy lax requirements during the year? If Yes, complete Schedule C, Part III  80 bid the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule C, Part III  81 bid the organization file form 1190-01, for this year? By are 2  82 bid the organization file form 1190-01, for this year? By are 3  83 bid the organization file form 1190-01, for this year? By are 3  83 bid the organization file form 1190-01, for this year? By are 3  83 bid the organization file form 1190-01, for this year? By are 3  83 bid the organization file form 1190-01, for this year? By are 3  83 bid the organization file form 1190-01, for this year? By are 3  84 bid the organization file form 1190-01, for this year? By are 3  85 bid the organization file form 1190-01, for this year? By are 3  86 bid the organization file form 1190-01, for this year? By are 3  87 bid the organization file form 1190-01, for this year? By are 3  87 bid the organization file form 1190-01, for this year? By are 3  87 bid the organization file form 1190-01, for this year? By are 3  88 bid the organization file form 1190-01, for this year? By are 3  89 bid the organization file form 1190-01, for this year organization file form 1190-01, for this year with some 1190-01, for this year year are 3  89 bid bid the organization file form 1190-01, for this year year are 3  80 bid bid the organization file form 1190-01, for this year? By are 3  80 bid bid bid provided the file file file file file file file fil		on lines 2, 6a, and 7a, among others)?	35a		X
c Was the organization a section 501(c)(4), 601(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III and the property of the organization underpo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," and the organization underpo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," and the organization theorem from 1120+DL for this year?  37a	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
88 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes," complete applicable parts of Schedule N  78 Enter amount of political expenditures, direct or indirect, as described in the instructions    88					
88 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes," complete applicable parts of Schedule N  78 Enter amount of political expenditures, direct or indirect, as described in the instructions    88		requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
The Enter amount of political expenditures, direct or indirect, as described in the instructions	36				
b Did the organization file Form 1120-POL for this year?  3a Did the organization brorow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the atx year covered by this return?  3b N/A  3c N/A  3		complete applicable parts of Schedule N	36		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If "Yes," complete Schedule L, Part II, and enter the total amount involved  188 b N/A  189 section 501(c)(7) organizations. Enter:  189 a N/A  189 b Gross receipts, included on line 9, for public use of club facilities  189 a N/A  180 b Gross receipts, included on line 9, for public use of club facilities  180 b Gross receipts, included on line 9, for public use of club facilities  180 b Gross receipts, included on line 9, for public use of club facilities  180 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year order:  180 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of list prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  180 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year and resceibes 491, 2455, and 4958  180 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization managers or disqualified persons during the year and enter sections 4912, 495, and 4958  180 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization's books are in care of Academy for the section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization's books are in care of Academy for the section 501(c) organization for exceptions and filing requirements for FincEN form 1144, Report of Foreign Bank and Financial Accounts (FBAR).  180 c Al any time durin	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>\(\bigsim\)</b> 37a \(\bigsim\)			
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If "Yes," complete Schedule L, Part II, and enter the total amount involved  188 b N/A  189 section 501(c)(7) organizations. Enter:  189 a N/A  189 b Gross receipts, included on line 9, for public use of club facilities  189 a N/A  180 b Gross receipts, included on line 9, for public use of club facilities  180 b Gross receipts, included on line 9, for public use of club facilities  180 b Gross receipts, included on line 9, for public use of club facilities  180 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year order:  180 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of list prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  180 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year and resceibes 491, 2455, and 4958  180 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization managers or disqualified persons during the year and enter sections 4912, 495, and 4958  180 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization's books are in care of Academy for the section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization's books are in care of Academy for the section 501(c) organization for exceptions and filing requirements for FincEN form 1144, Report of Foreign Bank and Financial Accounts (FBAR).  180 c Al any time durin	b	Did the organization file Form 1120-POL for this year?	37b		X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved  9 Section 501(c)(7) organizations. Enter:  1 Initiation fees and capital contributions included on line 9  9 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  9 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  9 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year, or did it engage in any section 4956 excess benefit transaction during the year or did it engage in an excess benefit transaction managers or disqualified persons during the year or did it engage in any section 4956 excess benefit transaction managers or disqualified persons during the year unders sections 491(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year unders sections 491(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization managers or disqualified persons during the year sections 491(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization with which account of the section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization by 11*Yes, complete Form 8886-T  1 List the states with which a coupy of this return is flied  NONE  1 List the states with which a coupy of this return is flied  NONE  1 List the states with which a coupy of this return is flied  NONE  2 Telephone no.  800 - 332 - 1000  2 Lip 4					
39 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9 (or public use of club facilities 39a N/A 39b N/A 39c Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 901(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 901(c)(3), 501(c)(4), and 501(c)(29) organizations. Both the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess sherefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  O			38a		X
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 390 N/A	b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 · section 495 ▶ 0 · section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990-EZ7 if Yes," complete Schedule L, Par1 ( 40b X  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   0 · d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   0 · d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization analyses or disqualified persons during the year under sections 4912, 4955, and 4958   0 · d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization analyses or disqualified persons during the year under sections 4912, 4955, and 4958   0 · d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations by the organization and 501(c)(29) organization and 501(c)(3), 501(c)(4), and 501(c)(29) organization have an interest in or a signature or other authority over a financial account in a foreign country ▶ 207116  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country ▶ 207116  b At any time during the calendar year, did the organization maintain an office outside the United States? 42c  X  if Yes,* enter the name of the foreign country ▶ 2					
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 .; section 4915 ▶ 0 .  Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in any section 4956 ▶ 0 .  Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in any section 4956 xecess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZP if "Yes," complete Schedule L, Part I .  Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0 .  d Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Enter amount of tax on line 40c reimbursed by the organization by the organization as the organization as party to a prohibited fax shelter transaction? If "Yes," complete Form 8886-T 40 e.  ### All Class with which a copy of this return is filled ▶ NONE  ### All Class with which a copy of this return is filled ▶ NONE  ### All Class with which a copy of this return is filled ▶ NONE  ### All Class with which a copy of this return is filled ▶ NONE  ### All Class with which a copy of this return is filled ▶ NONE  ### All Class with which a copy of this return is filled ▶ NONE  ### All Class with which a copy of this return is filled ▶ NONE  ### All Class with which a copy of this return is filled ▶ NONE  ### All Class with which a copy of this return is filled ▶ NONE  ### All Class with which a copy of this return is filled ▶ NONE  ### All Class with which a copy of this return is filled ▶ NONE  ### All Class with which a copy of this return is filled ▶ NONE  ### All Class with which a copy of this return is filled ▶ NONE  ### All Class with which a copy of this return is filled ▶ NONE  ### All Class with a copy of this return is filled ▶ NONE  ### All Class with a copy of this return is					
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	45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b	b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		

								Yes	No
	rganization engage, directly or indirectly, in pol complete Schedule C, Part I	itical campaign activities	on behalf of or ir	n oppositior	n to candidates for pu	blic office?	46		X
	Section 501(c)(3) Organizations	Only					1 40		
	All section 501(c)(3) organizations must a		9b and 52, and	complete	the tables for lines	50 and 51.			
	Check if the organization used Schedule			-					
		-						Yes	No
47 Did the or	rganization engage in lobbying activities or hav	e a section 501(h) electi	on in effect durin	g the tax ye	ar?				
If "Yes," c	complete Sch. C, Part II						47		Х
48 Is the org	ganization a school as described in section 170(	(b)(1)(A)(ii)? If "Yes," co	mplete Schedule	E			48		Х
	rganization make any transfers to an exempt no						49a		Х
	vas the related organization a section 527 organ						49b		
<b>50</b> Complete	e this table for the organization's five highest co	impensated employees (	other than officer	s, directors	, trustees, and key en	nployees) who e	ach rec	eived n	nore
than \$100	0,000 of compensation from the organization. I	f there is none, enter "No				/ D			
	(a) Name and title of each employee		(b) Average per week dev		(C) Reportable compensation (Forms	(d) Health benefit contributions to	1 000	) Estim	
	27021	_	per week dev positio		W-2/1099-MISC/ 1099-NEC)	employee benefi plans, and deferre		ount of mpensa	
	NON	E	Position		1099-NEC)	compensation	+-	Пропос	
							+		
		+			+		+		
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organizati	e this table for the organization's five highest co ion. If there is none, enter "None." NON Name and business address of each independer	E	contractors who		ved more than \$100,0  Type of service			om the ensation	<u> </u>
` '	•			, ,					
	nber of other independent contractors each rec		Company of the standards		▶				
	rganization complete Schedule A? Note: All sed	. , , , -	lions must attach	а			ΧY		
· · · · · · · · · · · · · · · · · · ·	d Schedule As of perjury, I declare that I have examined this	roturn including accom-	nanvina cehadula	o and etata	monte, and to the hee				No
-	nd complete. Declare that I have examined this					-	ye anu	bellel,	11 15
iruo, corroct, ar	to complete. Declaration of preparer (other than	ii oilicci j is bascu oil ail	illioilliation of w	πιστι ριτοραί	ci ilas ally kilowicugo	, <u>.</u>			
Sign	Signature of officer					Date			
Here	RAHEL ROSNER, CFOO								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
Paid					self- emplo	-			
Paid Preparer	J. CALVIN MARKS					P01	226	973	
Use Only	Firm's name ► JOHNSON LAMB	ERT LLP			Firm's EIN	▶52-14			
ose Only	Firm's address ► 4242 SIX FO		UITE 150	0 0	Phone no.	919-71			
	RALEIGH, NC								
May the IRS dis	scuss this return with the preparer shown abov	ve? See instructions				<b>)</b>	ΧY	es	No

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Employer identification number** 

56-2369930

Open to Public Inspection

EPILEPSY RESEARCH FOUNDATION

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

				y iii organizationo maot c	ompioto ti	no parti, c	co monaciono.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)		
1	$\bigcap$	A church, convention of ch	•	•	•	•	I)(A)(i).	
2	一	A school described in <b>sect</b>				( /(	- N N- 1-	
3	$\Box$	A hospital or a cooperative				/h)/1)/Δ\/ii	ii)	
4	$\Box$	A medical research organiz						the hospital's name
7	ш	city, and state:	ation operated in con	ijanotion wan a noopital	GOCOTIDOG	000110	170(b)( 1)(A)(iii). Linesi	the freepital e flame,
5		An organization operated for	or the benefit of a col	llege or university owned	d or operat	ed by a go	overnmental unit describe	ed in
Ŭ	ш	section 170(b)(1)(A)(iv).			. o. opo.a.			
6		A federal, state, or local go		nental unit described in	section 17	70/h)/1)/Δ)	(v)	
7	H	· · · · · · · · · · · · · · · · · · ·	_					aublic described in
′	ш	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.)						
0				(4)/A)/vi) (Complete Der	<b>+</b> II \			
8	H	A community trust describe	• • •		•			
9		An agricultural research org				_		-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of the college	or
		university:						
10		An organization that norma						
		activities related to its exen		·				-
		income and unrelated busin		(less section 511 tax) fro	om busines	sses acqui	red by the organization a	ifter June 30, 1975.
		See section 509(a)(2). (Co	• •					
11		An organization organized a	•	•	-			_
12	X	An organization organized a	•	•	•		•	
		more publicly supported or	~					Check the box on
	77	lines 12a through 12d that	* *					
а	<u> </u>		· · · · · · · · · · · · · · · · · · ·	•	•	-		
		the supported organization			a majority o	of the direc	tors or trustees of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b	)		anization supervised	or controlled in connec	tion with it	s supporte	ed organization(s), by have	ving
		control or management o	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage the sup	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.				
C	:		grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
	_	its supported organization	n(s) (see instructions)	). You must complete l	Part IV, Se	ctions A,	D, and E.	
C	ı		<b>/ integrated.</b> A supp	orting organization oper	rated in co	nnection v	vith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attentiv	/eness
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					1
g		vide the following information	n about the supporte	d organization(s).				
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
EP	ILE	PSY FOUNDATION	52-0856660	7	X		0.	0.
					<u></u>	<u> </u>		
	_						^	^

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities, e	etc. (see instruction	ons)	1		12	
	First 5 years. If the Form 990 is for the	•	,				_
	organization, check this box and <b>stop</b>	•	, , ,				
Sec	ction C. Computation of Public						
	Public support percentage for 2021 (lin			column (f))		14	%
15	Public support percentage from 2020 S	Schedule A, Part	II, line 14	<b>,,,</b>		15	<u></u> %
	33 1/3% support test - 2021. If the or					nore, check this box	and
	stop here. The organization qualifies a	s a publicly supp	orted organization	1			<b>&gt;</b>
b	33 1/3% support test - 2020. If the or	ganization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qualif			-41			
17a	10% -facts-and-circumstances test -	<b>2021.</b> If the orc	ganization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10% o	or more,
	and if the organization meets the facts-						
	meets the facts-and-circumstances tes	t. The organization	on qualifies as a pu	ublicly supported o	rganization	-	<b>&gt;</b>
b	10% -facts-and-circumstances test -	<b>2020.</b> If the orc	ganization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	facts-and-circun	nstances test, che	ck this box and s	top here. Explain	in Part VI how the	
	organization meets the facts-and-circur	nstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation	<b>&gt;</b>
18	Private foundation. If the organization	ı did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	<u>▶□</u>

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

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

Section A. Public Support	clow, picase com	piete i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization'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						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6      10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						<u> </u>
14 First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here	a C					<b>&gt;</b>
Section C. Computation of Publi					T I	
<b>15</b> Public support percentage for 2021 (l		•	column (f))		15	<u>%</u>
16 Public support percentage from 2020 Section D. Computation of Invest					16	%
•			: 10 l (n)		147	0/
17 Investment income percentage for 20					17	%
18 Investment income percentage from			on line 14 and line		18	7 is not
19a 33 1/3% support tests - 2021. If the					-4: - ·-	▶ □
more than 33 1/3%, check this box at b 33 1/3% support tests - 2020. If the	organization did	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3%, che		•	· ·		-	
20 Private foundation. If the organization	on did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	163	140
1	Х	
•		
2		Х
		21
20		X
3a		
3b		
36		
3c		
30		
4a		Х
44		- 22
4b		
40		
4c		
40		
_		37
5a		X
5b		
5c		
6		X
_		X
7		A
		v
8		Х
9a		X
98		47
9b		X
30		- 42
9c		X
90		47
10a		X
iva		
10b		

		0993	U Pa	age <b>5</b>
Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			v
	11c below, the governing body of a supported organization?	11a		X
	A family member of a person described on line 11a above?	11b		Λ
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44.		X
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		Λ
	2		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		162	NO
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Х
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sac-	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	<i>)</i> -		
a b	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	otruotion	ما	
2	Activities Test. Answer lines 2a and 2b below.	istruction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	unization (see

Schedule A (Form 990) 2021

instructions).

Dor	t V Type III Non Eupetionally Integrated 500/	(a)(2) Supporting Orga	nizotiono /		
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
	on D - Distributions		T	_	Current Year
1_	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		_	
	organizations, in excess of income from activity		_	2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·		<u>4</u> 5	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		6	
<u>6</u>	Other distributions ( <i>describe in Part VI</i> ). See instructions. <b>Total annual distributions.</b> Add lines 1 through 6.			7	
<u>7</u> 8	Distributions to attentive supported organizations to which the	o organization is responsive			
0	(provide details in <b>Part VI</b> ). See instructions.	ie organization is responsive		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
<u></u>	Elife o amount awada by line o amount	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	s	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
<u>i</u>	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				

Schedule A (Form 990) 2021

e Excess from 2021

132028 01-04-22 Schedule A (Form 990) 2021

### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

EPILEPSY RESEARCH FOUNDATION

**Employer identification number** 56-2369930

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - A SUPPORTING ORGANIZATION
OF THE EPILEPSY FOUNDATION TO FACILITATE EFFORTS TO DEVELOP INNOVATIVE
RESEARCH
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization

**Employer identification number** EPILEPSY RESEARCH FOUNDATION 56-2369930 Part IV | List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.) (d) Health benefits, (b) Average hours (C) Reportable (e) Estimated contributions to employee benefit plans, and deferred ompensation (Forms W-2/1099-MISC) per week devoted to amount of other (a) Name and title position compensation (If not paid, enter -0-) DAVID HAWK DIRECTOR 0.10 0. 0. 0. ROGER HELDMAN DIRECTOR 0. 0. 0. 0.10 ADAM KALLER 0.10 0. 0. 0. DIRECTOR STEVE KUEHN DIRECTOR (TO AUG '21) 0. 0. 0. 0.10 GREG MAYES 0.10 0. 0. 0. DIRECTOR JIM MCAPLIN DIRECTOR 0.10 0. 0. 0. DANIEL MOORE 0. DIRECTOR 0.10 0. 0. DAVID MOORE DIRECTOR 0.10 0. 0. 0. NOAH RICHMOND DIRECTOR 0.10 0. 0. 0. RON SHIMABUKU DIRECTOR (FROM SEP '21) 0.10 0. 0. 0. RANDY SIEGEL DIRECTOR (TO MAY '22) 0.10 0. 0. 0. REBEKAH WALKER 0. DIRECTOR 0.10 0. 0. COURTNEY WATSON 0.10 DIRECTOR 0. 0. 0. HOWARD ZWIRN DIRECTOR (FROM AUG '21) 0.10 0. 0. 0.