** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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



Amended Perioding BLOOMINGTON, MN 55435 H(a) Is this a group return for subordinates? Applica- pending F Name and address of principal officer: GLEN LLOYD 7760 FRANCE AVE S STE 210, BLOOMINGTON, MN H(b) Are all subordinates? N 1 Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: WWW.EFMN.ORG H(c) Group exemption number K Form of organization; X Corporation Trust Association Other L Year of formation: 1954 M State of lega Part I Summary 1 Briefly describe the organization's mission or most significant activities: THE EPILEPSY FOUNDATION OF MN LEADS THE FIGHT TO OVERCOME THE CHALLENGES OF LIVING WITH EPILEPSY & 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 3 4 4 Number of independent voting members of the governing body (Part VI, line 1a) 5 5 5 Total number of volunteers (estimate if necessary) 6 7 7 7 Total number of volunteers (estimate if necessary) 7 6 <td< th=""><th>,685,002. s X No s No uctions</th></td<>	,685,002. s X No s No uctions
Image Name Part LEPSY FOUNDATION OF MINNESOTA, INC. 41-0874541 Image Name Doing business as 41-0874541 Image Name Number and street (or P.O. box if mail is not delivered to street address) Room/suite zono E Telephone number 651-287-2300 Image Nameded Remain Number and street or province, country, and ZIP or foreign postal code BLOOMINGTON, MN 55435 E Telephone number 651-287-2300 Image Nameded Remain Found Street or province, country, and ZIP or foreign postal code BLOOMINGTON, MN 55435 E Gross receipts \$ 1 Image Nameded Remain Found Street or province, country, and ZIP or foreign postal code BLOOMINGTON, MN 55435 H(a) Is this a group return for subordinates included? N (b) Are all subordinates included? N (c) Group exemption number Vebsite: WWW, EFMN, ORG H(c) Group exemption number If "No," attach a list. See inst H(c) Group exemption number Vebsite: Sonoration Trust Association Other L Year of formation: 1954 M State of lega Part I Summary 1 Briefly describ	As X No s No nctions domicile: MN 23 23 53
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Instruction Finally is not delivered to street address) Hoom/suite E Telephone number 651-287-2300 Image: Street Processor City or town, state or province, country, and ZIP or foreign postal code G G cross receipts \$ 1 Application FNAme and address of principal officer: GLEN LLOYD H(a) Is this a group return for subordinates: (Included) Image: Non-N-MN 55435 J Website: WWW.EFMN.ORG H(b) Are all subordinates included? If "No," attach a list. See inst J Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: WWW.EFMN.ORG H(c) Group exemption number Form of organization: X Corporation Trust Association Other L Year of formation: 1954 M State of lega Part I Summary I Briefly describe the organization iscontinued 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) 3 4 4 Number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	As X No s No nctions domicile: MN 23 23 53
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9 Program service revenue (Part VIII, line 2g) 4,997. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 148,357.	Year
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	,815,876.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,973.
	130,930.
L1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	,228,076.
	,765,703.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 15,549.	28,660.
14 Benefits paid to or for members (Part IX, column (A), line 4) 0.	0.
g 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,576,336.	,905,659.
15 Satatles, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1, 513, 500. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 601, 319. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 664, 488.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 601, 319.	
	,033,863.
	,968,182.
	,797,521.
Beginning of Current Year End o	
	<u>,009,057.</u>
21 Total liabilities (Part X, line 26) 1 704,567.	580,521.
22 Net assets or fund balances. Subtract line 21 from line 20 4,000,396. Part II Signature Block	,428,536.

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

Sign	Signature of officer				Date		
Here							
	Type or print name and	l title					
	Print/Type preparer's name Preparer's signature			Date	Check] PTIN	
Paid	WENDY HARDEN, CP	PA	WENDY HARDEN, CPA	09/12/23	self-employed	₽00956490	
Preparer					Firm's EIN 4	1-1680240	
Use Only							
					Phone no.612-	332-5500	
May the I	ay the IRS discuss this return with the preparer shown above? See instructions						
232001 12-1	DOI 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) EPILEPSY FOUNDATION OF MINNESOTA, INC.	41-0874541	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	THE EFMN ENVISIONS A WORLD WHERE PEOPLE WITH SEIZURES REALIZE THEIR		
	FULL POTENTIAL. EFMN OFFERS PROGRAMS THAT SERVE PEOPLE AFFECTED BY		
	EPILEPSY AND RAISES PUBLIC AWARENESS OF THE CONDITION.		
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
	If "Yes," describe these new services on Schedule O.	······	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
-	If "Yes," describe these changes on Schedule O.	····· <u> </u>	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by expe	nses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	, ,	
	revenue, if any, for each program service reported.	the total expense	ses, and
4a	(Code:) (Expenses \$1,263,430. including grants of \$28,660.) (Revenue =	¢	63,211.)
Ha	CONNECT: EPILEPSY FOUNDATION OF MINNESOTA (EFMN) CONNECTS PEOPLE	⊅) ()
	IMPACTED BY EPILEPSY TO EPILEPSY INFORMATION AND EACH OTHER THROUGH		
	PROGRAMMING DESIGNED TO MEET THEIR UNIQUE NEEDS. PROGRAMS INCLUDE		
	PEER-BASED SUPPORT GROUPS FOR PEOPLE WITH EPILEPSY, CAREGIVERS OF		
	PEOPLE WITH EPILEPSY, TEENS WITH EPILEPSY, AND THOSE WHO HAVE LOST A		
	LOVED ONE TO EPILEPSY, EFMN ALSO PROVIDES RECREATIONAL PROGRAMMING FOR		
	CHILDREN AND YOUTH WITH EPILEPSY. IN 2022, EFMN HELPED 416 PARENTS,		
	YOUTH, AND ADULTS IMPACTED BY EPILEPSY FIND COMMUNITY IF PEER CONNECT		
	GROUPS.		
	200.000		500
4b	(Code:) (Expenses \$328,288. including grants of \$) (Revenue :	\$	500.)
	EDUCATE: EPILEPSY FOUNDATION OF MINNESOTA (EFMN) CREATES EPILEPSY SAFE		
	AND SUPPORTIVE COMMUNITIES BY PROVIDING NO-COST SEIZURE RECOGNITION AND		
	RESPONSE TRAINING TO SCHOOLS, CHILDCARE CENTERS, WORKPLACES, CARE		
	FACILITIES, AND OTHER COMMUNITY ORGANIZATIONS. THESE TRAININGS EDUCATE		
	PEOPLE ABOUT EPILEPSY AND TEACH THEM HOW TO KEEP OTHERS SAFE DURING A		
	SEIZURE. IN 2022, EFMN TRAINED 14,107 INDIVIDUALS IN SEIZURE		
	RECOGNITION AND RESPONSE.		
4c	(Code:) (Expenses \$307,587. including grants of \$) (Revenue :	\$)
	EMPOWER: EPILEPSY FOUNDATION OF MINNESOTA (EFMN) PROVIDES DIRECT		
	SUPPORT TO PEOPLE IMPACTED BY EPILEPSY, THROUGH OUR INFORMATION		
	SERVICES PROGRAM. INDIVIDUALS CAN CALL, EMAIL, OR SUBMIT AN ONLINE FORM		
	REQUESTING SUPPORT OR INFORMATION, INCLUDING HELP NAVIGATING		
	EPILEPSY-RELATED BARRIERS TO EDUCATION, EMPLOYMENT, HEALTHCARE, AND		
	DAILY LIFE. OUR TEAM PROVIDES CUSTOMIZED, COMPREHENSIVE SUPPORT AND		
	FOLLOWS ALONG WITH EACH INDIVIDUAL, AS NEEDED, TO ENSURE THEIR NEEDS		
	ARE MET. IN 2022, EFMN SUPPORTED 862 PEOPLE WITH EPILEPSY AND		
	CAREGIVERS OF PEOPLE WITH EPILEPSY. EFMN ALSO PROVIDES MONTHLY		
	INFORMATION WEBINARS, SHARING UP-TO-DATE INFORMATION ABOUT EPILEPSY,		
	AVAILABLE THERAPIES, AND STRATEGIES FOR MANAGING LIFE WITH EPILEPSY.		
4 d	Other program services (Describe on Schedule O.)		
Ψu		١	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 1,899,305.)	
-10			orm 990 (2022)
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0			

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Part IV Checklist of Required Schedules

EPILEPSY FOUNDATION OF MINNESOTA, INC.

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
Ŭ	Schedule D, Part III			x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			<u> </u>
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X,			
	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
a		11a	х	
h	Part VI	<u> 11a</u>		<u> </u>
U		11b		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<u> </u>
C		11c		x
لم	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
a	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	44-1	х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	А	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	А	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
	Schedule D, Parts XI and XII	12a	Δ	<u> </u>
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	120		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	4.4%		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		v
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	1
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	├──
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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EPILEPSY FOUNDATION OF MINNESOTA, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
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	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
C		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200	x	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 40			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	900	(00000)
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Form	990 (2022) EPILEPSY FOUNDATION OF MINNESOTA, INC. 41-087454	1	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 53			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5</u> c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		<u> </u>
	If "Yes," complete Form 6069.			
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Form	990 (2022) EPILEPSY FOUNDATION OF MINNESOTA, INC.		41-087			age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and fo	or a "No"	respor	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ir	structions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		23		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			. 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?				X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
	The governing body?		•	8a	х	
	Each committee with authority to act on behalf of the governing body?				х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
•	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	ienue i	Code)			
			0000./		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$					
Ŭ		,		12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?				х	
14					х	
15	Did the organization have a written document retention and destruction policy?					
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by inc	lependent			
~				15a	x	
	The organization's CEO, Executive Director, or top management official					
U	Other officers or key employees of the organization			. 15 b		
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	ont	th a			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taughte active during the user?					x
	taxable entity during the year?			. <u>16a</u>		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
800	exempt status with respect to such arrangements?			16b		
17	List the states with which a copy of this Form 990 is required to be filed MN			(2)		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-	I (section 501(c)	(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	t interest policy,	and finar	cial	
	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 boo	ks and	records			
	BROOKS ANDERSON - 651-287-2307					
	7760 FRANCE AVE S STE 210, BLOOMINGTON, MN 55435				000	
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Form 990 (2022)	EPILEPSY FOUNDATION OF MINNESOTA, INC.	41-0874541	Page 1
Part VII Compen	sation of Officers, Directors, Trustees, Key Employees, Highe	st Compensated	
Employe	es, and Independent Contractors		
Check if Sc	hedule O contains a response or note to any line in this Part VII		
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensated Employees		
	for all persons required to be listed. Report compensation for the calendar year en	5	,

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

Name and the and the and the and the and the answer weeks of th	(A)	(B)				C)			(D)	(E)	(F)
hours per vex. box.unsequences is to main or more lated organization of the from the distribution of the distredist distribution of	Name and title	Average	(do	Position		Reportable	Reportable	Estimated			
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(8) ERICA HOLZER 2.00 X X X 0 0. 0. SECRETARY 1.00 X X X 0. 0. 0. 0. (9) BILL ATWELL 1.00 X X 0. 0. 0. 0. MEMBER AT LARGE X X 0. 0. 0. 0. 0. (10) PAUL DELANEY 2.00 X X 0. 0. 0. 0. (11) MARK DEVARAJ 1.00 X X 0. 0. 0. 0. MEMBER AT LARGE X X 0.	(7) ANNA MILZ	1.00									
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(9) BILL ATWELL 1.00 x 0 0. 0. MEMBER AT LARGE x x x 0. 0. 0. (10) PAUL DELANEY 2.00 x x 0. 0. 0. TREASURER x x x 0. 0. 0. 0. (11) MARK DEVARAJ 1.00 x x 0. 0. 0. MEMBER AT LARGE x x 0. 0. 0. 0. 0. (12) RACHEL DYRUD 1.00 x 0. 0. 0. 0. MEMBER AT LARGE x 0. 0. 0. 0. 0. 0. (13) LIKE FALK 1.00 x 0. 0. 0. 0. MEMBER AT LARGE x 0. 0. 0. 0. 0. 0. (14) ZACK FRISK 1.00 X 0. 0. 0. 0. 0. MEMBER AT LARGE X 0. 0. 0. 0. 0.<	(8) ERICA HOLZER	2.00									
MEMBER AT LARGE X I O.	SECRETARY		Х		Х				٥.	٥.	0.
(10) PAUL DELANEY 2.00 x	(9) BILL ATWELL	1.00									
TREASURER x x x x x 0. 0	MEMBER AT LARGE		Х						0.	0.	0.
(11) MARK DEVARAJ 1.00 x 0 0. 0. 0. MEMBER AT LARGE 1.00 1.00 x 0. 0. 0. 0. MEMBER AT LARGE 1.00 x 0. 0. 0. 0. 0. MEMBER AT LARGE x 0. 0. 0. 0. 0. 0. (13) LUKE FALK 1.00 x 0. 0. 0. 0. 0. MEMBER AT LARGE x 0. 0. 0. 0. 0. 0. (14) ZACK FRISK 1.00 x 0. 0. 0. 0. 0. MEMBER AT LARGE x 0. 0. 0. 0. 0. 0. (15) BARBARA JAQUET-KALINOSKI 1.00 X 0. 0. 0. 0. 0. 0. MEMBER AT LARGE X 0. 0. 0. 0. 0. 0. 0. (16) ANN JONES 1.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0.	(10) PAUL DELANEY	2.00									
MEMBER AT LARGE X 0 0. <td>TREASURER</td> <td></td> <td>Х</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	TREASURER		Х		Х				0.	0.	0.
(12) RACHEL DYRUD 1.00 x 0 0.	(11) MARK DEVARAJ	1.00									
MEMBER AT LARGE X 0 0.	MEMBER AT LARGE		Х						0.	0.	0.
(13) LUKE FALK 1.00 X 0 0. <td>(12) RACHEL DYRUD</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(12) RACHEL DYRUD	1.00									
MEMBER AT LARGE X 0 0.	MEMBER AT LARGE		Х						0.	0.	0.
(14) ZACK FRISK 1.00 1.00 0.	(13) LUKE FALK	1.00									
MEMBER AT LARGEX00.0.(15) BARBARA JAQUET-KALINOSKI1.00X00MEMBER AT LARGEX00.0.0.(16) ANN JONES1.00X00.0.MEMBER AT LARGEX00.0.0.(17) ANGELA MARINO1.00X00.0.MEMBER AT LARGE (THRU 4/22)X00.0.0.	MEMBER AT LARGE		X						٥.	0.	0.
(15) BARBARA JAQUET-KALINOSKI 1.00 X 0 0.	(14) ZACK FRISK	1.00									
MEMBER AT LARGE X 0 0.	MEMBER AT LARGE		Х						0.	0.	0.
(16) ANN JONES 1.00 0. MEMBER AT LARGE X 0. 0. (17) ANGELA MARINO 1.00 X 0. MEMBER AT LARGE (THRU 4/22) X 0. 0.	(15) BARBARA JAQUET-KALINOSKI	1.00									
MEMBER AT LARGE X 0.			Х					L	0.	0.	0.
(17) ANGELA MARINO 1.00 X 0. 0. 0.		1.00									
MEMBER AT LARGE (THRU 4/22) X 0. <th< td=""><td>MEMBER AT LARGE</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>	MEMBER AT LARGE		Х						0.	0.	0.
	(17) ANGELA MARINO	1.00									
	MEMBER AT LARGE (THRU 4/22)		Х						0.	0.	0. Form 990 (2022)

232007 12-13-22

Form 990 (2022)

21240912 310044 67604.0

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Form 990 (2022) EPILEPSY FOU	NDATION OF	MIN	NES	ОТА	., I	INC.			41-087454	1	P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hi	ghes	st C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	rson i	ר than is botl or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	am	(F) timate iount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	com fro orga anc	oensa om th anizat I relat nizati	ie tion ted
(18) STEPHANIE MEGAL	1.00											
MEMBER AT LARGE		х						0.	0.			0.
(19) KATIE O'SULLIVAN	3.00											
VICE PRESIDENT		х		х				0.	0.			0.
(20) PATRICIA PENOVICH, MD	2.00											
MEMBER AT LARGE		х						0.	0.			0.
(21) CHRIS POSHEK	1.00											
MEMBER AT LARGE		х						0.	0.			0.
(22) ANGELA GARIN	1.00											
MEMBER AT LARGE		х						0.	0.			Ο.
(23) SHARON ROBERG-PEREZ	1.00											
MEMBER AT LARGE		х						0.	0.			0.
(24) KAREN SILGEN	1.00											
MEMBER AT LARGE		х						0.	0.			Ο.
(25) BRETT SPARK	1.00											
MEMBER AT LARGE		х						0.	0.			0.
(26) JEFF SUNBERG	1.00											
MEMBER AT LARGE		х						0.	0.			Ο.
1b Subtotal	•							567,293.	0.		11,	293.
c Total from continuation sheets to Part VI								0.	0.			0.
d Total (add lines 1b and 1c)								567,293.	0.		11,	293.
2 Total number of individuals (including but n								ceived more than \$100	000 of reportable			
compensation from the organization						,						3
											Yes	No
3 Did the organization list any former officer.	director. trust	ee. k	kev e	ame	love	e. or	hia	hest compensated empl	ovee on			
line 1a? If "Yes," complete Schedule J for s	-			•			Ŭ	• • •		3		x
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	х	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," con					-			-		5		x
Section B. Independent Contractors		- 0 1	01 51		0615	011				•		
1 Complete this table for your five highest co	mpensated inc	lene	nder	nt co	ontr	acto	rs th	nat received more than \$	100 000 of compensa	tion fro	m	
the organization. Report compensation for												
(A)				<u>.g</u>				(B)		(C	3	
Name and business	address	NO	NE					Description of s	ervices C	omper		n
2 Total number of independent contractors (i	ncluding but p	ot lir	nitor		thor		ted	above) who received me	ore than			
\$100,000 of compensation from the organi		51 III		. 10		se iis 0	.cu					
SEE PART VII, SECTION A CONTIN		TS								Form 9	990 /	2023/
232008 12-13-22												-022)

8 2022.04020 EPILEPSY FOUNDATION OF MI 67604.01

Form 990 EPILEPSY FOU Part VII Section A. Officers, Directors, Tr								41-08745	541
Part VII Section A. Officers, Directors, Tr (A) Name and title	(B)	nplo	(0	nd H C) ition		est ((D)	(E)	(F)
	Average hours per week (list any hours for related organizations below line)	stee or director		that Key employee		Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
27) JULIA VALENTE, MD MEMBER AT LARGE	1.00	x					0.	0.	C
28) KRISTEN THOEN	1.00	~					0.	0.	
MEMBER AT LARGE		x					0.	0.	(
		-							
		-							
		-							
		-							
		-							
		-							
		-							
		-							
		-							
otal to Part VII, Section A, line 1c	1	<u> </u>							

232201 04-01-22

Pa	rt V	/111	Statement of Re	even	ue						
			Check if Schedule O	conta	ains a resp	onse	or note to any line		(=)	(-)	
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b						
s, G		с	Fundraising events		1c		345,018.				
Sift: ar /		d	Related organizations		1d						
imil		е	Government grants (contr	ributio	ons) 1e		1,120,439.				
tion sr S		f	All other contributions, gifts,	grant	s, and						
ibu			similar amounts not included	d abov			8,350,419.				
utro D		g	Noncash contributions included in				2,611,017.	0.045.056			
<u>a Č</u>		h	Total. Add lines 1a-1f	<u></u>		<u></u>		9,815,876.			
	_		DDOGDAM DEVENUE				Business Code	46 072	46.072		
ice	2	а	PROGRAM REVENUE				713990	46,973.	46,973.		
erv ue		b									
m S ven		C L									
gra Re		d e									
Program Service Revenue			All other program service	rever	ามค						
		a	Total. Add lines 2a-2f					46,973.			
	3	U	Investment income (includ					-			
			other similar amounts)					104,999.			104,999.
	4		Income from investment of	of tax	-exempt b	ond p	roceeds				
	5		Royalties								
					(i) Re	al	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6c							
	_		Net rental income or (loss	s)	(i) Soou	 ritioo	(ii) Othor				
	(а	Gross amount from sales of	7-	(i) Secu 1,077		(ii) Other				
		h	assets other than inventory Less: cost or other basis	7a	1,077	,050.					
e		D	and sales expenses	76	1,051	965.					
Revenue		c	Gain or (loss)	7c		,931.					
Jev			Net gain or (loss)					25,931.			25,931.
<u> </u>	8		Gross income from fundraisi					,			
Othe					018. of						
			contributions reported on	line	1c). See						
			Part IV, line 18			. 8a					
						·	138,454.				
			Net income or (loss) from					-97,204.			-97,204.
	9	а	Gross income from gamin								
			Part IV, line 19								
			Less: direct expenses								
	10		Net income or (loss) from			es					
	10	a	Gross sales of inventory, I and allowances			10a	2,581,270.				
		h	Less: cost of goods sold								
			Net income or (loss) from					-2,147,610.			-2,147,610.
				20100	2		Business Code	. , .			. ,
sno	11	а	MISC INCOME				900099	16,738.	16,738.		
scellaneo Revenue		b									
sells eve		с									
Miscellaneous Revenue		d	All other revenue								
2			Total. Add lines 11a-11d					16,738.			
	12		Total revenue. See instruction	ons				7,765,703.	63,711.	0.	-2,113,884.
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EPILEPSY FOUNDATION OF MINNESOTA, INC.

Form 990 (2022)

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EPILEPSY FOUNDATION OF MINNESOTA, INC. Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must con	plete column (A)	
0000	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 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	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22	28,660.	28,660.		
3	Grants and other assistance to foreign	,	,		
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	497,686.	350,691.	137,914.	9,081.
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	1,148,792.	828,147.	54,616.	266,029.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	44,793.	35,552.	1,904.	7,337.
9	Other employee benefits	108,854.	86,396.	4,627.	17,831.
10	Payroll taxes	105,534.	83,555.	1,944.	20,035.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	29,525.	9,272.	10,256.	9,997.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	23,523.		23,523.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	284,313.	89,283.	98,764.	96,266.
12	Advertising and promotion	64,194.	26,529.	1,124.	36,541.
13	Office expenses	137,703.	60,997.	8,761.	67,945.
14	Information technology	109,252.	50,853.	33,733.	24,666.
15	Royalties	FF 200	20.050	F (17	0.050
16		55,328.	39,859.	5,617.	9,852. 10,524.
17	Travel	47,539.	33,971.	3,044.	10,524.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	44,423.	33,144.	10,341.	938.
19 20	Conferences, conventions, and meetings	44,423. 642.	55,174.	642.	530.
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	48,430.	12,780.	35,650.	
22	Insurance	27,114.	22,284.	4,830.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)	,		,	
а	FEES & DUES	136,857.	99,123.	15,898.	21,836.
b	STAFF DEVELOPMENT	18,653.	4,881.	13,459.	313.
c	HEALTH AND WELLNESS	4,553.	2,578.	847.	1,128.
d	UNCOLLECTIBLE PLEDGES	1,000.			1,000.
e	All other expenses	814.	750.	64.	
25	Total functional expenses. Add lines 1 through 24e	2,968,182.	1,899,305.	467,558.	601,319.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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4,000,396.

4,704,963.

29

30

31

32

33

8,428,536.

9,009,057.

Form 990 (2022)

Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net Assets 8 Inventories for sale or use 8 86,288. 82,933. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 334,790. basis. Complete Part VI of Schedule D _____ 10a 296,965. 52,618. 37,825. b Less: accumulated depreciation 10b 10c 3,102,230. 7,290,782. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 747,387. Ο. Other assets. See Part IV, line 11 15 15 4,704,963. 9,009,057. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 282,452. 327,283. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 422,115. 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 0. 253,238. 25 of Schedule D 704,567. 580,521. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 3,932,704. 3,278,628. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 67,692. 5,149,908. 28 28

EPILEPSY FOUNDATION OF MINNESOTA, INC. Part X | Balance Sheet

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Organizations that do not follow FASB ASC 958, check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

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

41-0874541

(A) Beginning of year

1,262,472.

44,000.

157,355.

1

2

3

4

(B) End of year

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676,604.

20,000.

153,526.

1

2

3

4

Form	990 (2022) EPILEPSY FOUNDATION OF MINNESOTA, INC.	41-0874541		Pa	_{ae} 12
Pa	rt XI Reconciliation of Net Assets				2
	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	7,	765,	703.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	968,	182.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,	797,	521.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,	000,	396.
5	Net unrealized gains (losses) on investments	5		369,	381.
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 on Schedule O)	9			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8,	428,	536.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	· ·			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

232012 12-13-22

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

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
2022
Open to Public Inspection

Name of the organization

Name	ame of the organization Employer identification number										
				F MINNESOTA, INC.					41-0874541		
Par	:1	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.			
The o	gan	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)					
1 [A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).				
4 [A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
_		city, and state:									
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
_		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	lly receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from th	ne general j	oublic described in		
_		section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or		
_		university:									
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	after June 30, 1975.		
_		See section 509(a)(2). (Con	mplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). (Check the box on		
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.			
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	upporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	-				-		-		
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported		
		organization(s). You mus	-								
с		Type III functionally inte	• • • •					ly integrate	ed with,		
		its supported organization		-							
d		Type III non-functionally	• •					•			
		that is not functionally int	°	0 ,			•	an attentiv	/eness		
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	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	Туре I, Туре	II, Type III			
		functionally integrated, or		nally integrated supportion	ng organiz	ation.					
		er the number of supported o	•								
g		vide the following information i) Name of supported	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetany	(vi) Amount of other		
	(organization		(described on lines 1-10	in your governi	ng document?	support (see in	,	support (see instructions)		
				above (see instructions))	Yes	No		,			
Total											

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,766,640.	4,894,582.	3,276,051.	3,861,526.	9,815,876.	27,614,675.
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	5,766,640.	4,894,582.	3,276,051.	3,861,526.	9,815,876.	27,614,675.
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.						27,614,675.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	5,766,640.	4,894,582.	3,276,051.	3,861,526.	9,815,876.	27,614,675.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	90,964.	66,188.	61,979.	88,703.	104,999.	412,833.
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						28,027,508.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	134,171.
	First 5 years. If the Form 990 is for th	,	,	ourth. or fifth tax v	ear as a section 5		
	organization, check this box and stop						
Sec	ction C. Computation of Publi		centage				
	Public support percentage for 2022 (I			olumn (f))		14	98.53 %
	Public support percentage from 2021					15	98.55 %
	33 1/3% support test - 2022. If the c					ore, check this bo	and
	stop here. The organization qualifies						T T
b	33 1/3% support test - 2021. If the o	organization did not	t check a box on li				
	and stop here. The organization qual					·	
17a	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-		
b	10% -facts-and-circumstances test	-		• • • •	-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio		•		• •		
			,	. , ,			(Form 990) 2022

Schedule A (Form 990) 202

232022 12-09-22

Schedule A	Form	990	2022

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.)

Sec	ction A. Public Support	<u></u>	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness 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						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
	Amounts from line 6			(-)	(
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	· ,	l				<u> </u>
14	First 5 years. If the Form 990 is for the	-			-		
Sec	check this box and stop here	c Support Per	centage				
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Invest					1.0	
17	Investment income percentage for 20	022 (line 10c, colur	mn (f), divided by li			17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the						
20	line 18 is not more than 33 1/3%, che						
-	Private foundation. If the organization 12-09-22	THUIL HOL CHECK A	box on line 14, 19	a, ur ieu, check tr	IIS NOT ALLO SEE INS		 edule A (Form 990) 2022
23202			16			3016	2022 (1:01111 330) 2022

2022.04020 EPILEPSY FOUNDATION OF MI 67604.01

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

17

232024 12-09-22

| 10b | | Schedule A (Form 990) 2022

EPILEPSY FOUNDATION OF MINNESOTA, INC.

Yes

1

2

No

No

Yes No

		Yes	No
1 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		1

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (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.	
2	Did the organization operate for the benefit of any supported organization other than the supported	Γ

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	<u>d. or controlled the s</u>	supporting organization.
Section C. T	vpe II Supporti	ng Organizations

 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
 Image: Control of the support of the

Section D. All Ty	pe 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			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	--	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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.**

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.*232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

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Sche	dule A (Form 990) 2022 EPILEPSY FOUNDATION OF MINNESOTA,	INC.	
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgai	nizations
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (ex
	All other Type III non-functionally integrated supporting organizations mu	st complete	e Sections A throug
Sect	ion A - Adjusted Net Income		(A) Prior Yea
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 Yea
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 1s, 1b, and 1s)	14	

(B) Current Year

(optional)

explain in Part VI). See instructions. ugh E.

_				
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	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-functiona	lly integra	ted Type III supporting orga	nization (see
	instructions).	· · ·		

Schedule A (Form 990) 2022

232026 12-09-22

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A	(Form 990) 2022	EPILEPSY FO	UNDATION OF MI	INNESOTA, II	NC.	41-0874541	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. Provid , 2, 3b, 3c, 4b, 4 lines 2 and 3; Pa	de the explanations c, 5a, 6, 9a, 9b, 9c, rt IV, Section E, lin	s required by P , 11a, 11b, and es 1c, 2a, 2b, 3	art II, line 10; Part II, line 1 11c; Part IV, Section B, I 3a, and 3b; Part V, line 1;	I7a or 17b; Part III, line 12; ines 1 and 2; Part IV, Section Part V, Section B, line 1e; Pa	n C,
	(See instructions.)				· · · ·		
232028 12-09-2	2					Schedule A (Form	990) 2022

** PUBLIC DISCLOSURE COPY **

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

er

Name of the organizatio	Employer identification numb				
	EPILEPSY FOUNDATION OF MINNESOTA, INC.	41-0874541			
Organization type (chee	ck one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	ion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.			
General Rule					
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total any one contributor. Complete Parts I and II. See instructions for determining a contribute	U U U			
Special Bules					

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

EPILEPSY	FOUNDATION OF MINNESOTA, INC.	4	1-0874541
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$422,115.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$698,323.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

23 2022.04020 EPILEPSY FOUNDATION OF MI 67604.01

Name of organization

Employer identification number

Page **2**

	3 (Form 990) (2022)		Page 3
Name of o	rganization		Employer identification number
EPILEPSY	FOUNDATION OF MINNESOTA, INC.		41-0874541
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	Liste received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		 \$	

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Schedule B (Form 990) (2022)

21240912 310044 67604.0

2022.04020 EPILEPSY FOUNDATION OF MI 67604.01

Schedule B	(Form	990)	(2022)
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Page 4

ame of or	ganization			Employer identification number
PILEPSY	FOUNDATION OF MINNESOTA, INC.			41-0874541
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, co	through (e) and the following line er charitable, etc., contributions of \$1,000 or	ntry. For organizations	nat total more than \$1,000 for the ye
a) No.	Use duplicate copies of Part III if additional	space is needed.		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of g	 ift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
Part I				
-		(e) Transfer of g	 ift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desa	cription of how gift is held
		(e) Transfer of g		
_	Transferee's name, address, a			insferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
		(e) Transfer of g	ift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
3454 11-15∹	22	25		Schedule B (Form 990) (2

21240912 310044 67604.0

2022.04020 EPILEPSY FOUNDATION OF MI 67604.01

SC	HEDULE D		al Financial Statements		OMB No. 1545-0047			
(Forr	n 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10	nization answered "Yes" on Form 990, 1, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2022			
	ment of the Treasury	A	Attach to Form 990.		Open to Public Inspection			
-	I Revenue Service e of the organizat		0 for instructions and the latest information.	Emr	oloyer identification number			
	-	EPILEPSY FOUNDATION OF MINN		-	41-0874541			
Pa		ations Maintaining Donor Advise on answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or Ac	coun	Its. Complete if the			
	organizatio	on answered fes on Form 990, Part IV, III		h) Eun	ds and other accounts			
4	Total number at o	and of year	(a) Donor advised funds	b) Full				
1 2		nd of year of contributions to (during year)						
3		te value of grants from (during year)						
4		at end of year						
5			writing that the assets held in donor advised func	ls				
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes No			
6			dvisors in writing that grant funds can be used or					
			r donor advisor, or for any other purpose conferri	•				
Pa	impermissible priv		ganization answered "Yes" on Form 990, Part IV,					
1		servation easements held by the organization						
-		n of land for public use (for example, recrea		rically	important land area			
	Protection of	of natural habitat	Preservation of a certi	fied his	storic structure			
	Preservation	n of open space						
2			fied conservation contribution in the form of a cor	nservat				
	day of the tax yea				Held at the End of the Tax Year			
a				2a				
b	•		ucture included in (a)	2b 2c				
c d		rvation easements included in (c) acquired a		20				
u				2d				
3		•	eased, extinguished, or terminated by the organize		during the tax			
	year							
4	Number of states	where property subject to conservation eas	sement is located					
5	6	ation have a written policy regarding the per	o , i , o					
		forcement of the conservation easements it						
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio	n ease	ements during the year			
7	Amount of expense		lling of violations, and enforcing conservation eas	ement	ts during the year			
•	Amount of expend			Jonnon				
8	Does each conser	rvation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)	(i)				
	and section 170(h				Yes 🗌 No			
9	In Part XIII, descri	be how the organization reports conservation	on easements in its revenue and expense statem	ent and	d			
	balance sheet, an	id include, if applicable, the text of the footr	note to the organization's financial statements that	t desc	pribes the			
Da		counting for conservation easements.	Art, Historical Treasures, or Other S	imila	r Accote			
ı a		if the organization answered "Yes" on Form		ma	1 433613.			
1 a			8, not to report in its revenue statement and bala	ince sh	neet works			
14	•	· •	blic exhibition, education, or research in furtheran					
		· ·	ncial statements that describes these items.	r.				
b	If the organization	n elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	sheet	works of			
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furtherance	of pub	olic service,			
	•	ing amounts relating to these items:						
					\$			
~	.,				\$			
2			asures, or other similar assets for financial gain, p	provide	9			
а	-	ounts required to be reported under FASB A	-		\$			
		cluded on Form 990, Part VIII, line 1\$\$						

LHA For Paperwork Reduction Act Notice, see the Instruct	ctions for Form 990.
232051 09-01-22	
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2022.04020	EPILEPSY	FOUNDATION	OF	MI	67604.01

Schedule D (Form 990) 2022

Sche	chedule D (Form 990) 2022 EPILEPSY FOUNDATION OF MINNESOTA, INC. 41-0874541 Page 2										
Par	t III Organizations Maintaining C	ollections of Art	t, Histo	rical Tre	asures, or (Other	Simila	r Assets	(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check a	any of the f	ollowing that m	nake sig	nificant ı	use of its			
	collection items (check all that apply):			-	-	-					
а	Public exhibition	d		oan or excl	nange program	I					
b	Scholarly research	е		Other							
с											
4											
5	During the year, did the organization solicit o										
•	to be sold to raise funds rather than to be ma				•				Yes		No
Par	t IV Escrow and Custodial Arran							Part IV			
	reported an amount on Form 990, Pa			organization		00 0111	01111 0000	, i aicit, i			
19	Is the organization an agent, trustee, custodi		iany for co	ontributions	or other asset	s not in	cluded				
Ia	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XII							······ ∟			
5			iowing ta						Amoun	t	
<u>د</u>	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
							1f				
	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						y:	∟			1
Par							<u></u> ז				<u></u>
		(a) Current year		ior year	(c) Two years I			ears back	(e) Fou	vears	back
19	Beginning of year balance	424,277.		392,029.	355,4			08,949.	(-)	J	
		5,071,522.		,			-	,		300,	000
	Contributions	-9,811.		32,248.	36,	582		57,138.			949.
										•,	
	Grants or scholarships										
е	Other expenditures for facilities	11,875.						10,640.			
	and programs	11,075.						10,040.			
	Administrative expenses	5,474,113.		101 077	202	0.20	2	55 117		200	040
g	End of year balance			424,277.	392,0	029.		55,447.		308,	949.
2	Provide the estimated percentage of the curr			column (a)) held as:						
a	Board designated or quasi-endowment	6.4400	_%								
b	Permanent endowment 93.5600	%									
с	· · · · · · · · · · · · · · · · · · ·	<u>%</u>									
_	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	tion that	are held an	d administered	I for the	•		1	Vee	Na
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment fu	nds.							
Par	t VI Land, Buildings, and Equipm		De tall	V = 11 = 0							
	Complete if the organization answere							.			
	Description of property	(a) Cost or o basis (investm		(b) Cost basis (cumulate reciation	ed	(d) Boo	k value	Э
1a	Land										
	Buildings										
	Leasehold improvements				77,046.		77,	046.			0.
	Equipment				153,071.		134,	737.		18,	334.
	Other				104,673.		85,	182.		19,	491.
	Add lines 1a through 1e. (Column (d) must e		X. colum	n (B), line 1(I						825.
										,	

Schedule D (Form 990) 2022

Schedule [) (Form 990) 2022	EPILEPSY	FOUNDATION	OF	MINNESOTA,	INC.	

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OPERATING RIGHT OF USE ASSET	253,238.
(2) ERC RECEIVABLE	494,149.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	747,387.
Part X Other Liabilities.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LEASE LIABILITY	253,238.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	253,238.

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

Schedule D (Form 990) 2022

X

232053 09-01-22

Sche	dule D (Form 990) 2022 EPILEPSY FOUNDATION OF MINNESOTA, INC.			41-0874541	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	7,372,799.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-369,381.		
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-369,381.
3	Subtract line 2e from line 1			3	7,742,180.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23,523.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	23,523.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	7,765,703.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With B	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,944,659.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,944,659.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23,523.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	23,523.
5				5	2,968,182.
Pa	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	IV, lines 1b ar	nd 2b; Part V, line 4	; Part X, line 2; I	Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	tional informa	ition.		

PART	Х,	LINE	2:
------	----	------	----

ASC 740 FOOTNOTE

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND

RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN TAX

POSITION THAT MORE LIKELY THAN NOT WOULD BE SUSTAINED UPON EXAMINATION BY

TAXING AUTHORITIES. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS

AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS

THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE

PROVISIONS OF THIS GUIDANCE.

FORM 990, SCHEDULE D, PART XII, LINE 4A

232054 09-01-22

INVESTMENT FEES

INVESTMENT FEES ARE NETTED AGAINST INVESTMENT REVENUE ON THE AUDITED

FINANCIAL STATEMENTS. ON FORM 990, THEY ARE INCLUDED WITH INVESTMENT

MANAGEMENT FEES ON THE STATEMENT OF FUNCTIONAL EXPENSES PART IX.

Schedule D (Form 990) 2022

232055 09-01-22

30 2022.04020 EPILEPSY FOUNDATION OF MI 67604.01

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19 ,	or if the	2022
Department of the Treasury Internal Revenue Service	. .	Attach to Form 990 o o www.irs.gov/Form990 for instrue						Open to Public Inspection
Name of the organization		Emplover i	dentification number					
Ŭ		OUNDATION OF MINNESOTA, INC					41-0874	
Part I Fundrais required to	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, li	ne 17	7. Form 990-I	EZ filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Y	es 🗌 No be
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ntrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser ted in col. (i)	
			Yes	No				
Total								
3 List all states in white or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from	registration

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

Schedule G (Form 990) 2022

232081 10-27-22

EPILEPSY FOUNDATION OF MINNESOTA, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
	1 Gross receipts	. 145,952.	200,280.	40,036.	386,268
2	2 Less: Contributions	. 104,702.	200,280.	40,036.	345,018
3	3 Gross income (line 1 minus line 2)	41,250.			41,25
4	4 Cash prizes				
	5 Noncash prizes				
6	6 Rent/facility costs				
e 7	7 Food and beverages				
١.	8 Entertainment				
9	9 Other direct expenses		23,384.	74,505.	138,45
1	10 Direct expense summary. Add lines 4 throu				138,45
In	rt III Gaming. Complete if the organization	on answered "Yes" on Form	1 990, Part IV, line 19, or re	eported more than	
T	\$15,000 on Form 990-EZ, line 6a.		(L) Dull toba/instant		
	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
1	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue			(c) Other gaming	
				(c) Other gaming	
	1 Gross revenue			(c) Other gaming	
	Gross revenue 2 Cash prizes	·		(c) Other gaming	
1	Gross revenue Cash prizes Noncash prizes	· · · · · · · · · · · · · · · · · · ·		(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
1 2 2 3	 Gross revenue		bingo/progressive bingo	(c) Other gaming	
- 1 - 2 - 3 - 4 - 5 - 6	 Gross revenue	%	bingo/progressive bingo	Yes%	
1 2 3 4 5 7	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor		bingo/progressive bingo	Yes%	
1 2 3 4 5 7 7 8	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throut		bingo/progressive bingo	Yes%	
	 Gross revenue	Yes% Yes% No Solution of the second of these second of these second se	bingo/progressive bingo	Yes%	col. (a) through col. (
- 3 - 3 - 4 - 5 - 4 - 5 - 4 - 7 - 8 - 7 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8	 Gross revenue	Yes% Yes% No Solution of the second of these second of these second se	bingo/progressive bingo	Yes%	col. (a) through col. (

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	EPILEPSY FOUNDATION OF MINNESOTA, INC.	41-087	4541	Page 3
11	Does the organization conduct ga	ming activities with nonmembers?	[Yes	🗌 No
12	Is the organization a grantor, bene	ficiary or trustee of a trust, or a member of a partnership or other entity formed	_		
	to administer charitable gaming?		[Yes	No
13	Indicate the percentage of gaming	activity conducted in:			
6	The organization's facility		[1	I3a	%
k	• An outside facility		[1	3b	%
14	Enter the name and address of the	e person who prepares the organization's gaming/special events books and records:			
	Name				
	Address				
1 5a	a Does the organization have a con	tract with a third party from whom the organization receives gaming revenue?	C	Yes	No No
ŀ	If "Ves " enter the amount of gam	ing revenue received by the organization \$ and the amou	int		
	of gaming revenue retained by the		in		
	If "Yes," enter name and address				
		or the unit party.			
	Name				
	Address				
16	Gaming manager information:				
	5 5				
	Name				
	Gaming manager compensation	\$			
	Description of services provided				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
â		state law to make charitable distributions from the gaming proceeds to	г		<u> </u>
				Yes	No No
k		required under state law to be distributed to other exempt organizations or spent in t	ne		
De	organization's own exempt activit				
Fd		mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and (v) a	id Part II	I, lines 9	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide any additional information. See instructions.			
2320	83 10-27-22	S	chedule	G (Forn	n 990) 2022
		33		-	-

21240912 310044 67604.0

Part IV	Supplemental Information (continued)	
		Schedule G (Form 990

232084 04-01-22

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organization	d Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service				Attach to Forn	n 990.			Open to Public
			Go to www.irs	.gov/Form990 for	the latest inform	ation.		Inspection
Name of the organizati	ON EPILEPSY FOUNI	ΔΑΤΤΟΝ ΟΕ ΜΙΝΝ	IESOTA INC					Employer identification number 41-0874541
Part I General Ir	nformation on Grants a							
criteria used to a	zation maintain records t award the grants or assis	stance?		· · · · · · · · · · · · · · · · · · ·		ofor the grants or assis		
Part II Grants an	IV the organization's pro d Other Assistance to I hat received more than \$	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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

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

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

Schedule I (Form 990) 2022

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	10	10,000.	0.		
BRIDGE FUND - NEED BASED EMERGENCY ASSISTANCE	27	18,660.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE METHODS UTILIZED BY THE ORGANIZATION TO MONITOR THE USE OF GRANT FUNDS

IT PROVIDES TO RECIPIENTS IN THE UNITED STATES ARE SIMILAR TO THOSE ONE

MIGHT EXPECT TO FIND IN ORGANIZATIONS OPERATING IN SIMILAR CIRCUMSTANCES.

41-0874541

Page 2

SC	HEDULE J	Compensation Information	I	OMB No.	1545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	<u> </u>	•
Depa	tment of the Treasury	Attach to Form 990.		Open to		
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	ne of the organization		Employer ide		on nui	mber
		EPILEPSY FOUNDATION OF MINNESOTA, INC.	41-08	74541		
Pa	rt I Question	s Regarding Compensation				T
4.			000		Yes	No
а		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
		panions Payments for business use of personal re ation and gross-up payments I Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffel				
			ii, chei)			
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
b	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
-	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if ar	y, of the following the organization used to establish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organizati				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	ompensation consultant				
	·	ther organizations	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severanc	e payment or change-of-control payment?		. 4a		x
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		. 4b		х
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		. 4c		х
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	contingent on the re					
а	The organization?			5a		X
	Any related organiz	ation?				X
		r 5b, describe in Part III.				
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the n	•				
						X
b	Any related organiz			6b		X
_		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_	77	
~		es 5 and 6? If "Yes," describe in Part III		. 7	X	
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie			v
~				. 8		X
9		d the organization also follow the rebuttable presumption procedure described in				
	Regulations section			9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedul	le J (Forr	n 990)) 2022

232111 10-18-22

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) GLEN LLOYD	(i)	180,949.	0.	0.	0.	676.	181,625.	0.	
EXECUTIVE DIRECTOR	(ii)	Ο.	0.	0.	0.	0.	0.	0.	
(2) ANTHONY SCONZA	(i)	156,112.	0.	0.	0.	732.	156,844.	0.	
ASSOC EXEC DIR, OPS	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2022

Page 3

Part III Supplemental Information

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

PART I, LINE 7:

CERTAIN EMPLOYEES ARE ELIGIBLE FOR ANNUAL DISCRETIONARY BONUSES. THE AMOUNT

AND PAYMENT OF THE AWARD IS MADE AT THE DISCRETION OF THE BOARD OF

DIRECTORS.

Schedule J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

7

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

	Inspection
Employer	identification number
	41-0874541

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N	ame	of	the	organizatio	วท
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EPILEPSY FOUNDATION OF MINNESOTA, INC.

Par	tl Ty	pes of Property							
			(a)	(b)	(c)	(d)			
			Check if	Number of	Noncash contribution	Method of de		•	
			applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contribu	ition an	nounts	3
1	Art Mork	s of art							
-									
2		rical treasures							
3		ional interests							
4		d publications	<u> </u>		0 501 050				
5		Ind household goods	X		2,581,270.	PER POUND PRICE			
6		other vehicles							
7	Boats and	l planes							
8	Intellectua	al property							
9	Securities	- Publicly traded							
10	Securities	- Closely held stock							
11	Securities	- Partnership, LLC, or							
	trust inter	ests							
12	Securities	- Miscellaneous							
13	Qualified (conservation contribution -							
	Historic st	ructures							
14	Qualified	conservation contribution - Other							
15		e - Residential							
16		e - Commercial							
17		e - Other							
18		es							
19 00		ntory							
20		I medical supplies							
21	Taxidermy								
22		artifacts							
23		specimens							
24	Archeolog	ical artifacts							
25	Other	(AUCTION ITEMS)	X	102	29,747.	ESTIMATED FMV			
26	Other	()							
27	Other	()							
28	Other	()							
29	Number o	f Forms 8283 received by the organ	ization during	g the tax year for c	ontributions				
	for which	the organization completed Form 8	283, Part V, D	onee Acknowledg	ement				
								Yes	No
30a	During the	e year, did the organization receive I	by contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it			
	must hold	for at least 3 years from the date of	the initial co	ntribution, and wh	ich isn't required to be used	for			
	exempt p	urposes for the entire holding period	1?		·		30a		Х
b		escribe the arrangement in Part II.							
31		organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	tions?	31		х
		organization hire or use third parties							
<u>u</u>	contributi	·		-			32a		х
h		lescribe in Part II.					02a		
33		nization didn't report an amount in	column (c) fo	r a type of property	(for which column (a) is aba	cked			
00	describe i			a type of property	nor which column (a) is the	unuu,			
			the leature	tions for Form 000)	Cabadula B	A (E e area	000	2000
LHA	гог мар	erwork Reduction Act Notice, see		LIGHTS IOF FORTH 990	J.	Schedule N		1 220)	2022

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

232142 09-09-22	41	Schedule M (Form 990) 2022
		Sebadula M (Farm 000) 0000

2022.04020 EPILEPSY FOUNDATION OF MI 67604.01

41-0874541

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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.

INC



Employer identification number 41-0874541

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

EPILEPSY FOUNDATION OF MINNESOTA.

FORM 990, PART VI, SECTION B, LINE 11B:

FOLLOWING COMPLETION OF THE ANNUAL AUDIT, A DRAFT OF THE FORM 990 IS

PREPARED BY THE AUDITORS AND REVIEWED BY MANAGEMENT. THE DRAFT IS THEN

PRESENTED BY THE AUDITORS TO THE BOARD OF DIRECTORS. THE BOARD DISCUSSES

THE 990 AND PASSES A RESOLUTION TO APPROVE THE 990 AS A PART OF THE REPORT

TO THE STATE OF MINNESOTA.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS MUST SIGN A CONFLICT OF INTEREST STATEMENT STATING THAT

THEY ARE AWARE OF THE CONFLICT OF INTEREST POLICIES AND PROCEDURES.

ANNUALLY THE BOARD MEMBER MUST IDENTIFY ANY POTENTIAL CONFLICTS OF

INTEREST. THE INFORMATION IS GATHERED AND REVIEWED BY THE BOARD PRESIDENT

AND HELD FOR REFERENCE THROUGHOUT THE YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE REVIEWS THE EXECUTIVE DIRECTOR MEASURING THEM

AGAINST OBJECTIVES THAT ARE SET ANNUALLY. THIS INFORMATION IS REPORTED TO

THE BOARD OF DIRECTORS. THE EXECUTIVE DIRECTOR REVIEWS KEY EMPLOYEES

ANNUALLY. A COMPENSATION ANALYSIS FOR EMPLOYEES IS PERFORMED BIANNUALLY.

FORM 990, PART VI, SECTION C, LINE 18:

THE FOUNDATION'S 990 IS AVAILABLE TO THE PUBLIC UPON REQUEST AT THE OFFICE

OF THE FOUNDATION.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22 42 Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page
Name of the organization	Employer identification number
EPILEPSY FOUNDATION OF MINNESOTA, INC.	41-0874541
FORM 990, PART VI, SECTION C, LINE 19:	
THE FOUNDATION'S POLICIES REGARDING ITS GOVERNING DOCUMENTS, CONFLICT OF	
INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON	
REQUEST AT THE OFFICE OF THE FOUNDATION.	