Form **990**

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury

A For the 2023 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Address change EPILEPSY FOUNDATION OF MINNESOTA, INC. Name change 41-0874541 Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 7760 FRANCE AVE S 210 651-287-2300 10,074,773. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return BLOOMINGTON, MN 55435 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JENNA CARTER Yes X No for subordinates? 7760 FRANCE AVE S STE 210, BLOOMINGTON, MN **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.EFMN.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1954 M State of legal domicile: MN Part I Summary Briefly describe the organization's mission or most significant activities: EPILEPSY FOUNDATION OF MINNESOTA Activities & Governance (EFMN) LEADS THE FIGHT TO OVERCOME THE CHALLENGES OF LIVING WITH if the organization discontinued its operations or disposed of more than 25% of its net assets. 25 Number of voting members of the governing body (Part VI, line 1a) 25 Number of independent voting members of the governing body (Part VI, line 1b) 4 50 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 200 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 9,815,876. 3,853,328. Contributions and grants (Part VIII, line 1h) 23,385. 46,973 Program service revenue (Part VIII, line 2g) 130,930 322,677. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -2,228,076 -2,112,549. 11 7,765,703 2 086 841. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 28,660 19,960. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,905,659, 1,917,981. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,033,863, 1,090,718. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,968,182, 3,028,659. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,797,521. -941,818. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 9,009,057 8,534,829. Total assets (Part X, line 16) 805,134. 580,521 21 Total liabilities (Part X, line 26) 三年 8,428,536. 7,729,695. Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JENNA CARTER, EXEC. DIRECTOR Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature WENDY HARDEN, CPA WENDY HARDEN, CPA 09/24/24 P00956490 Paid 41-1680240 SDK CPA Preparer Firm's name Firm's EIN 100 WASHINGTON AVE S STE 1600 Use Only Firm's address Phone no.612-332-5500 MINNEAPOLIS, MN 55401 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Pai	Part III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1		
	VISION: A WORLD WHERE PEOPLE WITH SEIZURES REALIZE THEIR FULL	
	POTENTIAL.	
	OUR MISSION: WE LEAD THE FIGHT TO OVERCOME THE CHALLENGES OF LIV	ING
	WITH EPILEPSY AND TO ACCELERATE THERAPIES TO STOP SEIZURES, FIND	
2	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	3 Did the organization cease conducting, or make significant changes in how it conducts	s, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	4 Describe the organization's program service accomplishments for each of its three larg	est program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grant	s and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.	
4a	4a (Code:) (Expenses \$1, 273, 503. including grants of \$	19,950.) (Revenue \$ 21,776.)
	CONNECT: EPILEPSY FOUNDATION OF MINNESOTA (EFMN) CONNECTS PEOPLE	
	IMPACTED BY EPILEPSY TO EPILEPSY INFORMATION AND EACH OTHER THRO	UGH
	PROGRAMMING DESIGNED TO MEET THEIR UNIQUE NEEDS. PROGRAMS INCLUD)E
	PEER-BASED SUPPORT GROUPS FOR PEOPLE WITH EPILEPSY (CONNECT GROU	UPS),
	CAMP PROGRAMS, SOCIAL EVENTS AND SHINING STARS. IN 2023, EFMN HE	LPED
	597 PARENTS, YOUTH, AND ADULTS IMPACTED BY EPILEPSY FIND COMMUNI	TY IN
	CONNECT GROUPS. 91 YOUTH PARTICIPATED IN CAMP OZ, 16 YOUTH PARTI	CIPATED
	IN DAY CAMP, AND 26 PEOPLE PARTICIPATED IN FAMILY CAMP. 493 PEOP	LE
	ATTENDED EFMN'S SOCIAL EVENTS, WHICH BRING TOGETHER ALL TYPES OF	PEOPLE
	AFFECTED BY EPILEPSY TO CONNECT, SHARE EXPERIENCES, AND HAVE FUN	ı .
	SHINING STARS IS EFMN'S PROGRAM THAT HELPS CHILDREN CONNECT WITH	OTHERS
	WHO ARE FACING SIMILAR CHALLENGES AND SEEK TO EMPOWER THEM TO EM	IBRACE
4b	4b (Code:) (Expenses \$ 447,635. including grants of \$) (Revenue \$
	EDUCATE: EPILEPSY FOUNDATION OF MINNESOTA (EFMN) CREATES EPILEPS	
	AND SUPPORTIVE COMMUNITIES BY PROVIDING NO-COST SEIZURE RECOGNIT	ION AND
	RESPONSE TRAINING TO SCHOOLS, CHILDCARE CENTERS, WORKPLACES, CAR	Œ
	FACILITIES, AND OTHER COMMUNITY ORGANIZATIONS. THESE TRAININGS	EDUCATE
	PEOPLE ABOUT EPILEPSY AND TEACH THEM HOW TO KEEP OTHERS SAFE DUR	RING A
	SEIZURE. IN 2023, EFMN TRAINED 8,923 INDIVIDUALS IN SEIZURE RECO	GNITION
	AND RESPONSE.	
4c	4c (Code:) (Expenses \$ including grants of \$	10.) (Revenue \$2,000.
	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 ONLI	NE 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 N	IEEDS
	ARE MET. IN 2023, EFMN SUPPORTED 1,317 PEOPLE WITH EPILEPSY AND	
	CAREGIVERS OF PEOPLE WITH EPILEPSY.	
_		
4d	4d Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$
4e	4e Total program service expenses 2,011,259.	

41-0874541

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
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	Х	
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		х
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? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	0		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	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, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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Form 990 (2023) EPILEPSY FOUNDATION OF MINE Part IV | Checklist of Required Schedules (continued)

22 In the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2 in Verg.* complete Schedule /, Part I and III 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, fustees, key employees, and highest compensation or three organization's current and former officers, directors, fustees, key employees, and highest compensation or three grants and to mere than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K. If "No," to to line 25e 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization analysis of the second of the second and the second	1 311	Continued)		V	NIa
Part X. column (A), line 2? // "ve; "complete Schedule (_Parts and III 2) Did the organization success the state of the state of the organization scurred and former officers, directors, frustees, key employees, and highest compensated employees? // "Yes," complete Schedule /_Part II 23 X X 24a Did the organization is use a tax-exempt bond issue with an obstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? "// "Yes," arraws rines 240 brough 24d and complete Schedule X 14 No." go for line 126 and a second according to the third of the complete Schedule X 14 No." go for line 25a 24d	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22 bit the organization server "Yes" to Part VII, Section A, Line 3.4, or 5, about compensation of the organization's current and former offices, directors, trustees, sey employees, and highest compensated employees? If "Yes," complete Schedule J. 24 bit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the six 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. 25 bit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 bit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 bit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 27 bit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 28 Section \$0.10(33, 901)(49), and \$901(c)(29) organizations beyond a temporary period exception? 29 bit the organization marks and the angaged in an excession serving the year? 29 bit the organization aware that the angaged in an excession serving the year in the process benefit transaction has not been reported on any of the organization's prior Forms 900 or 990-EEZ? If "Yes," complete Schedule L, Part II. 29 bit the organization provide a grant or other assistance to any current or former office, director, trustee, key employee, cereator or founder, substantial contributor or affective or former office, director, trustee, key employee reator or former office, director, trustee, key employee cereator 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. 28 bit the organization provide a grant or other assistance to any current or former office, director, trustake, key employee, cereator or founder, or substantial	22		22	х	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule 23	23		·····		
Schedule / 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," yo to line 25s 25b Did the organization minimal and proceeds of tax-exempt bonds beyond a temporary period exception? 25c Did the organization maritari an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25d Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25d Did the organization acts as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25d Section 501(6)(3), 501(4)(4), 400 do 501(2)(3) prograziations. Did the organization angage in an excess benefit transaction with a disqualified person during the year? If "yes," complete Schedule L. Part I 25d Section 501(6)(3), 501(4)(4), 400 do 501(2)(3) prograziation of the organization angage in an excess benefit transaction with a disqualified person during the year? If "yes," complete Schedule L. Part I 25d Did the organization aware that the organization and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "yes," complete Schedule L. Part II 25d Did the organization provide 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 asystem or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, grare selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these parasons? If "Yes," complete Schedule L. Part IV 26d Was the organization accepted to a business transaction with one of the following parties? (See the Schedule L. Part IV. 27d					
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," amount from the Yes," and organization markinal an ascerow account other than a refunding eacrow at any time during the year to defease any tax exempt bonds? 24b Did the organization mixed any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization mixed any account other than a refunding eacrow at any time during the year to defease any tax exempt bonds? 24d Did the organization available passed during the year? If Yes, "complete Schedule L, Part I Passed Did the organization with a disqualified person during the year? If Yes, "complete Schedule L, Part I Passed Did the organization was that it engaged in an excess benefit transaction with a disqualified person during the year? If Yes, "complete Schedule L, Part I Passed Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction was that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and the prior of the		·	23	Х	
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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 I, 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 prior Forms 990 e190E27 If "Yes," complete Schedule I, Part I 25b X 25b 25c					
b is the organization ware 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 E27 # 17%; "complete Schedule L, Part I	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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-E27 #* 'Yes," complete Schedule L, Part I yes, "complete Schedule L, Part I yes," complete Schedule L, Part I yes, "complete Schedule L, Part I yes," complete Schedule L, Part I yes, "complete Schedule L, Part I yes," complete Schedule L, Part I yes, "complete Schedule L, Part I yes," complete Schedule L, Part I yes, "complete Schedule L, Part I yes," complete Schedule L, Part I yes, "complete Schedule L, Part I yes," complete Schedule L, Part I yes, "complete Schedule L, Part I yes," complete Schedule L, Part I yes, "complete Schedule L, Part I yes," complete Schedule L, Part I yes, "complete Schedule L, Part I yes," complete Schedule L, Part I yes, "complete Schedule L, Part I yes," complete Schedule L, Part I yes, "complete Schedule L, Part I yes," yes, "complete Schedule L, Part I yes," yes, "complete Schedule L, Part I yes," complete Schedule L, Part I yes, "complete Schedule L, Part I yes," complete Schedule L, Part I yes, "complete Schedule L, Part I yes," complete Schedule L, Part I yes, "complete Schedule L, Part I yes," complete Schedule L, Part I yes, "complete Schedule L, Part I yes," complete Schedule L, Part I yes, "complete Schedule L, Part I yes," complete Schedule L, Part I yes, "complete Schedule L, Part I yes," complete Schedule I, Part I yes, "complete Schedule I, Part I yes, "complete Schedule I, Part I yes," complete Schedule I, Part I yes, "complete Schedule I, Part I yes, yes, "complete Schedule I, Part I yes, yes, "complete Schedule I, P	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? #*Yes,* complete \$25b		, , ,	25a		Х
Schedule L, Part I 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 pavide 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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X 28 Did the organization receive more individuals and/or organizations described in line 28ar or 28b? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X 31 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization or 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, III, or IV, and Part V, Iiin 1 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V, Iiin 2 35 Did the organ	b				
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Form 990 (2023) EPILEPSY FOUNDATION OF MINNESOTA, INC.

Part 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	50			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	ınt)?	4a		Х
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 Advanced in the Financi	ccou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orç	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	rvices	provided to the payor?	7a	X	
				7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		,,
	to file Form 8282?	1	1	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	_7d		-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		
†	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		000	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7h		
0		•		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the analysis a supplication realise and to solve the distributions under casting 40000			9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10	a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	101				
11	Section 501(c)(12) organizations. Enter:		•			
а	Gross income from members or shareholders	118	a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	111				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	104	1?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	121	<u> </u>			
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	ı	1			
	organization is licensed to issue qualified health plans	131		4		
	Enter the amount of reserves on hand	130	<u> </u>			
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b	-	-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			1		🖫
	excess parachute payment(s) during the year?			15		Х
40	If "Yes," see the instructions and file Form 4720, Schedule N.					v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	ome?	16		Х
47	If "Yes," complete Form 4720, Schedule O.	A1	_			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form **990** (2023) 332005 12-21-23

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

	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 25			
	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 O.			
b	Enter the number of voting members included on line 1a, above, who are independent 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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 appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7 u		
D		7b		х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		
		8a	Х	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
	tion 211 choice (This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iva		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
ŭ	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedMN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
=	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BROOKS ANDERSON - 651-287-2307			
	7760 FRANCE AVE S STE 210, BLOOMINGTON, MN 55435			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per	(do box		Pos heck	c) ition more rson i	than o	one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) GLEN LLOYD	40.00	1							_	
EXECUTIVE DIRECTOR				Х				196,794.	0.	10,669.
(2) JENNA CARTER	40.00	4							_	
ASSOC EXEC DIR, MISSION &				Х				150,420.	0.	4,756.
(3) ANGELA MARINO	40.00	4							_	
ASSOC EXEC DIR, CHIEF OF STAFF & STR				Х				112,640.	0.	10,973.
(4) BROOKS ANDERSON	40.00	4							_	
ASSOC EXEC DIR, OPS				Х				98,191.	0.	10,604.
(5) KATIE GAMADES	40.00	4								
ASSOC EXEC DIR OF ADVANCEMENT				Х				81,098.	0.	6,588.
(6) ANTHONY SCONZA	40.00	4								
ASSOC EXEC DIR, OPS				Х				67,647.	0.	2,280.
(7) PAUL REINECK	1.00	4						_	_	_
MEMBER AT LARGE		Х						0.	0.	0.
(8) TRISHA ZELLER	3.00	.								
PRESIDENT	1 00	Х		Х				0.	0.	0.
(9) ANNA MILZ	1.00	ł								
MEMBER AT LARGE		Х						0.	0.	0.
(10) ERICA HOLZER	2.00	.								
SECRETARY		Х		Х				0.	0.	0.
(11) BILL ATWELL	1.00	4						_	_	_
MEMBER AT LARGE		Х						0.	0.	0.
(12) PAUL DELANEY	2.00	.								
TREASURER		Х		Х				0.	0.	0.
(13) ZACK FRISK	1.00	.								
MEMBER AT LARGE		Х						0.	0.	0.
(14) BARBARA JAUQUET-KALINOSKI	1.00	.								
MEMBER AT LARGE		Х						0.	0.	0.
(15) ANN JONES	1.00	.								
MEMBER AT LARGE	1 00	Х						0.	0.	0.
(16) STEPHANIE MEGAL	1.00	ł <u>.</u>								_
MEMBER AT LARGE	2 22	Х				_		0.	0.	0.
(17) KATIE O'SULLIVAN	3.00	 		,,						_
VICE PRESIDENT		X		Х			<u> </u>	0.	0.	0. Form 990 (2022)

Form 990 (2023) EPILEPSY FO	OUNDATION OF	MIN	NES	OTA	<u>,</u> I	NC.			41-087454	1 Page 8
Part VII Section A. Officers, Directors, Tr	rustees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unles cer an	ss pe	more rson i	than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of 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)	compensation from the organization and related organizations
(18) PATRICIA PENOVICH, MD	2.00									
MEMBER AT LARGE		Х						0.	0.	0.
(19) CHRIS POSHEK	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(20) ANGELA GARIN	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(21) SHARON ROBERG-PEREZ	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(22) KAREN SILGEN	1.00									
MEMBER AT LARGE		х						0.	0.	0.
(23) BRETT SPARK	1.00									
MEMBER AT LARGE		х						0.	0.	0.
(24) JEFF SUNBERG	1.00									
MEMBER AT LARGE (1/1/23-9/6/23)		х						0.	0.	0.
(25) KRISTEN THOEN	1.00									
MEMBER AT LARGE		х						0.	0.	0.
(26) COLE DAVIES	1.00									
MEMBER AT LARGE		х						0.	0.	0.
1b Subtotal								706,790.	0.	45,870.
c Total from continuation sheets to Part								0.	0.	0.
d Total (add lines 1b and 1c)								706,790.	0.	45,870.
Total number of individuals (including but								ceived more than \$100	000 of reportable	

compensation from the organization

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

Section B. Independent Contractors

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

(A) Name and business address NONE	(B) Description of services	(C) Compensation

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 EPILEPSY FOUR	NDATION OF	MIN	NES	ОТА	, I	NC.			41-08745	541
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all ·	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	J.				loyee		the	organizations	compensation
	(list any hours for	lirect				d em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or (stee			sate		(***-27 1099-181130)		and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	idual	tution	-ie	Key employee	esto	Je.			· ·
	line)	Indiv	Insti	Officer	Key	High	Former			
(27) JENNIFER HOVER	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(28) ANNE BARNWELL	1.00									
MEMBER AT LARGE		х						0.	0.	0.
(29) KAREN DALY	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(30) MICHELE PETERSON	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(31) MEAGHAN MORIARTY	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(32) SIMA PATEL	1.00									
MEMBER AT LARGE		х						0.	0.	0.
-										
		-								
		-								
-										
		-								
-										
		-								
		-								
		-								
-										
		1								
				\vdash			 			
		1								
	<u>I</u>	<u> </u>					<u> </u>			
Total to Part VII. Section A. line 15										
Total to Part VII, Section A, line 1c								<u>I</u>		

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Form 990 (2023) EPILEPSY FOR Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			_	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
SΩ	1 2	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
ي ق		Fundraising events 1c	366,660.				
fts, r A		d Related organizations 1d	, -				
ig ig		Government grants (contributions)	15,794.				
Sin		All other contributions, gifts, grants, and					
utic le ri	'	similar amounts not included above 1f	3,470,874.				
ë Đ			2,858,155.				
o d		Noncash contributions included in lines 1a-1f 1g \$	2,030,133.	3,853,328.			
Oa	r	Total. Add lines 1a-1f	Business Code	3,033,320.			
		DDOGDAM DEVENUE	713990	22 205	22 205		
<u>:</u>	2 8		713990	23,385.	23,385.		
er v	k)					
S c	(·					
ev Sev	•	·					
Program Service Revenue	•						
٩	f	All other program service revenue					
	9	Total. Add lines 2a-2f		23,385.			
	3	Investment income (including dividends, intere	est, and				
		other similar amounts)		212,241.			212,241.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	k	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 3,137,910.					
	ŀ	Less: cost or other basis					
<u>a</u>		and sales expenses 7b 3,027,474.					
ther Revenue	,	Gain or (loss) 7c 110,436.					
ě		Net gain or (loss)	•	110,436.			110,436.
౼		Gross income from fundraising events (not		, -			,
Oth	0.	including \$ 366,660 of					
		contributions reported on line 1c). See					
		Part IV, line 188a	0.				
	ı	Less: direct expenses 8b					
		Net income or (loss) from fundraising events	202,000.	-131,658.			-131,658.
		Gross income from gaming activities. See					===,555.
	9 6	Part IV, line 199a					
	ı	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns	2 847 468				
			2,847,468.				
		Less: cost of goods sold 10k	4,828,800.	-1,981,332.			_1 001 222
\dashv		Net income or (loss) from sales of inventory	Pusiness Osd	-1,301,332.			-1,981,332.
જ્		MISS INCOME	900099	441	4.41		
eor Pe		MISC INCOME	300033	441.	441.		
Miscellaneous Revenue	k						
3eV	(
Μis		All other revenue		* * * *			
		• Total. Add lines 11a-11d		441.	00.00-	-	1 700 010
	12	Total revenue. See instructions		2,086,841.	23,826.	0.	-1,790,313.

332009 12-21-23

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respons	e or note to any line in t	nis Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	19,960.	19,960.		
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	748,479.	479,407.	185,341.	83,731
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	900,984.	683,837.	21,678.	105 /60
7	Other salaries and wages	300,304.	003,037.	21,070.	195,469
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	61,433.	45,292.	5,953.	10,188
9	Other employee benefits	88,481.	65,234.	8,574.	14,673
9 10	Payroll taxes	118,604.	85,094.	14,032.	19,478
11	Fees for services (nonemployees):	,	,	,	22,270
b					
c	<u> </u>	17,175.	6,411.	9,926.	838
d		9,792.	7,432.	236.	2,124
е		,	,		,
f	Investment management fees	47,102.		47,102.	
g					
Ū	column (A), amount, list line 11g expenses on Sch 0.)	301,745.	112,641.	174,388.	14,716
12	Advertising and promotion	27,457.	18,783.	50.	8,624
13	Office expenses	104,179.	53,721.	21,250.	29,208
14	Information technology	176,761.	137,735.	20,991.	18,035
15	Royalties				
16	Occupancy	32,837.	25,592.	3,380.	3,865
17	Travel	35,841.	28,837.	2,815.	4,189
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,042.	1,652.	5,502.	888
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,627.	6,424.	338.	3,865
23	Insurance	23,142.	18,267.	4,875.	
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 O.)				
а	CATERING & RENTAL	219,290.	176,410.	2,595.	40,285
b	FEES & DUES	63,547.	35,912.	23,361.	4,274
С	STAFF DEVELOPMENT	12,443.	2,186.	10,089.	168
d	HEALTH AND WELLNESS	708.	432.	90.	186
е	All other expenses	30.		30.	
25	Total functional expenses. Add lines 1 through 24e	3,028,659.	2,011,259.	562,596.	454,804
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)				Form 990 (202

Form 990 (2023)
Part X Balance Sheet

Par	rt X	Balance Sneet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			676,604.	1	527,77
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		20,000.	3	6,15	
	4	Accounts receivable, net	153,526.	4	133,51		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t	hese per	sons		5	
	6	Loans and other receivables from other disqu	ersons (as defined				
		under section 4958(f)(1)), and persons describ		6			
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	B			82,933.	9	52,94
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	194,080.			
	b	Less: accumulated depreciation	10b	178,038.	37,825.	10c	16,04
	11	Investments - publicly traded securities		7,290,782.	11	6,800,00	
	12	Investments - other securities. See Part IV, Iir			12		
	13	Investments - program-related. See Part IV, lii			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		747,387.	15	998,38	
	16	Total assets. Add lines 1 through 15 (must e			9,009,057.	16	8,534,82
	17	Accounts payable and accrued expenses		327,283.	17	266,34	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su					
<u> </u>		controlled entity or family member of any of t				22	
Ĕ	23	Secured mortgages and notes payable to uni				23	32,40
	24	Unsecured notes and loans payable to unrela		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D			253,238.	25	506,380
	26	Total liabilities. Add lines 17 through 25			580,521.	26	805,13
		Organizations that follow FASB ASC 958, o					
es		and complete lines 27, 28, 32, and 33.		_			
auc	27				3,278,628.	27	2,339,97
gai	28	Net assets with donor restrictions	5,149,908.	28	5,389,72		
<u> </u>		Organizations that do not follow FASB ASC					
ב ב		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fun			29		
Sets	30	Paid-in or capital surplus, or land, building, or			30		
AS	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			8,428,536.	32	7,729,69
۷	33	Total liabilities and net assets/fund balances			9,009,057.	33	8,534,829

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,086,	841.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,028,	659.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-941,	818.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	,428,	536.
5	Net unrealized gains (losses) on investments	5		236,	442.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		6,	535.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7	,729,	695.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	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	audit,			
	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 Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

			EPILE	PSY FOUNDATION O	F MINNESOTA, INC.					41-0874541
Pa	art I		Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The 1 2 3 4	orga		zation is not a private found A church, convention of ch A school described in sect A hospital or a cooperative A medical research organizative, and state:	dation because it is: (If nurches, or associatio tion 170(b)(1)(A)(ii). (hospital service orga	For lines 1 through 12, cl n of churches described Attach Schedule E (Form anization described in se	heck only only of the section 170 ection 170	one box.) o n 170(b)(1 0(b)(1)(A)(ii	I)(A)(i). ii).		the hospital's name,
5 6 7 8 9	X	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or								
10]	An organization that normal activities related to its exert income and unrelated busing See section 509(a)(2). (Co. An arganization arg	mpt functions, subject ness taxable income amplete Part III.)	t to certain exceptions; a (less section 511 tax) fro	and (2) no o om busines	more than sses acquii	33 1/3% of its red by the org	s support f	rom gross investment
11 12										
t c			organization. You must organization. You must organization organization(s). You must organization(s). You must organization(s). You must organization(s).	ganization supervised of the supporting orga st complete Part IV,	or controlled in connect anization vested in the sa Sections A and C.	ame perso	ns that co	ntrol or manaç	ge the supp	ported
c			its supported organization Type III non-functionally that is not functionally in requirement (see instructionally in the control of the cont	y integrated. A supp tegrated. The organiz tions). You must con	oorting organization oper ation generally must sat nplete Part IV, Sections	rated in con isfy a distr s A and D,	nnection with the contract of	vith its suppor quirement and V.	an attentiv	
	: En	+01	functionally integrated, or the number of supported				ation.			
			ide the following informatio	•	d organization(s)					
	, , , ,) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document?	(v) Amount of support (see in	•	(vi) Amount of other support (see instructions)
Tot	al									

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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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,894,582.	3,276,051.	3,861,526.	9,815,876.	3,853,328.	25,701,363.
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	4,894,582.	3,276,051.	3,861,526.	9,815,876.	3,853,328.	25,701,363.
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.						25,701,363.
	ction B. Total Support		•	·			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	4,894,582.	3,276,051.	3,861,526.	9,815,876.	3,853,328.	25,701,363.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	66,188.	61,979.	88,703.	104,999.	212,241.	534,110.
9	Net income from unrelated business	,	·	, i	·	,	· ·
_	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						26,235,473.
	Gross receipts from related activities,	etc (see instructio	ns)			12	112,300.
	First 5 years. If the Form 990 is for th			ourth or fifth tax ve	ear as a section 50		
.0	organization, check this box and stor					. , . ,	
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (I			olumn (f))		14	97.96 %
	Public support percentage from 2022					15	98.53 %
	33 1/3% support test - 2023. If the o					ore, check this box	
b	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te						
r	10% -facts-and-circumstances test	_	· ·				
	more, and if the organization meets the	-					. 5, 5 0,
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
-10	ato roundation. Il the organizatio	aid not oncor a t	, o, o, iiio 10, 10a	, , ,	STOOK HIIS DON AL		(Form 990) 2023

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	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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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.)

		Yes	No
	1		
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Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	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		
Sec	tion B. Type I Supporting Organizations			
	_		Yes	No
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
	aon B. All Type in 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		res	NO
'	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	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 instr	ruction	· I	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Lu		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
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.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
_6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see			
	instructions).						

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	ection D - Distributions Current Year									
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1							
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported								
	organizations, in excess of income from activity		2							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	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 2023 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	Underdistributions Pre-2023	Distributable Amount for 2023						
1	Distributable amount for 2023 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2023 (reason-									
	able cause required - explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2023									
<u>a</u>	From 2018									
<u>b</u>	From 2019									
c	From 2020									
d	From 2021									
<u>e</u>	From 2022									
<u>f</u>	Total of lines 3a through 3e									
<u>g</u>	Applied to underdistributions of prior years									
<u>h</u>	Applied to 2023 distributable amount									
<u>_i</u>	Carryover from 2018 not applied (see instructions)									
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4	Distributions for 2023 from Section D,									
	line 7: \$									
<u>a</u>	Applied to underdistributions of prior years									
<u>b</u>	Applied to 2023 distributable amount									
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.									
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions.									
7	Excess distributions carryover to 2024. Add lines 3j									
	and 4c.									
8	Breakdown of line 7:									
	Excess from 2019									
	Excess from 2020									
	Excess from 2021									
<u>a</u>	Excess from 2022 Excess from 2023									

Part VI	Supplemental Information Design to the second secon
T dit VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

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

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

Name of organization **Employer identification number** 41-0874541 EPILEPSY FOUNDATION OF MINNESOTA, INC. Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ______\$ ____ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Part II-A Compl	ete if the organizati		nnt under section			ection under
	n 501(h)).	on io exer	inpraniaci oconoi		a i oim oi oo (cid	otion under
	he filing organization belo	ngs to an affi	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
	penses, and share of exce				3	,
	he filing organization chec	, ,	. ,	visions apply.		
	Limits on Lol he term "expenditures" :	obying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying evr	penditures to influence pu	blic opinion (grassroots lobbying)			
	penditures to influence a le					
	penditures (add lines 1a ar					
d Other exempt pur	***					
	pose expenditures (add lin		 \	[
	ble amount. Enter the am			n columns		
	e 1e, column (a) or (b) is:					
not over \$500,000	, , , , ,		bying nontaxable am the amount on line 1e.	ount is:		
,	t not over \$1,000,000,			000 0V0r \$500 000		
	out not over \$1,500,000,		00 plus 15% of the exc 00 plus 10% of the exc			
			•			
over \$17,000,000 b	out not over \$17,000,000,	\$1,000,	00 plus 5% of the exce	55 Over \$1,500,000.		
	, kable amount (enter 25% (of line 1f				
_	•	ontor O				
	om line 1a. If zero or less, om line 1c. If zero or less,			[
	•		line 1: did the examina			
-	unt other than zero on eith		,		ı	Yes No
reporting section?	4911 tax for this year?		eraging Period Under	Costion F01/h)		res NO
(Some	organizations that made	a section 5	• •	have to complete all o	f the five columns b	elow.
	Lol	bying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar y (or fiscal year beg	ı (a	2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxa	ble amount					
b Lobbying ceiling a (150% of line 2a, c						
c Total lobbying exp	penditures					
d Grassroots nontax						
e Grassroots ceiling (150% of line 2d, c						
f Grassroots lobbying	ng expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b) <u> </u>
	lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		x		
a h	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	x			
c	Media advertisements?		Х		
	Mailings to members, legislators, or the public?		Х		
	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
_	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			9,792.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
	Other activities?		Х		0 500
	Total. Add lines 1c through 1i				9,792.
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6).			Yes	No No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	'No" OR	(b) Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	al			
	expenses for which the section 527(f) tax was paid).				
	Current year				
D	Carryover from last year				
2	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		١ .		
ა ⊿	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exceeds the amount on line 3, what portion of the exceeds the		3		
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pe				
	expenditures next year?	Jiitioai	4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II	-A, lines 1 a	nd 2 (see	
instru	ctions); and Part II-B, line 1. Also, complete this part for any additional information.				
FORM	990, SCHEDULE C, PART II-B, LINE 1B & 1G				
IN 2	023, EFMN'S PAID STAFF AND VOLUNTEERS MET WITH LEGISLATORS TO LOBBY				
	,				
FOR	THE PASSAGE OF A BILL COVERING SEIZURE DETECTION DEVICES. THESE				
DEVI	CES REDUCE THE RISK OF DEATH FROM SUDDEN UNEXPECTED DEATH IN EPILEPSY				
(SUE	EP). AS PART OF ITS EFFORTS, EFMN ORGANIZED MEETINGS WITH LEGISLATORS				
AND	ADVOCATES DURING A DEDICATED DAY AT THE CAPITOL EVENT, WHERE ADVOCATES				
			Schedu	le C (Form	990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

EPILEPSY FOUNDATION OF MINNESOTA, INC.

Employer identification number

 $41\!-\!0874541$

Pai		nds or Other Similar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	g that the assets held in donor advised fund	ds
	are the organization's property, subject to the organization's exclusive	sive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adviso	rs in writing that grant funds can be used o	nly
	for charitable purposes and not for the benefit of the donor or done	or advisor, or for any other purpose conferr	ing
Par	t II Conservation Easements. Complete if the organization	ation answered "Yes" on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (ch		
	Preservation of land for public use (for example, recreation of	r education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	onservation contribution in the form of a co	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
С	Number of conservation easements on a certified historic structure		2c
d	Number of conservation easements included on line 2c acquired a		
_	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released	I, extinguished, or terminated by the organi	zation during the tax
	year		
4	Number of states where property subject to conservation easemer	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the periodic	•	Yes No
6	violations, and enforcement of the conservation easements it holds Staff and volunteer hours devoted to monitoring, inspecting, handle		
U	Stall and volunteer hours devoted to monitoring, inspecting, hand	ing of violations, and emorcing conservation	in easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of	f violations, and enforcing conservation ear	sements during the year
•	7 thount of expenses mounted in monitoring, inspecting, naridining o	violations, and emoroting conservation cat	semente during the year
8	Does each conservation easement reported on line 2d above satis	fy the requirements of section 170(h)(4)(B)(i	
•		,	
9	In Part XIII, describe how the organization reports conservation eas		
	balance sheet, and include, if applicable, the text of the footnote to	·	
	organization's accounting for conservation easements.	3	
Par		Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not	to report in its revenue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its financial s	tatements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to	report in its revenue statement and balance	sheet works of
	art, historical treasures, or other similar assets held for public exhib		
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treasure		
	the following amounts required to be reported under FASB ASC 98	58 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for F		Schedule D (Form 990) 2023

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Othe	er Simila	ır Assets	(continu	ied)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the f	ollowing that make s	significant	use of its		
	collection items (check all that apply).							
а	Public exhibition	d	I Loan or exc	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's exe	mpt purpo	ose in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations of	of art, historical treas	sures, or other simila	r assets		_	
_	to be sold to raise funds rather than to be ma					L	Yes	No
Par	t IV Escrow and Custodial Arran		te if the organizatior	answered "Yes" on	Form 990), Part IV, li	ne 9, or	
	reported an amount on Form 990, Par	·						
1a	Is the organization an agent, trustee, custodi						٦.,	
	on Form 990, Part X?					L	⊻ Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				Amount	
	De structura hadan e				4-		Amount	
	Beginning balance							
	Additions during the year							
e •	Distributions during the year				<u>1e</u> 1f			
) 22	Ending balance						Yes	No
	If "Yes," explain the arrangement in Part XIII.						_ 1es	
Par					10.			
	·	(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	ears back
1a	Beginning of year balance	5,474,113.	424,277.	392,029.	•	355,447.		08,949.
b	Contributions		5,071,522.					
С	Net investment earnings, gains, and losses	380,552.	-9,811.	32,248.		36,582.		57,138.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	263,533.	11,875.					10,640.
f	Administrative expenses							
g	End of year balance	5,591,132.	5,474,113.	424,277.	;	392,029.	3	55,447.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	6.7100	_%					
b	Permanent endowment 90.7000	%						
С	Term endowment 2.5900	%						
	The percentages on lines 2a, 2b, and 2c sho	<u>-</u>						
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for t	he			
	organization by:							es No
	(i) Unrelated organizations?						3a(i)	X
							3a(ii)	X
	If "Yes" on line 3a(ii), are the related organiza						3b	
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tunas.					
	Complete if the organization answere). Part IV. line 11a. S	ee Form 990. Part X	. line 10.			
	Description of property	(a) Cost or o		<u> </u>	Accumulat	-ed	(d) Book	value
	becomplied of property	basis (investr	, ,	' '	epreciation		(4) DOOK	·aiac
1a	Land	· · ·						
	Buildings							
	Leasehold improvements							
	Equipment			89,407.	78	,040.		11,367.
	Other			104,673.	99	,998.		4,675.
	I. Add lines 1a through 1e. (Column (d) must e		X. line 10c. column	(B))	<u></u>			16,042.
							D (Form	990) 2023

Schedule D (Form 990) 2023 EPILEPSY FOUNDATION	ON OF MINNESOTA, INC		41-0874541	Page 3
Part VII Investments - Other Securities				
Complete if the organization answered "Yes" o		1b. 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	t value
1) Financial derivatives				
2) Closely held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII Investments - Program Related.	- Faura 000 David IV/ line 4	1 - Cas Faura 000 Bart V line 10		
Complete if the organization answered "Yes" o (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	and of voor more of	t value
	(b) book value	(c) Method of Valuation. Cost of	end-or-year marker	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets				
Complete if the organization answered "Yes" o	n Form 990. Part IV. line 1	1d. See Form 990. Part X. line 15.		
	Description		(b) Book	value
(1) OPERATING RIGHT OF USE ASSET	1		` <i>`</i>	504,238.
(2) ERC RECEIVABLE			_	494,149.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))			998,387.
Part X Other Liabilities	- Faura 000 Davi IV lina 1	1 111 C Faure 200 Dest V line	05	
Complete if the organization answered "Yes" o (a) Description of liability	n Form 990, Part IV, line 1	Te or TT. See Form 990, Part X, line	(b) Book	value
.,			(b) BOOK	value
(1) Federal income taxes (2) LEASE LIABILITY				506,386.
\ -)				500,500.
(3)				
141				

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 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) 2023

506,386.

(5) (6) (7) (8)

41-0874541

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	2,409,540.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	, ,			
a Net unrealized gains (losses) on investments		236,442.		
b Donated services and use of facilities	2b	1,700.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d	131,659.		
e Add lines 2a through 2d			2e	369,801.
3 Subtract line 2e from line 1			3	2,039,739.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	47,102.		
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	47,102.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	2,086,841.
Part XII Reconciliation of Expenses per Audited Financial S	Statements With E	xpenses per F	Return	
Complete if the organization answered "Yes" on Form 990, Part IV,				
Total expenses and losses per audited financial statements			1	3,114,916.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	, ,			
a Donated services and use of facilities	2a	1,700.		
b Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.)		131,659.		
e Add lines 2a through 2d			2e	133,359.
3 Subtract line 2e from line 1			3	2,981,557.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	47,102.		
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	47,102.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line	e 18.)		5	3,028,659.
Part XIII Supplemental Information				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b an	d 2b; Part V, line 4	; Part X, lii	ne 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional informa	tion.		
D105 W				
PART X, LINE 2:				
ASC 740 FOOTNOTE				
ASC 740 FOOTNOTE				
ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STAT	ES OF AMERICA			
REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE C	RGANIZATION AND			
DESCRIPTION OF THE PROPERTY OF	, D. C. D. C. L.			
RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN	UNCERTAIN TAX			
POSITION THAT MORE LIKELY THAN NOT WOULD BE SUSTAINED UPON	EXAMINATION BY			
TODITION TIME MONE ELECTION TO THE POST OF				
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 COMP	LY WITH THE			
PROVISIONS OF THIS GUIDANCE.				
TROTIDIONO OF THIS GOLDANCE,				
PART XI, LINE 2D - OTHER ADJUSTMENTS:				

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization EPILEPSY FO	OUNDATION OF MINNESOTA, INC	•				41-087454	ntification number
Part I Fundraising Activities. required to complete this par	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais a	eed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includance)	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	itrol of	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
List all states in which the organization or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	gistration

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

						ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA	WALK		col. (c))
ω			(event type)	(event type)	(total number)	(-),
Revenue	1	Gross receipts	94,728.	271,932.		366,660.
٦	2	Less: Contributions	94,728.	271,932.		366,660.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ø	5	Noncash prizes				
cpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
의	8	Entertainment				
	9	Other direct expenses	94,266.	37,392.		131,658.
	10	Direct expense summary. Add lines 4 through				131,658.
	11	Net income summary. Subtract line 10 from li				-131,658.
Pa	rt I	II Gaming. Complete if the organization a	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
- 8	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	ı 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		er the state(s) in which the organization condu he organization licensed to conduct gaming ac	- · · · -			Yes No
b	lf "I	No," explain:				
		re any of the organization's gaming licenses re Yes," explain:			year?	Yes No
	_	-13-23			0.1	edule G (Form 990) 2023

Sch	edule G (Form 990) 2023 EPILEPSY FOUNDATION OF MINNESOTA, INC. 41-	08/4541	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
10	Garming manager mormation.		
	Name		
	Gaming manager compensation \$		
	Description of any incompanion		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
а	retain the state gaming license?	Yes	□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II.	art III, lines 9.	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule 6	G (Form 990)	EPILEPSY FOUNDATION OF MINNESOTA, INC.	41-0874541	Page 4
Part IV	G (Form 990) Supplemental Info	mation (continued)		<u> </u>
		Continuedy		
				_
				_

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2023

EPILEPSY FOUND	ATION OF MINN	ESOTA, INC.					41-0874541
Part I General Information on Grants ar	nd Assistance						
Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selectio	n
criteria used to award the grants or assist							Yes No
2 Describe in Part IV the organization's pro-							
Part II Grants and Other Assistance to D					anization answered "\	es" on Form 990, Part l	IV, line 21, for any
recipient that received more than \$		1	· ·	1	(f) Method of	T	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	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) ar	-	-	e line 1 table				

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(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	15	9,960.	0.		
Part IV Supplemental Information. Provide the information re-	 quired in Part I, lin	e 2; Part III, column	(b); and any other ac	I Iditional information.	
PART I, LINE 2:			•		
THE METHODS UTILIZED BY THE ORGANIZATION TO MONITO	OR THE USE OF	GRANT FUNDS			
IT PROVIDES TO RECIPIENTS IN THE UNITED STATES ARE					
MIGHT EXPECT TO FIND IN ORGANIZATIONS OPERATING IN					
MIGHT EAFECT TO FIND IN ORGANIZATIONS OPERATING IN	SIMILAR CIRC	OMSTANCES.			

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

ZUZ3

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

EPILEPSY FOUNDATION OF MINNESOTA, INC.

Employer identification number

41-0874541

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
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 related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

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

Schedule J (Form 990) 2023

Regulations section 53.4958-6(c)?

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-MISo compensation	C and/or 1099-NEC	(C) Retirement and 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)	196,794.	0.	0.	4,644.	6,025.	207,463.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0,	0.
(2) JENNA CARTER	(i)	150,420.	0.	0.	3,981.	775.	155,176.	0.
ASSOC EXEC DIR, MISSION &	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection

Employer identification number

	EPILEPSY FOUNDATION OF MINNESOTA, INC.								41-0874541				
Part I Types of Property													
				(b) Number of contributions or items contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII	ed on	(d) Method of de			etermining			
1	Art - Works	of art											
2	Art - Histori	ical treasures											
3	Art - Fraction	onal interests											
4	Books and	publications											
5	Clothing ar	nd household goods	Х		2,84	7,468.	PER F	OUND	PRICE				
6	Cars and o	ars and other vehicles											
7	Boats and planes												
8	Intellectual property												
9	Securities - Publicly traded												
10	Securities -	Closely held stock											
11	Securities -	Partnership, LLC, or											
	trust intere	sts											
12	Securities -	Securities - Miscellaneous											
13	Qualified co	onservation contribution -											
	Historic str	Historic structures											
14	Qualified conservation contribution - Other												
15		Real estate - Residential											
16	Real estate	e - Commercial											
17	Real estate	e - Other											
18	Collectibles	s											
19	Food inven	tory											
20													
21	Taxidermy												
22	Historical a	ırtifacts											
23	Scientific s	pecimens											
24	Archeologi	cal artifacts											
25	Other (SUPPLIES)	Х	1		7,388.							
26	Other (VAN RENTAL)	Х	1		3,299.	ESTIM	IATED :	FMV				
27	Other ()											
28	Other ()											
29		Forms 8283 received by the organ											
	for which the organization completed Form 8283, Part V, Donee Acknowledgement												
											Yes	No	
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it												
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for							- 1					
		rposes for the entire holding period	i?							30a		X	
b	,												
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?											X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash												
									32a		X		
b	•	"Yes," describe in Part II.											
33	If the organ	f the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,											
	describe in	Part II.											

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332142 09-11-23

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** EPILEPSY FOUNDATION OF MINNESOTA, 41-0874541 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EPILEPSY & TO ACCELERATE THERAPIES TO STOP SEIZURES. FIND CURES AND SAVE LIVES. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CURES, AND SAVE LIVES. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THEIR DIFFERENCES AND CONTINUALLY STRIVE TO MEET THEIR FULLEST POTENTIAL. IN 2023, 421 CHILDREN WERE IN OUR SHINING STARS PROGRAM. 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 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 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:

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

Schedule O (Form 990) 2023	Page 2
Name of the organization EPILEPSY FOUNDATION OF MINNESOTA, INC.	Employer identification number 41-0874541
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.	
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.	
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.	