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GOVERNMENT COPY

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Inspection

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

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

Open to Public

OMB No. 1545-0047

			ending 0	D Employer identifie	cation number
	Check if applicable			D Employer Identilio	cation number
X	Addres change			F0 12001	0.0
F	Name change			58-13091	
	Initial return Final return/	,	Room/suite	E Telephone numbe 423-380-	
	return/ terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	143,375.
Г	Ameno	city of town, state of province, country, and zip of foreign postar code  CHATTANOOGA, TN 37405		H(a) Is this a group re	
F	Applic tion	F Name and address of principal officer: ANGELA MININGER		for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	—
Τ.	Γαν.ρν	empt status: X 501(c)(3)	r 527	1	list. (see instructions)
		e: WWW.EPILEPSY-SETN.ORG	1 021	H(c) Group exemptio	
		organization: X Corporation	L Year		1 State of legal domicile: TN
	art I	Summary			
_	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$	EPILEP	SY FOUNDATI	ON OF
Activities & Governance	l .	SOUTHEAST TENNESSEE (EFSET) LEADS THE FIG	HT TO	STOP SEIZU	RES, FIND A
rns	2	Check this box  if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	ssets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	12
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)			12
es 4	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	4
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	120
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_		Net unrelated business taxable income from Form 990-T, line 39			0.
Revenue				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		194,285.	130,234.
	9	Program service revenue (Part VIII, line 2g)		3,140.	2,025.
Şe.		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		950.	428.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<7,337.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		191,038.	135,770.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,192.	4,337.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\cdot\cdot}$		136,664.	102,816.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	0.	0.
Ϋ́	b			C1 C20	40.046
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		61,630.	48,246.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		201,486.	155,399.
_ 0	19	Revenue less expenses. Subtract line 18 from line 12		<10,448.	<u>·</u>
ts or			Be	ginning of Current Year	End of Year
Sse Bala	20	Total assets (Part X, line 16)		183,921. 0.	189,292.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		183,921.	25,000. 164,292.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		103,941.	104,292.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and etatem	ante and to the heet of m	v knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi			y Kilowieuge allu bellel, it is
uu	, 001100	t, and complete. Declaration of proparor (other than officer) is based on an information of win	ion propuror	nas any knowledge.	
Sig	n	Signature of officer		Date	
Her		ANGELA MININGER, EXECUTIVE DIRECTOR			
1101	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature	[[	Date Check	PTIN
Pai	d	ARDEN Z. OGLESBY	1	.1/05/20 if self-employs	P01058634
	parer	Firm's name DEMOSS ACCOUNTING & BKPG SERVICE			81-0696595
	Only	Firm's address 1925 ROSSVILLE AVENUE			
		CHATTANOOGA, TN 37408		Phone no.42	3-551-9700
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III
•	THE EPILEPSY FOUNDATION OF SOUTHEAST TENNESSEE (EFSET) LEADS THE FIGHT
	TO STOP SEIZURES, FIND A CURE AND OVERCOME THE CHALLENGES CREATED BY
	EPILEPSY. EFSET PROVIDES EDUCATIONAL, VOCATIONAL AND OUTREACH SERVICES
	TO PEOPLE WITH EPILEPSY, THEIR FAMILIES AND THEIR COMMUNITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 136,178. including grants of \$ 4,337.) (Revenue \$ 2,494.) EDUCATIONAL OPPORTUNITIES ARE CATERED TO SPECIFIC POPULATIONS AND
	PROVIDE PROPER INFORMATION RELATED TO SEIZURE RECOGNITION AND
	FIRST-AID, AS WELL AS HELP ELIMINATE THE STIGMA THAT SURROUNDS
	EPILEPSY. THESE EDUCATIONAL OPPORTUNITIES ARE PERFECT FOR LAW
	ENFORCEMENT AND ALL FIRST-RESPONDERS, DAY CARE EMPLOYEES, COMMUNITY
	FOCUSED ORGANIZATIONS, AND ANY BUSINESSES THAT MAY WANT TO LEARN ABOUT
	EPILEPSY. APPROXIMATELY 6,004 INDIVIDUALS WERE IMPACTED BY THE
	EDUCATION/TRAINING PROGRAMMING IN THE 2019 FISCAL YEAR.
	THE MEDICATION ASSISTANCE PROGRAM WAS SPECIFICALLY CREATED YO HELP
	INDIVIDUALS WITH EPILEPSY, WHO LIVE AT OR BELOW THE U.S. FEDERAL
	POVERTY LINE, WITH PURCHASING THEIR MEDICATION. EACH CLIENT WHO ENROLLS
4b	(Code:) (Expenses \$
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
	/ Liverness
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 136,178.
	Form <b>990</b> (2019

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		<b>.</b>
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<b> </b> ₩
_	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,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			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	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha	-21	
ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
•	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	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	110		
_	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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,.
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			٦,
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			, v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

## Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
04 -	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	28c		x
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<del></del>
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		X
35.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		<del></del>
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
Da	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
1 4	Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Contours Contains a response of flote to any line in this fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 50	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

# Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Left the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 4  b If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes,* has it filed a Form 990-T for this year? If Ye's faire 3b, provide an explanation or Schedule 0  3c If Yes,* has the did a Form 990-T for this year? If Ye's faire 3b, provide an explanation or Schedule 0  3c If Yes,* has the did a Form 990-T for this year? If Ye's faire 3b, provide an explanation or Schedule 0  3c If Yes,* has the did a Form 990-T for this year? If Ye's faire 3b, provide an explanation or Schedule 0  3d If Yes,* has the did a Form 990-T for this year? If Ye's faire 3b, provide an explanation on Schedule 0  3d If Yes,* has the did a Form 990-T for this year? If Ye's faire and the year?  5e If Yes to line the name of the foreign country.  5e If Yes to line the name of the foreign country.  5e Was the organization sharp to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization sharp the organization that If was or is a party to a prohibitod tax shelter transaction?  5b If Yes,* and the organization sharp the year of the year and year the year of the year of the year of the year of the year any contributions that were not tax deductables of exhibitations?  6c If Yes,* and the organization sharp the year year of year year than year year year year year year year year					Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of line 2a, did the organization file all required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a A at any time during the calendary are, did the organization than threes it, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a A tax time the name of the freeign country.  5b If 1'Ves, 'inster the name of the freeign country (such as a bank account, securities account, or other financial account)?  5a Was the organization aparty to a prohibited tax shafter transaction?  5b If 1'Ves, 'inster the name of the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes' to line 5a or 5b, did the organization the Form 83867.  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a If Yes' to line 5a or 5b, did the organization the organization as express statement that such contributions or grits were not tax deductible?  6b If Yes, 'indicate the number of Forms 82867 filed during the year  6c If If Yes, 'indicate the number of Forms 82827 filed during the year  6c If If Yes, 'indicate the number of Forms 82827 filed during the year  6c If If Wes, 'indicate the number of Forms 82827 filed during the year  6c If If the organization received a contribution of qualified prelictual property for which it was required?  7b If If the organization received a contribution of qualified prelictual property, did the organization file a Form 708677  7c If If If the organization received a contribution of qualified prelictu	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrolated business gross income of \$1,000 or more during the year?  3b If "Yea," has it filed a Form 990-T for this year? If "No" to fire 3b, provide an explanation on Schedule 0  3b If "Yea," has it filed a Form 990-T for this year? If "No" to fire 3b, provide an explanation on Schedule 0  3b If "Yea," the street during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account; securities account, or other financial account)?  4a X  5b If "Yea," enter the name of the foreign country \$\frac{1}{2}\$ be a bank account; securities account, or other financial accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a If the Did any taxable party norify the organization that it was or is a party to a prohibited tax shelter transaction?  5b If "Yea," to line sa or Sb, did the organization file Form 888917?  5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible as charitable contributions?  6b If "Yea," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that many receive deductible contributions under section 170(c).  8 Did the organization selection and the every selection of the value of the goods or services provided?  7 Did to the organization network any experiment in exess of \$15 made party as contribution any party for poods and services provided to the payor?  7a If Yea," did the organization netwise dispose of tangible personal property for which it was required  7b Did the organization receive any payment in exess of \$15 made party as contribution or payment in exess of \$15 made party as co		filed for the calendar year ending with or within the year covered by this return2a	4			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  b if 1''es', "has it filed a Form 990T for the year of "Not for line", 3b, provide an explenation on Schedule O  b if 1''es', "has it filed a Form 990T for the year of "Not for line", 3b, provide an explenation on Schedule O  b if 1''es', "has it filed a Form 990T for the year of "Not for line", 3b, provide an explenation on Schedule O  b if 1''es', "has it filed a Form 990T for the year of the organization have an interest in, or a signature or other authority over, a financial accountly and the foreign country (such as a bank account, securities account, or other financial accountly of the provided of the organization in the foreign country be such section 1970. The most of the did not year and the foreign country of the organization that it was or is a party to a prohibited tax shelter transaction?  5b	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
b If Yes, 'has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest, in, or a signature or other authority over, a financial account?  4b If Yes, 'enter the name of the foreign country   Such as bank account, securities account, or other financial accounts?  5cen instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5cen instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5cen instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5cen instructions of the organization tall it was or is a party to a prohibited tax shelter transaction?  5c		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4b If "Yes," face the the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5a Was the organization the foreign country to a prohibited the foreign bank and Financial Accounts (FBAR).  5b Was the organization to a prohibited for Financial Accounts (FBAR).  5c If "Yes" to lie Sa or 5b, did the organization final Form 888-17.  5d Did any taxable party notify the organization final for Form 888-17.  5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5d If "Yes" in did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7d Organizations that may receive deductible contributions under section 170(c).  a bil the organization state was preceive deductible contributions under section 170(c).  a bil the organization state any receive deductible contributions under section 170(c).  b If "Yes", "did the organization notify the donor of the value of the goods or services provided?  7b If "Yes", "did the organization notify the donor of the value of the goods or services provided?  7c Z X  7d If "Yes", "indicate the number of Forms 8282 filed during the year  7c If Did the organization received an contribution of organization foreign the year, any premiums on a personal benefit contract?  7d Did the organization received an contribution of organization indirectly, to pay premiums on a personal benefit contract?  7d Tid Did the organization received an contribution of organization indirectly, and pay premiums on a personal benefit contract?  7d Did the organization received an contribution of contribution of	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
financial account in a foreign country   Such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any staxeble party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b Did any staxeble party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Did not staxeble party notify the organization file Form 8886-17?  6c I "Yes" to line Sa or 5b, did the organization file Form 8886-17?  6d Does the organization include with every solicitation an express statement that such contributions or glifs were not tax deductible?  7 organizations that many receive deductible contributions under section 170(c).  8 Did the organization receive a payment in sexess of 55 made party as a contribution and party for goods and services provided to the payor?  7 a Was in the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282?  8 Did the organization receive a payment is excess of 55 made party as a contribution on a personal benefit contract?  7 b Did the organization feel and any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 c Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 8298 as required?  8 phonosoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096-C?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(7) organizations. Enter:  1 a initiation fees and capital contributions included on Part VIII, line 12  1 Section 4974(R) on excernpt				3b		
b If "Yes," enter the name of the foreign country ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b IX or If "Yes" to line Sar of Sh, did the organization file Form 8886-17?  5c If "Yes" to line Sar of Sh, did the organization file Form 8886-17?  5b IF "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c If "Yes" to did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c If "Yes," did the organization neceive apayment in excess of 5/5 made partly as a contribution and partly for poods and services provided to the payor?  5c If "Yes," did the organization neceive apayment in excess of 5/5 made partly as a contribution and partly for poods and services provided to the payor?  5c If "Yes," did the organization neceive apayment in excess of 5/5 made partly as a contribution and partly for poods and services provided to the payor?  5c If "Yes," did the organization meceive apayment in excess of 5/5 made partly as a contribution and partly for poods and services provided to the payor?  5c If "Yes," did the organization meceive apayment in excess of 5/5 made partly as a contribution and partly for product and the payor?  5c If "Yes," did the organization self-geometry or the value of the goods or services provided?  5c If "Yes," did the organization meceive apayment in excess of family the year  6c If "Yes," did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  7d If the organization have excess business holdings at any time during the year?  9s S	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Joi the sponsoring organization make any taxable distributions under section 4966?  Bab Did the sponsoring organization make any taxable distributions under section 4966?  But the sponsoring organization make and stributions under section 4966?  But the sponsoring organization make and stributions under section 4966?  But the sponsoring organization make and stributions under section 4966?  But the sponsoring organization make and stributions under section 4966?  But the sponsoring organization make and stributions under section 4966?  But the sponsoring organization make and stributions under section 4966?  But the sponsoring organization make and stributions under section 4966?  But the sponsoring organization make and stributions under section 4966?  But the sponsoring organization make and stributions under section 4966 and the sponsoring organization file a Form 1046?  But the sponsoring organization flore and the sponsoring organization flore promitions under section 4960 tax on payments of maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  But the organization receive any payments for indoor tanning services during the tax year?  But the amount of reserves on hand the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans the sponsoring promition of the section 4960 tax on payments of more than \$1,000,000 in remuneration or excess parachute payments) during the year?  But t	_		Г			
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	16		[	16		Х

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			
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			
	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 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	
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 in Schedule O the process, if any, used by the organization to review this Form 990.		77	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
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?	45	v	
	The organization's CEO, Executive Director, or top management official	15a	X	
a	Other officers or key employees of the organization	15b	Λ	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		Х
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Ioa		22
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?	100		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ►TN			
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	is only	ı) avail	ahle
10	for public inspection. Indicate how you made these available. Check all that apply.	, o or my	, avall	abic
	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, an	d fina	ncial	
.5	statements available to the public during the tax year.	u miai	ioiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DEMOSS ACCOUNTING & BOOKKEEPING SERVICES, PLLC - 423-551-9700			
	1925 ROSSVILLE AVENUE, CHATTANOOGA, TN 37408			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)					
Name and title	Average	(do	Position (do not check more than one		one	Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of	
	week (list any					T	100,	from the	from related organizations	other compensation	
	hours for	r direc				pa		organization	(W-2/1099-MISC)	from the	
	related	stee o	rustee			ensat		(W-2/1099-MISC)		organization	
	organizations	al tru	onal t		oloyee	comp				and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) ALEX TAINSH	2.89									_	
VICE PRESIDENT		Х		Х				0.	0.	0.	
(2) ALLISON COHEN	0.48										
PRESIDENT		Х		Х				0.	0.	0.	
(3) TRACY ASHMORE	1.93										
TREASURER		Х		Х				0.	0.	0.	
(4) AMY BURBA	0.77										
SECRETARY		Х		Х				0.	0.	0.	
(5) BRUCE GENTRY	1.45							_	_	_	
BOARD MEMBER		Х						0.	0.	0.	
(6) AMANDA GOODHARD	0.10								_	_	
BOARD MEMBER		Х						0.	0.	0.	
(7) AMANDA FABRIZIO	0.39										
BOARD MEMBER		Х						0.	0.	0.	
(8) WILL PERRY	0.70									•	
BOARD MEMBER		Х						0.	0.	0.	
(9) SONYA MAYNEY	1.00									•	
BOARD MEMBER	0.10	Х						0.	0.	0.	
(10) MARK KLEINER	0.10								•	•	
BOARD MEMBER	0 10	Х						0.	0.	0.	
(11) ESTHER VAN VELZE	0.10								0	0	
BOARD MEMBER	40.00	Х						0.	0.	0.	
(12) MARK HARVEY	40.00	,,						20 040	0	0	
EXECUTIVE DIRECTOR		Х						39,840.	0.	0.	
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			_	_							
			$\vdash$				$\vdash$				
		L		L						- 000	

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Part VII   Section A. Officers, Directors, Tru (A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(-1-		Pos				Reportable	Reportable	E:	stimate	ed
	hours per						h an	compensation	compensation		mount	
	week	_	officer and a director/trustee)					from	from related		other	
	(list any	rector						the	organizations		npensa	
	hours for related	or di	8			ated		organization	(W-2/1099-MISC)		rom the	
	organizations	nstee.	trust		e e	npens		(W-2/1099-MISC)		١ ١	ganizati ıd relati	
	below	dualt	itiona	١.	nploy	st cor	 				anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Form(					
						-						
		1										
		-										
		1										
		1										
	+											
		1										
1b Subtotal							<b></b>	39,840.	0	•		0.
c Total from continuation sheets to Part \							<b></b>	0.	0	•		0.
d Total (add lines 1b and 1c)							<b></b>	39,840.	0	•		0.
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bov	e) w	no r	eceived more than \$100	,000 of reportable			
compensation from the organization											I.v. I	
2 Did the averagination list any forward office		1					د ا دا ،				Yes	No
3 Did the organization list any <b>former</b> officer line 1a? If "Yes," complete Schedule J for			•	•	•	-	_		•	3		Х
4 For any individual listed on line 1a, is the s								her compensation from		3		
and related organizations greater than \$15	•							•	•	4		Х
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes," con	nplete Schedul	e J t	for s	uch	pers	son				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest c	-	-							•	nsation	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	rithir T		year.		٥١	
(A) Name and busines	s address	N	INC	F.				<b>(B)</b> Description of s	ervices	Compe	<b>C)</b> ensatio	n
							$\dashv$					
2 Total number of independent contractors	(includina but n	not li	mite	d to	tho	se li	ster	d above) who received m	nore than			
\$100,000 of compensation from the organ		11		0		0						
											aan /	

932008 01-20-20

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EPILEPSY FOUNDATION OF SOUTHEAST TENN Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	ne in this Part VIII			
		'	,	(A)	(B)	(C)	_ (D)
				Total revenue	Related or exempt		Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
ဖြစ							30000013 0 12 0 14
		Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b	24.5				
ŁŞ,	C	Fundraising events1c	315.				
a git	(	Related organizations 1d					
B,	6	Government grants (contributions) 1e	11,825.				
ios	f	All other contributions, gifts, grants, and					
is t			118,094.				
들진	,	Noncash contributions included in lines 1a-1f	,				
کوا				130,234.			
<u> </u>		Total. Add lines 1a-1f	Business Code	130,231.			
				2 025	2 025		
<u>.</u> 8	2 8	EVENT REGISTRATIONS	900099	2,025.	2,025.		
e ⊆	k	·					
S al	(	·					
eve	(						
Program Service Revenue	•	,					
<u> </u>	f	All other program service revenue					
		Total. Add lines 2a-2f		2,025.			
	3	Investment income (including dividends, intere					
	3			428.	428.		
		other similar amounts)		420.	<del>1</del> 20•		
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	k	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		L Not routel income or (loss)	<b>•</b>				
		Gross amount from sales of (i) Securities	(ii) Other				
	, ,	(7	(11) 0 11 101				
		assets other than inventory 7a					
a l	k	Less: cost or other basis					
ž		and sales expenses					
ther Revenue	(	Gain or (loss) 7c					
æ	(	Net gain or (loss)					
Je	8 8	Gross income from fundraising events (not					
₹		including \$ 315. of					
		contributions reported on line 1c). See					
		Part IV, line 18	10,647.				
	ŀ	Less: direct expenses 8b	7,605.				
				3,042.			3,042.
		Net income or (loss) from fundraising events	<b></b>	3,044.			3,042.
	9 8	Gross income from gaming activities. See					
		Part IV, line 19 <b>9a</b>					
		Less: direct expenses 9b					
	(	Net income or (loss) from gaming activities	<b>&gt;</b>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	k	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	<b></b>				
=		1. (225) 22.05 01 111011.0119	Business Code				
Miscellaneous Revenue	44 -	MISC REVENUE	900099	41.	41.		
Je e			700077				
le la	k						
Re	(						
Ĕ¯		All other revenue		1.4			
	•	Total. Add lines 11a-11d		41.			
	12	Total revenue. See instructions		135,770.	2,494.	0.	3,042.

## 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).

Dα	Check if Schedule O contains a response to tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	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	4 227	4 225		
	individuals. See Part IV, line 22	4,337.	4,337.		
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	39,840.	34,661.	4,382.	797
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	55,667.	48,430.	6,124.	1,113
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	7,309.	6,358.	805.	146
1	Fees for services (nonemployees):				
а	Management	542.	500.	42.	
	Legal	160.		160.	
	Accounting	9,308.	7,912.	558.	838
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	6,117.	5,504.	567.	46
12	Advertising and promotion	28.	28.		
13	Office expenses	2,783.	2,394.	278.	111
14	Information technology	300.	252.	36.	12
15	Royalties				
16	Occupancy	5,400.	4,644.	540.	216
17	Travel	1,997.	1,678.	319.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	8,507.	7,336.	805.	366
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SPECIAL EVENTS	7,414.	7,062.	352.	
h	DUES/SUBSCRIPTIONS	2,474.	2,162.	223.	89
C	PRINTING	1,582.	1,420.	116.	46
_	PROGRAM SUPPLES	1,001.	993.	8.	
d		633.	507.	100.	26
_	All other expenses				3,806
е	All other expenses  Total functional expenses Add lines 1 through 24e	ا ـ 155 ـ 399	13b.1/81	TD.4TD.	J.000
e 25	Total functional expenses. Add lines 1 through 24e	155,399.	136,178.	15,415.	3,000
e 25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization	155,399.	136,178.	15,415.	3,800
_	Total functional expenses. Add lines 1 through 24e	155,399.	136,1/8.	15,415.	3,000

Part /	^	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			86,375.	1	92,093
2	2	Savings and temporary cash investments		97,546.	2	97,199	
3	3	Pledges and grants receivable, net				3	
4	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t	hese pers	ons		5	
6	6	Loans and other receivables from other disqu	ualified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descri	bed in sec	ction 4958(c)(3)(B)		6	
<u>s</u>   7	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۶   ۲	9	Prepaid expenses and deferred charges				9	
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,547.			
	b	Less: accumulated depreciation	10b	1,547.	0.	10c	0
1.	1	Investments - publicly traded securities				11	
12	2	Investments - other securities. See Part IV, lin			12		
13	3	Investments - program-related. See Part IV, li		13			
14	4	Intangible assets			14		
15	5	Other assets. See Part IV, line 11			100 001	15	
16	6	Total assets. Add lines 1 through 15 (must e	qual line (	33)	183,921.	16	189,292
17	7	Accounts payable and accrued expenses $\dots$				17	
18	8	Grants payable		18			
19	9	Deferred revenue				19	
20	0	Tax-exempt bond liabilities				20	
2	1	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
၉ 22	2	Loans and other payables to any current or f					
[		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t				22	
23		Secured mortgages and notes payable to un				23	
24		Unsecured notes and loans payable to unrela				24	
25	5	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24	). Complete Part X	0		25 000
	_	of Schedule D			0.		25,000
26	6	Total liabilities. Add lines 17 through 25			0.	26	25,000
g		Organizations that follow FASB ASC 958, o	check her	e ▶ 🕰			
Ĭ	_	and complete lines 27, 28, 32, and 33.			183,921.		164 202
27		Net assets without donor restrictions			103,921.	27	164,292
28	8	Net assets with donor restrictions				28	
5		Organizations that do not follow FASB AS	ა 958, ch	eck nere 🟲 📖			
5	_	and complete lines 29 through 33.	-1-			00	
29		Capital stock or trust principal, or current fun				29	
30		Paid-in or capital surplus, or land, building, or				30	
27 28 29 30 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		Retained earnings, endowment, accumulated		F	183,921.	31	164,292
_		Total net assets or fund balances			183,921.	32	189,292
33	ა	Total liabilities and net assets/fund balances			103,341.	33	Form <b>990</b> (201

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			70.
2	Total expenses (must equal Part IX, column (A), line 25)	2			99.
3	Revenue less expenses. Subtract line 2 from line 1	3			29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18	3,9	21.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			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	16	4,2	92.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	X 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 separat	e basis,			
	consolidated basis, or both:				
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	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 Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		1

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization EPILEPSY FOUNDATION OF SOUTHEAST TENN **Employer identification number** 58-1309190

Pa	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.						
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>						
4	$\Box$	A medical research organiz						the hospital's name
		city, and state:	a operatea ee.	ngan onon man a moopha		000		,
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in
J		section 170(b)(1)(A)(iv). (C		ilege of difficerally owner	а ог орста	ica by a g	overnmental and desent	)CG   1
6				aantal unit daaarihad in	coetion 17	70/6\/4\/A\	(v)	
6	X	A federal, state, or local gov						nublic described in
′	21	An organization that norma	•	riliai part of its support i	rom a gov	emmentai	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C	. ,	(4)(A)(-1) (Ol-t- D				
8	H	A community trust describe						
9		An agricultural research org				-		-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or
		university:						
10	Ш	An organization that norma						
		activities related to its exen	•	•				•
		income and unrelated busing		(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See <b>section 509(a)(2).</b> (Cor	•					
11	$\vdash$	An organization organized a	•	•	-			
12		An organization organized a	•	•	•		•	
		more publicly supported or						Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	plete lines	s 12e, 12f, and 12g.	
а			anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b			anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	iving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.				
С			grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ed with,
	_	its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ctions A,	D, and E.	
d			<b>/ integrated.</b> A supp	orting organization oper	ated in co	nnection v	vith its supported organ	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness
	_	requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	V.	
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information		· · · · · · · · · · · · · · · · · · ·	(iv) le the erge	nization listed		
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
<b>.</b>								
Γ∩t≤	11							

Schedule A (Form 990 or 990-EZ) 2019 EPILEPSY FOUNDATION OF SOUTHEAST TENN 58-1309190 Page 2

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) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	135,857.	153,598.	146,262.	194,285.	130,234.	760,236.
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	135,857.	153,598.	146,262.	194,285.	130,234.	760,236.
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)						6,635.
	Public support. Subtract line 5 from line 4.						753,601.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015 135,857.	(b) 2016 153,598.	(c) 2017 146, 262.	(d) 2018 194, 285.	(e) 2019	(f) Total 760,236.
	Amounts from line 4	133,637.	155,596.	140,202.	194,200.	130,234.	700,230.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	75.	46.	46.	950.	428.	1,545.
_	and income from similar sources	/5.	40.	40.	930.	420.	1,343.
9	Net income from unrelated business						
	activities, whether or not the	30,734.	16,837.	41,727.			89,298.
40	business is regularly carried on	30,734.	10,037.	41,727			05,250.
10	Other income. Do not include gain or loss from the sale of capital						
	·	2,068.			3,140.	2,025.	7,233.
11	assets (Explain in Part VI.)	2,000.			3,110.	2,025	858,312.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	000,011
13	•	•	,	d fourth or fifth ta	ax vear as a sectio		
	organization, check this box and <b>stor</b>						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2019 (			column (f))		14	87.80 %
	Public support percentage from 2018					15	87.00 %
	33 1/3% support test - 2019. If the					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	·			<b>►</b> X
b	33 1/3% support test - 2018. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			▶□
17a	10% -facts-and-circumstances tes	<b>t - 2019.</b> If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	i <b>ere.</b> Explain in Pai	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	-	· · · · · · · · · · · · · · · · · · ·		•		
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						•
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2019

#### 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
5	The value of services or facilities						
3							
	furnished by a governmental unit to the organization without charge						
e	Total. Add lines 1 through 5		<del> </del>		+	+	+
7 8	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				1	1	T
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 6						
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi:	zation,
_	check this box and stop here						<u></u>
	ction C. Computation of Publi						
15	Public support percentage for 2019 (I	ine 8, column (f), o	divided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>19</b> (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2018</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar						
k	<b>33 1/3% support tests - 2018.</b> If the line 18 is not more than 33 1/3%, che	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
20	Private foundation. If the organization						

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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		
2		
3a		
3b		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	tion of Type I capper and organizations		Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
1				
	regularly appoint or elect at least a majority of the organization's 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 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,			
	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	-		
	<i>y</i>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
_				
3	By reason of the relationship described in (2), 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			
<u> </u>	supported organizations played in this regard.	3		
	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 yea(see instructions)	<b>)</b> -		
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 government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) 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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b				
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019 EPILEPSY FOUNDATION OF SOUTHEAST TENN 58-1309190 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete s	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 1-1/2% 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 .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 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	lly integra	ated Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	i i i i i i i i i i i i i i i i i i i
Secti	on D - Distributions	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2019

b Excess from 2016c Excess from 2017d Excess from 2018e Excess from 2019

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2019

Name of the organization

EPILEPSY FOUNDATION OF SOUTHEAST TENN

Employer identification number

58-1309190

Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from

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

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any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the

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

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

prevention of cruelty to children or animals. Complete Parts I, II, and III.

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

## EPILEPSY FOUNDATION OF SOUTHEAST TENN

58-1309190

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED WAY OF GREATER CHATTANOOGA  P O BOX 4027  CHATTANOOGA, TN 37405	\$ 33,909.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE FULLGRAF FOUNDATION  501 SILVERSIDE ROAD, SUITE 123  WILMINGTON, DE 19809	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	STATE OF TN DEPT OF HEALTH  CORDELL HULL BLDG - 425 5TH AVENUE  NASHVILLE, TN 37243	\$11,825.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE WELDON F OSBORNE FOUNDATION  100 WEST MLK BOULEVARD, SUITE 210  CHATTANOOGA, TN 37402	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	TRANSPORT MANAGEMENT  400 BIRMINGHAM HIGHWAY  CHATTANOOGA, TN 37419	\$ 6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	SUNOVION  84 WATERFORD DRIVE  MARLBOROUGH, MA 01752	\$5,000.	Person X Payroll
000450 11.0		Cabadula D /Farra	000 000 F7 ar 000 PE\ (0040\

Name of organization Employer identification number

## EPILEPSY FOUNDATION OF SOUTHEAST TENN

58-1309190

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		. \$	

**Employer identification number** 

Name of organization

58-1309190 EPILEPSY FOUNDATION OF SOUTHEAST TENN Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **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 Open to Public Inspection

Name of the organization

EPILEPSY FOUNDATION OF SOUTHEAST TENN

**Employer identification number** 58-1309190

Pai	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		2200,
	, ,	(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		d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
	impermissible private benefit?		Yes
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	urt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
_	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	·	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemer	its that describes the
Dai	organization's accounting for conservation easements.  t III Organizations Maintaining Collections or	f Art Historical Treasures or Oth	par Similar Assats
I al	Complete if the organization answered "Yes" on Form		iei olillidi Assets.
10	If the organization elected, as permitted under FASB ASC 95		d balance sheet works
ıa	of art, historical treasures, or other similar assets held for put	, ,	
	service, provide in Part XIII the text of the footnote to its final	·	•
h	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in further	rance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A	•	وه, والعامل
а	Revenue included on Form 990, Part VIII, line 1	-	<b>▶</b> \$
	Assets included in Form 990, Part X		

932051 10-02-19

Schedule D (Form 990) 2019

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

Pa	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tı	easures, c	or Othe	r Similar	Asse	<b>ts</b> (contin	ued)	_
3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of the	following tha	t make si	gnificant use	e of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	change progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	the organization	on's exen	npt purpose	in Parl	XIII.		
5	During the year, did the organization solicit or							_	-		
	to be sold to raise funds rather than to be ma								Yes	N	lo
Pa	reported an amount on Form 990, Par		ete if the	organizatio	on answered "	'Yes" on l	Form 990, P	art IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributio	ns or other as	sets not i	ncluded		_		
	on Form 990, Part X?							L	Yes	N	lo
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table:							
									Amount		
С	Beginning balance						. 1c				
	Additions during the year										
е	Distributions during the year										
f	Ending balance								1		
	Did the organization include an amount on Fo		•				ty?	└	Yes	⊢ N	lo
	If "Yes," explain the arrangement in Part XIII.						-				_
Pa	T V Endowment Funds. Complete if	-			1						_
	-	(a) Current year	<b>(b)</b> P	rior year	(c) Iwo year	s back (	<b>d)</b> Three year	s back	(e) Four	years bac	k_
1a	Beginning of year balance										_
b	Contributions										_
С	Net investment earnings, gains, and losses										_
	Grants or scholarships										_
е	Other expenditures for facilities										
	and programs										_
f	Administrative expenses										—
g	End of year balance				<u> </u>						—
2	Provide the estimated percentage of the curr	ent year end baland		g, column (	a)) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
_	The percentages on lines 2a, 2b, and 2c short	•									
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	and administe	red for th	ie organizati	on	г		—
	by:									Yes N	<u>o</u> _
	(i) Unrelated organizations										—
	(ii) Related organizations										—
_	If "Yes" on line 3a(ii), are the related organiza				<b>,</b>				3b		—
Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	tunas.							_
ıa	Complete if the organization answered		) Dort IV	/ line 11a 9	Soo Earm 000	Dort V I	lino 10				
		1					cumulated		(al) Dool	, value	—
	Description of property	(a) Cost or o basis (investr			t or other (other)	٠,	reciation		(d) Book	value	
	Land										
	Buildings							$\perp$			
	Leasehold improvements				1 - 4		1 - 4 -	$\perp$			_
	Equipment				1,547.		1,547	-			•
	Other			<u>-</u>				_			—
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colun	nn (B), line	10c.)		<b>)</b>	<u> </u>		U	) <u>.</u>

Schedule D (Form 990) 2019

	OUNDATION OF S	OUTHEAST TENN 5	8-1309190 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or e	nd of year market value
	(b) Book value	(c) Method of Valuation. Cost of e	Hu-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	<del>                                     </del>		
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	<b>)</b>	<b>&gt;</b>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			25 000
(2) SBA PPP CARES LOAN			25,000
(3)			
(4)			-
(5)			-
(6)			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2019

25,000.

(7) (8)

Pai	Reconciliation of Revenue per Audited Financial		ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statement	S	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	•		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	<u> </u>		
_	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, linert XII   Reconciliation of Expenses per Audited Financia	e 12.)	5	
Га			ises per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part		1.1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا م ا		
a	Donated services and use of facilities			
b	Prior year adjustments			
С.	Other losses			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ا مما		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)		10	
	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, Ii		- I	
	rt XIII Supplemental Information.	ne ro.)	5	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4: Part IV lines 1b and 2b: I	Part V. lino 4: Part V. lino 2: Part	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi		rait v, iiile 4, Fait A, iiile 2, Fait	ΛΙ,
111163	20 and 4b, and Fart All, lines 20 and 4b. Also complete this part to provi	de arry additional imormation.		
FOF	RM 990. SCHEDULE D, PART X			
	an 3300 Beninbenin By Timer in			
SBA	A CARES LOAN INSTIGATED BY SBA FOR CO	OVID-19 RELIEF P	JRPOSES.	

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

EPILEPSY FOUNDATION OF SOUTHEAST TENN

**Employer identification number** 58-1309190

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CURE AND OVERCOME THE CHALLENGES CREATED BY EPILEPSY. EFSET PROVIDES EDUCATIONAL, VOCATIONAL AND OUTREACH SERVICES TO PEOPLE WITH EPILEPSY, THEIR FAMILIES AND THEIR COMMUNITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: IN THIS PROGRAM IS ELIGIBLE FOR AN ANNUAL STIPEND OF \$400 WHICH CAN BE USED AT THEIR DISCRETION. 20 INDIVIDUALS WERE ASSISTED DURING THE 2019 FISCAL YEAR.

STUDIO E ART THERAPY IS A MULTI-WEEK ART PROGRAM THAT GIVES CHILDREN, AGES 6-17, WITH EPILEPSY, THE OPPORTUNITY TO CREATIVELY EXPRESS THEMSELVES THROUGH ART AND ALSO CREATE A COMMUNITY OF SUPPORT AMONG THEIR PEERS. 35 CHILDREN WERE PART OF THE ART PROGRAM DURING THE 2019 FISCAL YEAR.

EACH MONTH THE EPILEPSY FOUNDATION OF SOUTHEAST TENNESSEE HOSTS OUR CONNECTIONS SUPPORT GROUP MEETINGS FOR ANYONE WHO IS AFFECTED BY EPILEPSY. THESE MEETINGS ARE A GREAT PLACE TO CONNECT WITH OTHER PEOPLE WHO UNDERSTAND WHAT YOU'RE GOING THROUGH AS WELL AS EXPERT GUESTS FROM WIDE VARIETY OF FIELDS. THESE GUESTS INCLUDE NEUROLOGISTS, WORKERS, ATTORNEYS, AND PHARMACISTS, JUST TO NAME A FEW. 75 PEOPLE WERE INVOLVED IN THESE SUPPORT GROUPS DURING THE 2019 FISCAL YEAR.

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

THE FORM 990 WAS REVIEWED BY REPRESENTATIVES OF THE GOVERNING BODY PRIOR TO LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization EPILEPSY FOUNDATION OF SOUTHEAST TENN	Employer identification number 58-1309190
FILING.	_
FORM 990, PART VI, SECTION B, LINE 12C:	
THE EPILEPSY FOUNDATION OF SOUTHEAST TENNESSEE ADHERES	TO STANDARDS OF THE
EPILEPSY FOUNDATION AS AN AFFILIATE, AND HAS ADOPTED A	CONFLICT OF INTEREST
POLICY.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED AND	ESTABLISHED BY THE
APPROPRIATE BOARD COMMITTEE. ALL STAFF COMPENSATION IS	AGREED UPON BY THE
EXECUTIVE DIRECTOR AND THE BOARD.	
FORM 990, PART VI, SECTION C, LINE 19:	
BOOKS AND RECORDS OF THE FOUNDATION ARE AVAILABLE FOR	PUBLIC INSPECTION
UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
COMPUTER SUPPORT:	
PROGRAM SERVICE EXPENSES	1,452
MANAGEMENT AND GENERAL EXPENSES	76.
FUNDRAISING EXPENSES	0 .
TOTAL EXPENSES	1,528
WEBSITE SUPPORT:	
PROGRAM SERVICE EXPENSES	39.
MANAGEMENT AND GENERAL EXPENSES	0 .
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	39.
932212 09-06-19	Schedule O (Form 990 or 990-EZ) (2019

8-1309190
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