

990

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">Epilepsy Foundation of Virginia Inc</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">PO Box 800754 UVA Medical Center</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">Charlottesville VA 22908</p>	D Employer identification number <p style="text-align: center;">54-1379432</p> E Telephone number G Gross receipts \$ 266,403
F Name and address of principal officer: <p style="text-align: center;">Suzanne Bischoff PO Box 800754 Charlottesville VA 22908</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ www.epilepsyva.com		L Year of formation: 1978
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile:

Part I Summary

1	Briefly describe the organization's mission or most significant activities: To promote awareness and assistance concerning epilepsy through public health education, professional training, and direct financial assistance to those with epilepsy.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	1
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	210,022	237,132
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,684	29,066
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	205	205
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	222,706	266,403
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	62,437	64,937
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	141,389	129,557
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	203,826	194,494
19	Revenue less expenses. Subtract line 18 from line 12	18,880	71,909
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	794,172	859,987
22	Net assets or fund balances. Subtract line 21 from line 20	1,989	1,989
		792,183	857,998

Part II Signature Block

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

Sign Here	Signature of officer Suzanne Bischoff Type or print name and title	Date Oct 19, 2019 Executive Director
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Paid Preparer Use Only	Print/Type preparer's name Saidee Gibson	Preparer's signature Saidee Gibson	Date 09/12/19	Check <input type="checkbox"/> if self-employed	PTIN P00519183
	Firm's name ▶ Robinson Farmer Cox Associates			Firm's EIN ▶ 54-1896113	
	Firm's address ▶ 10 Hedgerow DR Staunton, VA 24401			Phone no. 540-248-7300	

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA