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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	e 2023 calendar year, or tax year beginning	UL 1, 2023 and	ل ending	UN 30, 20	24	
B (Check if applicable	C Name of organization			D Employer ide	ntification number	
X	Addres	EPILEPSY FOUNDATION NE	W ENGLAND				
	Name change	Doing business as			22-250	5819	
	□ Initial □ return □ Final □ return/	Number and street (or P.O. box if mail is not de 175 CABOT STREET	,	Room/suite 301	E Telephone nui 617-50		
_	termin ated				G Gross receipts \$		2,245.
Г	Ameno	, , , , , , , , , , , , , , , , , , , ,	Zii di lalajii padidi dada		H(a) Is this a grou		,
F	Applic		AN LINN		for subordin		x X No
	pendir	g SAME AS C ABOVE			H(b) Are all subordina		=
$\overline{1}$	Гах-ехе	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	1 ` ′	ch a list. See instruc	
	Nebsit			0 02.	H(c) Group exem		
			ssociation Other	L Year		3 M State of legal d	omicile: MA
	art I	Summary		= 10a1	or formation, === 0	- 111 Otato or rogar a	0111101101, = ===
	1	Briefly describe the organization's mission or most	significant activities: EPIL:	EPSY F	OUNDATION	NEW	
Governance		ENGLAND'S (EFNE) MISSION					BY
nar	2		ntinued its operations or dispos				
Ver	3	Number of voting members of the governing body				3	19
ဇ္	4	Number of independent voting members of the go	, , , , , , , , , , , , , , , , , , , ,			4	19
<u>ა</u>		Total number of individuals employed in calendar y				5	125
iţie		Total number of volunteers (estimate if necessary)				6	145
Activities &	1	Total unrelated business revenue from Part VIII, co				7a	0.
ď	1	Net unrelated business taxable income from Form				7b	0.
			· ·		Prior Year	Current	Year
•	8	Contributions and grants (Part VIII, line 1h)			2,578,46	5. 2,529	7,180.
n	9				3,910,45	7. 4,730	7,991.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4			186,93	5. 261	L,944.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c		-102,40	2166	5,374.	
	1	Total revenue - add lines 8 through 11 (must equal			6,573,45	5. 7,355	5,741.
		Grants and similar amounts paid (Part IX, column (216,06	7. 214	1,592.
	14	Benefits paid to or for members (Part IX, column (A	A), line 4)			0.	0.
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,769,21	8. 4,080),539.
Expenses	16a	Professional fundraising fees (Part IX, column (A),	line 11e)			0.	0.
be	b	Total fundraising expenses (Part IX, column (D), lin		87.			
û	17	Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)		1,920,61	3. 2,160),226.
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		5,905,89		5,357.
		Revenue less expenses. Subtract line 18 from line	12		667,55	7. 900	384.
Net Assets or				Ве	ginning of Current Y		
sets	20	Total assets (Part X, line 16)			10,402,30		
t As	21	Total liabilities (Part X, line 26)			418,68		5,165.
25	22	Net assets or fund balances. Subtract line 21 from	line 20		9,983,61	9. 12,301	L,878.
	art II	Signature Block					
		Ities of perjury, I declare that I have examined this return				of my knowledge and h	belief, it is
true	, correc	t, and complete. Declaration of preparer (other than offic	er) is based on all information of wh	nich preparer	has any knowledge.		
		0: 1 (6)					
Sig		Signature of officer			Date		
Her	е	SUSAN LINN, PRESIDENT & C	EO				
		Type or print name and title	T		Data Lu	DTINI	
		Print/Type preparer's name	Preparer's signature	l l	Date Chec		
Paid		BRIAN KINDORF	BRIAN KINDORF		.1/11/24 self-		
-	arer	Firm's name NON PROFIT CAPITA	L MANAGEMENT LLC	;	Firm's EIN	38-369744	<u> </u>
Use	Only	Firm's address 153 CLINTON RD	10057			701 022 65	706
		STERLING, MA 0156			Phone no.	781-933-67	=
May	/ the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes	No

Check Schedule Contains a response for tot only line in the Part II	Form	1990 (2023) EPILEPSY FOUNDATION NEW ENGLAND 22-2505819 Page 2
Briefly describe the organization's mission: TO HEID PROPUE AND FAMILIES AFFECTED BY EPILEPSY IN NEW ENGLAND. EFNE ATMS TO SERVE THE APPROXIMATELY 110,000 PROPLE IN MAINE, MASSACHUSETTS, NEW HAMPSHIRE, RHODE ISLAND, AND VERMONT AFFECTED BY EPILEPSY AND THE PEOPLE WHO CARE FOR THEM. EFNE'S SERVICES ARE Do the organization undertake any significant program services during the year which were not insted on the prior form 300 of 600 E27 If "Yes," describe these new services on Schedule O. Do that the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. A 1 "Yes," describe these changes on Schedule O. Describe the organization respect conducting, or make significant changes in how it conducts, any program services, as measured by expenses. A Section 5016(93) and 5016(94) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, I any, for each programs service expected. Section 5016(93) and 5016(94) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, I any, for each programs service expected. Section 5016(93) and 5016(94) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, I any, for each programs service expected. Section 5016(93) and 5016(94) organizations are required to report the amount of grants and allocations to others, the total expenses. Section 5016(93) and 5016(94) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, I any, for each programs service services. Section 5016(94) and 5016(94) organization and and and and and and and and and an		
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AMS TO SERVE THE APPROXIMATELY 110,000 PROPLE IN MAINE, MASSACHUSETTS, NEW HAMPSHIRE, RHODE ISLAND, AND VERMONT AFFECTED BY EPILEPSY AND THE PEOPLE WHO CARE FOR THEM. EPNE'S SERVICES ARE 2 Did the organization undetake any significant program services during the year which were not listed on the prior form 950 of 950 E27 If "Yes," describe these new services on Schedule O. 3 Did the organization cause conducting, or make significant changes in how it conducts, any program services, as measured by expenses. A conducting the organization services complishments for each of its three largest program services, as measured by expenses. Section 501(e)(3) and 501(e)(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 scoronic report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service scoronic report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service scoronic report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service score in a control of grants and allocations to others, the total expenses, and revenue, if any, for each program service score in a control of grants and allocations to others, the total expenses, and revenue, if any, for each program service score in a control of grants and allocations to others, the total expenses, and revenue, if any, for each program service score in a control of grants and allocations to others, the total expenses, and revenue, if any, for each program service score in a control of grants and allocations to others, the total expenses, and revenue, if any, for each program service score in a control of grants and allocations to others, the total expenses, and revenue, if any, for each program service score in a control of grants and allocations to others, the total expenses, and revenue	1	
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EPILEPSY AND THE PEOPLE WHO CARE FOR THEM. EPNE'S SERVICES ARE 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990 E27. 3 If Yes, "describe these new services on Schedule O. 10 Did the organization ocease conducting, or make significant changes in how it conducts, any program services?		, , , , , , , , , , , , , , , , , , ,
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? Yes X No if Yes, 'describe these charges on Schedule 0. 1 Yes, 'describe these charges on Schedule 0. Yes State Yes State Yes		
prior Form 980 or 980 ct 780 c	_	
If "Yes," describe these new services on Schedule O. Yes,	2	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(5) 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. 4 (code) (proposes 1, 848, 287. brobledg parts of 3) (proposes 4, 728, 646.) FUNDING SUPPORT & DONATION CENTER: ERNE'S DONATION CENTER FUNDS EFNE'S MISSION TO IMPROVE THE LIVES OF PEOPLE LIVING WITH EPILEPSY. THE DONATION CENTER COLLECTS GENTLY USED CLOTHING AND HOUSEWARES TO BE RESOLD. EFNE WORKS TO PROVIDE CONNECTION AND RESOURCES TO PEOPLE LIVING WITH EPILEPSY AND SHOWCASES ADVANCEMENTS IN THE TREATMENTS AND OTHER RESOURCES AVAILABLE FOR PEOPLE LIVING WITH EPILEPSY IN PARTNERSHIP WITH THE EPILEPSY CONNECTION AND HOLDING EVENTS TO ENCAGE HEALTH CARE PROVIDERS, CLIENTS, AND DONORS IN IMPROVING THE LIVES OF PEOPLE LIVING WITH EPILEPSY AND UNDERSTANDING RESEARCH IN EPILEPSY RESOURCE AND SUPPORT SERVICES: EFNE PROVIDES EPILEPSY RESOURCE ROOMS IN ABOUT 13 HOSPITALS ACROSS NEW ENGLAND. THOUSANDS OF CLIENTS RECEIVE ACTIVE LISTENING AND MENTCHING EDUCATION, AND INFO/REFERRALS. IN FISCAL YEAR 2024, EFNE PROVIDED ONE—TIME GRANTS OF \$50-\$1,000 TO 45 FAMILIES AFFECTED BY EPILEPSY AND IN FINANCIAL CRISIS. EFNE PROVIDES APPROXIMATELY 30 SUPPORT GROUPS PER MONTH, SERVING 400-500 PEOPLE PER YEAR. EFNE PROVIDES EDUCATIONAL PROGRAMS ABOUT EPILEPSY AND SEIZURE FIRST AID TO APPROXIMATELY 5,000 PEOPLE PER YEAR. EFNE PROVIDES EDUCATIONAL PROGRAMS ABOUT EPILEPSY AND SEIZURE FIRST AID TO APPROXIMATELY 5,000 PEOPLE PER YEAR. EFNE PROVIDES EDUCATIONAL PROGRAMS ABOUT EPILEPSY AND SEIZURE FIRST AID TO APPROXIMATELY 5,000 PEOPLE PER YEAR. INCLUDING SCHOOL CHILDREN, SCHOOL PERSONNEL, FIRST RESPONDERS, PARENTS AND THE GENERAL PUBLIC. WE MAINTAIN AN ONLINE KNOWLEDGE CENTER AND RESOURCE LIBRARY. 46 (code)	2	
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RESOLD. EFNE WORKS TO PROVIDE CONNECTION AND RESOURCES TO PEOPLE LIVING WITH EPILEPSY, AND SHOWCASES ADVANCEMENTS IN THE TREATMENTS AND OTHER RESOURCES AVAILABLE FOR PEOPLE LIVING WITH EPILEPSY IN PARTNERSHIP WITH THE EPILEPSY FOUNDATION OF AMERICA. THIS INCLUDES SHOWCASING RESEARCH IN OUR COMMUNICATION AND HOLDING EVENTS TO ENCAGE HEALTH CARE PROVIDERS, CLIENTS, AND DONORS IN IMPROVING THE LIVES OF PEOPLE LIVING WITH EPILEPSY AND UNDERSTANDING RESEARCH IN EPILEPSY. 4b (Cook:		MISSION TO IMPROVE THE LIVES OF PEOPLE LIVING WITH EPILEPSY. THE
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Form 990 (2023) EPILEPSY FOUNDATION NEW ENGLAND Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III	-		
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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا ا	v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		x
20a	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		T -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

332003 12-21-23

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			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash 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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		Х	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Λ	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35a	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	000		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon il Solieudie O contains a response di ficte to any ille in this Fart V		Yes	Na
1 9	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		169	No
	Enter the number reported in box 5 of form 1030. Enter 40 in not applicable Enter the number of Forms W-2G included on 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	
332004	¥ 12-21-23	Form	990	(2023)

023) EPILEPSY FOUNDATION NEW ENGLAND

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
_	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	١.,		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Λ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
С		70		Х
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		21
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	100		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b				
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 19			
	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 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
, ,	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	, a		
b		7b		х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
		8a	Х	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
b		OD	- 22	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		77
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NIa
40-	Did the averagination have least shorters by another average of	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		- 72
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40	v	
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		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	4.0	v	
	on 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	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
_	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MA, RI, NH, ME, VT			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SUSAN LINN, PRESIDENT & CEO - 617-207-4301			
	175 CABOT STREET, SUITE 301, LOWELL, MA 01854			
		_	$\Omega\Omega\Omega$	

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not cl , unles	heck i	ition more rson is	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SUSAN LINN PRESIDENT & CEO - EFNE	50.00			Х				251,751.	0.	19,781.
(2) BRADLEY RICH	0.00							,	-	,
PRESIDENT - DC	50.00			х				0.	265,103.	8,436.
(3) JEFFREY GANZ	40.00									•
CHIEF OPERATING OFFICER - EFNE	0.00					Х		117,171.	0.	5,065.
(4) JACQUELYN BREAULT	0.00									
DIRECTOR OF OPERATIONS - DC	40.00					Х		0.	100,483.	13,037.
(5) AIMEE STEVENS	0.40									
DIRECTOR	0.00	Х						0.	0.	0.
(6) JASON BOURQUE	0.40	<u> </u>								
SECRETARY	0.00	Х		Х				0.	0.	0.
(7) JENNIFER CARDILLO	0.40									
DIRECTOR	0.00	Х						0.	0.	0.
(8) BRETT DOWNING	0.40	1								
DIRECTOR	0.00	Х						0.	0.	0.
(9) MARC FIRENZE	0.40	ļ								
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(10) PHILIP HAYDON, PH.D.	0.40	ļ							•	•
DIRECTOR	0.00	Х						0.	0.	0.
(11) JOHN GAITANIS, MD	0.40	٠,,							_	0
DIRECTOR (12) PARA ERFERMAN MELICA	0.00	Х						0.	0.	0.
(12) DARA FREEDMAN-WEISS DIRECTOR	0.40	₹.						0.	0.	0
(13) DON HOLMES	0.00	Х						0.	0.	0.
DIRECTOR	0.00	Х						0.	0.	0.
(14) ALISON ZETTERQUIST	0.40	^						0.	0.	<u></u>
CHAIR	0.00	Х		Х				0.	0.	0.
(15) TIM YOUNG	0.40	25		22				•	.	<u></u>
TREASURER	0.00	x		Х				0.	0.	0.
(16) TAMARA SACHARCZYK	0.40	† 							•	
DIRECTOR	0.00	x						0.	0.	0.
(17) IKA NOVIAWATY	0.40									
DIRECTOR	0.00	Х						0.	0.	0.
								1		Form 990 (2022)

332007 12-21-23 Form **990** (2023)

Form 990 (2023) EPILEPSY	FOUNDA'I	.TO)N	ΝĿ	:W	ΕN	GL	AND	22-2505	819	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	j Hi	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per week	box,	not c , unle	ss pe	more rson i	than o s both or/trus	n an	Reportable compensation from	Reportable compensation from related	an	timate nount o other	-
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fr org and	pensatom the anization relate anization anizat	e ion ed
(18) KIMBERLEE SCHUMACHER	0.40											
DIRECTOR	0.00	Х						0.	0.			0.
(19) DARLENE WILSON DIRECTOR	0.40	х						0.	0.			0.
(20) ANDREW COLE, MD	1.50											
DIRECTOR	0.00	Х						0.	0.			0.
(21) STEVE SIRAVO	1.50											
DIRECTOR	0.00	Х						0.	0.			0.
(22) JOE SIRAVO	1.50											
DIRECTOR	0.00	Х						0.	0.			0.
1b Subtotal					<u> </u>	I		368,922.	365,586.	4	6,31	19.
c Total from continuation sheets to Part VI								0.	0.		.,	0.
d Total (add lines 1b and 1c)								368,922.	365,586.	4	6,31	
Total number of individuals (including but n compensation from the organization									•			2
											Yes	No
3 Did the organization list any former officer,	, director, truste	ee, k	ey e	gme	love	e, or	hia	hest compensated emp	oyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									3		Х
4 For any individual listed on line 1a is the su	im of reportable	<u>م</u> م	mne	anca	tion	and	oth	er compensation from the	ne organization			

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NON PROFIT CAPITAL MANAGEMENT LLC, 153 CLINTON ROAD, P.O. BOX 211, STERLING, MA	ACCOUNTING	112,457.
2 Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization 1	d above) who received more than	

Form 990 (2023) EPILEPS
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		Criccia in Correction C Corridance a recipionist		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							30000013 3 12 3 14
nts nts		Federated campaigns 1a					
žra ou		Membership dues 1b					
s, (Am	c	Fundraising events 1c	796,193.				
Contributions, Gifts, Grants and Other Similar Amounts	c	Related organizations 1d					
s, (mil	e	Government grants (contributions) 1e 1,	512,065.				
is Sign	f	All other contributions, gifts, grants, and					
out the		similar amounts not included above 1f	220,922.				
Ξō		Noncash contributions included in lines 1a-1f					
Sor		Total. Add lines 1a-1f		2,529,180.			
			Business Code	, ,			
_	0.6	DONATION CENTER		4,728,646.	4 728 646		
/ice		CAMP FEES AND CAMPERSH	621500	2,345.			
Program Service Revenue			021300	2,343.	2,343.		
n S	c						
rar 3ev	C						
og F	e	•					
۵	f	All other program service revenue					
	ç	Total. Add lines 2a-2f		4,730,991.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		261,944.			261,944.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 =	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
			(ii) Othor				
	/ a		(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses					
Ver	c	Gain or (loss) 7c					
her Revenue	c	Net gain or (loss)					
Jer	8 8	Gross income from fundraising events (not					
₹		including \$ 796,193. of					
		contributions reported on line 1c). See					
		Part IV, line 18	97,321.				
	b	Less: direct expenses 8b	316,504.				
		Net income or (loss) from fundraising events	•	-219,183.			-219,183.
		Gross income from gaming activities. See		, = , 3,			
	0.0	Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
-		Net income or (loss) from sales of inventory					
က္		OFFICE DELICIONS	Business Code	F0 000			F0 000
e Je	11 a	OTHER REVENUE	621500	52,809.			52,809.
ane	b	·					
Miscellaneous Revenue	c	;					
Λišα	c	All other revenue					
_		Total. Add lines 11a-11d		52,809.			
	12	Total revenue. See instructions		7,355,741.	4,730,991.	0.	95,570.

332009 12-21-23

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, Total expenses Check if Schedule O contains a response or note to any line in this Part IX (A) (B) (C) (D) Fundraising										
Do 7b,	(C) Management and general expenses	(D) Fundraising expenses									
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	150,000.	150,000.								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22	64,592.	64,592.								
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	547,701.	218,853.	27,357.	301,491.						
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	0 004 455	2 225 221	0.55 0.5							
7	Other salaries and wages	2,901,455.	2,295,931.	265,025.	340,499.						
8	Pension plan accruals and contributions (include	44 104	22 224	6 060	4 500						
	section 401(k) and 403(b) employer contributions)	44,124. 325,724.	33,084.	6,260.	4,780. 68,728.						
9	Other employee benefits	345,724.	225,656.	31,340.	58,728.						
10	Payroll taxes	261,535.	171,498.	30,842.	59,195.						
11	Fees for services (nonemployees):										
а	Management										
b	3	142 254		142 254							
	Accounting	143,254.		143,254.							
	Lobbying										
	Professional fundraising services. See Part IV, line 17	29,999.	21,290.	4,857.	3,852.						
f	Investment management fees	43,333.	21,290.	4,057.	3,032.						
9	Other. (If line 11g amount exceeds 10% of line 25,	681,680.	485,946.	139,314.	56 420						
40	column (A), amount, list line 11g expenses on Sch 0.)	43,597.	27,564.	6,712.	56,420. 9,321.						
12 13	Advertising and promotion	147,358.	106,338.	9,372.	31,648.						
14	Office expenses Information technology	117,550.	100,330.	3,372.	31,010.						
15	Royalties										
16	Occupancy	126,889.	90,381.	13,045.	23,463.						
17	Travel	38,823.	23,318.	5,320.	10,185.						
18	Payments of travel or entertainment expenses	30,020		0,0201							
.0	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest	30,361.	21,290.	5,219.	3,852.						
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	37,162.	1,491.	35,671.							
23	Insurance	34,294.	20,414.	4,657.	9,223.						
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	MDITOR EXPENSES	462,152.	402,050.		60,102.						
a b	POSTAGE AND SHIPPING	184,284.	182,789.	1,087.	408.						
c	MISCELLANEOUS	108,064.	93,135.	14,077.	852.						
d	REPAIRS AND RENTAL	64,565.	31,505.	6,644.	26,416.						
-	All other expenses	27,744.	1,948.	25,444.	352.						
25	Total functional expenses. Add lines 1 through 24e	6,455,357.	4,669,073.	775,497.	1,010,787.						
26	Joint costs. Complete this line only if the organization	, , , , , , , , , , , , , , , , , , , ,	, , , , , , ,								
-	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										
					F 000 (2222)						

Form 990 (2023)
Part X | Balance Sheet

Paı	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			985,059.	1	626,418.
	2	Savings and temporary cash investments			284,067.	2	721,715.
	3	Pledges and grants receivable, net			20,000.	3	44,500.
	4	Accounts receivable, net	285,578.	4	766,398		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the	hese per	sons		5	
	6	Loans and other receivables from other disqu	ualified pe	ersons (as defined			
		under section 4958(f)(1)), and persons describ	bed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			180,879.	9	134,799
	10a	Land, buildings, and equipment: cost or othe	1				
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	796,116.	1,492. 8,577,201.	10c	0.
	11	Investments - publicly traded securities		8,577,201.	11	10,457,343	
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	60.006	14	1 105 050		
	15	Other assets. See Part IV, line 11			68,026.	15	1,125,870
	16	Total assets. Add lines 1 through 15 (must e			10,402,302.	16	13,877,043
	17	Accounts payable and accrued expenses	364,092.	17	420,695.		
	18	Grants payable	784.	18	20 646		
	19	Deferred revenue			/04.	19	28,646
	20	Tax-exempt bond liabilities		/ - 4 O - 1 1 - 1 - D		20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su				22	
Lia	23	controlled entity or family member of any of the Secured mortgages and notes payable to unit	-	·····		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,				27	
		parties, and other liabilities not included on lin					
		(0			53,807.	25	1,125,824.
	26	Total liabilities. Add lines 17 through 25			418,683.	26	1,575,165.
		Organizations that follow FASB ASC 958, o	check he	re X	.,		, , , , , , , , , , , , , , , , , , , ,
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			9,520,218.	27	11,920,155.
Bal	28				463,401.	28	11,920,155. 381,723.
nd		Organizations that do not follow FASB ASC					
Ī		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			9,983,619.	32	12,301,878.
_	33	Total liabilities and net assets/fund balances			10,402,302.	33	13,877,043.

SCHEDULE A

(Form 990)

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

EPILEPSY FOUNDATION NEW ENGLAND

Employer identification number 22 – 25 0 5 8 1 9

		EFIL.	ELSI LOONDI	HITOM NEW ENG	2DAMD		4	Z-Z303013	
Pa	ırt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:	·				(
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in	
_		section 170(b)(1)(A)(iv). (C		,	•	, 0			
6		A federal, state, or local gov	•	nental unit described in	section 17	70(b)(1)(A)	(v).		
	X	An organization that normal	· ·				• •	nublic described in	
•		section 170(b)(1)(A)(vi). (Co	•	itiai part of its support if	om a gove	minoritar	unit of from the general p	public described in	
8		A community trust describe		1VAVvi) (Complete Bar	F II \				
	\vdash	•			•	nd in coni	ination with a land grant	collogo	
9		An agricultural research org				-	-	-	
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	iame, city	, and state of the college	e Of	
40		university:	U	there 00 1 /00/ of its accord					
10		An organization that normal							
		activities related to its exem		•				-	
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.	
		See section 509(a)(2). (Cor							
11	\square	An organization organized a	•		•				
12	Ш	An organization organized a	•	•	-		•	•	
		more publicly supported org	~					Check the box on	
		lines 12a through 12d that o	• • • • • • • • • • • • • • • • • • • •				, ,		
а			anization operated, si	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	ctors or trustees of the su	upporting	
	_	organization. You must c	complete Part IV, Se	ctions A and B.					
b	· L		anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by have	/ing	
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.					
C	: L	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,	
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	vith its supported organiz	zation(s)	
		that is not functionally into	egrated. The organiz	ation generally must sati	isfy a distr	ibution rec	quirement and an attentiv	veness	
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II, Type III		
		functionally integrated, or							
f	Ente	er the number of supported o							
g	J Proν	vide the following information	about the supporte	d organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
T	-1								

332021 12-21-23

(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	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	,,	
	membership fees received. (Do not							
	include any "unusual grants.")	1485561.	1906765.	1373063.	2578465.	2529180.	9873034.	
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	1485561.	1906765.	1373063.	2578465.	2529180.	9873034.	
	The portion of total contributions							
Ū	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						9873034.	
	etion B. Total Support						3073034.	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 4	1485561.	1906765.	1373063.	2578465.	2529180.	9873034.	
	Gross income from interest.	11033011	13007031	13730031	23701031	23232000	30730310	
Ü	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	97,369.	116,905.	186 205.	186,935.	261 944.	849 358.	
9	Net income from unrelated business	51,505.	110,505.	100,203	100,555.	201,544.	045,5501	
9								
	activities, whether or not the							
40	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital	1,256.	91,104.	409,926.	27,746.	52 809	582,841.	
44	assets (Explain in Part VI.)	1,250.	JI, IU4.	400,020.	21,140.		11305233.	
	Total support. Add lines 7 through 10 Gross receipts from related activities,	oto (ooo inatruotia	.no/				,078,154.	
	First 5 years. If the Form 990 is for th	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	iourth or fifth toy w			,010,134.	
13	organization, check this box and stop							
Sec	ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			·····	
	Public support percentage for 2023 (li			olumn (f))		14	87.33 %	
	Public support percentage from 2022					15	87.49 %	
	33 1/3% support test - 2023. If the o							
100	stop here. The organization qualifies	-					77	
h	33 1/3% support test - 2022. If the co		-					
	and stop here. The organization quali							
17 a	10% -facts-and-circumstances test							
114	and if the organization meets the facts	-						
	·			=		-		
h	meets the facts-and-circumstances test	-	•	*	-	7a and line 15 is:		
D	10% -facts-and-circumstances test	-					1070 UI	
	more, and if the organization meets the				-			
10	organization meets the facts-and-circu			. ,	•			
10	Private foundation. If the organization	n did not check a t	JUA UIT IIITE TO, TO	ı, 100, 17a, 01 17D	, check this box ar		(Form 990) 2023	

332022 12-21-23

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

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

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

332023 12-21-23 Schedule A (Form 990) 2023

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
4		
1		
2		
_		
За		
3b		
Зс		
4a		
4b		
4c		
F		
5a		
5b		
5c		
- 55		
6		
7		
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9a		
01-		
9b		
90		
9c		
10a		
.54		
10b		
	n 990)	2023

332024 12-21-23

Sobo	edule A (Form 990) 2023 EPILEPSY FOUNDATION NEW ENGLAND 22-25	50581	9 D	age
	rt IV Supporting Organizations (continued)	70301	<u> </u>	age
	continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		1	
			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			
800	the supported organization(s). stion D. All Type III Supporting Organizations	1		
360	Giori D. Ali Type III Supporting Organizations		1,,	Τ
_			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	4		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations		1	-
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	 s).		
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		nstruction	1s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." *describe in* **Part VI** *the role played by the organization in this regard.*

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

Schedule A (Form 990) 2023

2b

За

these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

Sche	dule A (Form 990) 2023 EPILEPSY FOUNDATION NE	W ENGLA	ND	22-2505819 Page 6
	t V Type III Non-Functionally Integrated 509(a)(3) Support			
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explaii</i>	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete 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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3	4		

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2023

e Excess from 2023

332028 12-21-23 Schedule A (Form 990) 2023

SCHEDULE C (Form 990)

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

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

Part I-B Complete if the organization is exempt under section 501(c) (a). Part I-B Complete if the organization is exempt under section 501(c) (b). Part I-B Complete if the organization is exempt under section 501(c) (c) or is a section 527 organization. Part I-B Complete if the organization is exempt under section 501(c) (a). Employer identification number 22-2505819 Part I-C Complete if the organization is exempt under section 501(c) (c) or is a section 527 organization. Employer identification number 22-2505819 Employer ident
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures \$ 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? 5 If "Yes," describe in Part IV.
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures \$ 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? 5 b If "Yes," describe in Part IV.
2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? b If "Yes," describe in Part IV.
1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? b If "Yes," describe in Part IV.
2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? 5 If "Yes," describe in Part IV.
2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? 5 If "Yes," describe in Part IV.
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? b If "Yes," describe in Part IV.
b If "Yes," describe in Part IV.
b If "Yes," describe in Part IV.
Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities\$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities\$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization
made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political
contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a
political action committee (PAC). If additional space is needed, provide information in Part IV.
(a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political
filing organization's contributions received and funds. If none, enter -0 promptly and directly
delivered to a separate
political organization. If none, enter -0
intone, enter or.

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

Schedule C (Form 990) 2023

	rt II-A Complete if the orga	anization i	s exer	npt under section	501(c)(3) and file		ection under	
A (section 501(h)). Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,							
	expenses, and share of excess lobbying expenditures).							
B (Check if the filing organizat	ion checked	box A a	nd "limited control" pro	visions apply.	T		
		s on Lobbyir itures" mear	• .	nditures ınts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influ	ence public o	pinion (grassroots lobbying)				
	Total lobbying expenditures to influence	· ·		de delle estate de la deservación del				
С	Total lobbying expenditures (add lin	nes 1a and 1b	o)					
	Other exempt purpose expenditures							
е	Total exempt purpose expenditures							
	Lobbying nontaxable amount. Enter							
	If the amount on line 1e, column (a) or			bying nontaxable am				
	not over \$500,000,			the amount on line 1e.				
	over \$500,000 but not over \$1,000,	000,	\$100,00	00 plus 15% of the exc	ess over \$500,000.			
	over \$1,000,000 but not over \$1,50			00 plus 10% of the exc				
	over \$1,500,000 but not over \$17,0			00 plus 5% of the exce				
	over \$17,000,000,		\$1,000,					
g	Grassroots nontaxable amount (ent	er 25% of line	∋ 1f)					
	Subtract line 1g from line 1a. If zero							
i	i Subtract line 1f from line 1c. If zero or less, enter -0-							
j	j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720						•	
-	reporting section 4911 tax for this y					[Yes No	
		4-\	ear Av	eraging Period Under	Section 501(h)			
	(Some organizations th			01(h) election do not la ate instructions for lir	•	of the five columns be	elow.	
		Lobbyir	ıg Expe	nditures During 4-Yea	r Averaging Period			
	Calendar year (or fiscal year beginning in)	(a) 202	0	(b) 2021	(c) 2022	(d) 2023	(e) Total	
	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
c	Total lobbying expenditures							
d	Grassroots nontaxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Schedule C (Form 990) 2023

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
_	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?				0.
J	Total. Add lines 1c through 1i		х		<u> </u>
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5). or sec	ction	
	501(c)(6).	(-)(-,,		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
_	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."			III-A, line ⊺	3, is
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
2	expenses for which the section 527(f) tax was paid).	aı			
а			2a		
	Carryover from last year				
c	Total				
3	4		··· 🗖		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
EFI	NE HAS A REGISTERED LOBBYIST ON STAFF WHO ADVOCATES	FOR LE	EGISLA	TION	
<u>SU</u> I	PPORTING EFNE'S MISSION.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

22-2505819 EPILEPSY FOUNDATION NEW ENGLAND

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiiai i uiiu	3 OI ACCOU	Complete if t	ine
	organization and voice from one of the activity into	(a) Donor advise	d funds	(b) Fu	nds and other acco	unts
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 wi	riting that the assets he	eld in donor adv	rised funds		
	are the organization's property, subject to the organization's ex	xclusive legal control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor adv					
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for an	y other purpos	e conferring		
	impermissible private benefit?					☐ No
Pai	t II Conservation Easements. Complete if the orga	anization answered "Ye	s" on Form 990), Part IV, line 7	, .	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).				
	Preservation of land for public use (for example, recreation	on or education)	Preservation	of a historically	/ important land are	a
	Protection of natural habitat		Preservation	of a certified h	istoric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	ution in the forr	n of a conserva	ation easement on t	he last
	day of the tax year.				Held at the End of t	he 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 struc	cture included on line 2	a	2c		
d	Number of conservation easements included on line 2c acquire	ed after July 25, 2006, a	and not			
	on a historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or t	erminated by tl	ne organization	during the tax	
	year					
4	Number of states where property subject to conservation ease	ment is located		_		
5	Does the organization have a written policy regarding the period	odic monitoring, inspect	tion, handling o	f		
	violations, and enforcement of the conservation easements it h	nolds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, has	andling of violations, ar	nd enforcing co	nservation eas	ements during the y	/ear
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and en	forcing conser	ation easemer	nts during the year	
•	Described and the control of the con	- 1 - 6 - 1	-f 1: 4 7 0	/I-)/4)/D)/:)		
8	Does each conservation easement reported on line 2d above s	•				
_	and section 170(h)(4)(B)(ii)?					No
9	In Part XIII, describe how the organization reports conservation		•			
	balance sheet, and include, if applicable, the text of the footno	te to the organization s	financiai state	ments that des	cribes the	
Pai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of A	Art. Historical Tre	asures or (Other Simila	ar Assets	
	Complete if the organization answered "Yes" on Form 9				/ 1000101	
10	If the organization elected, as permitted under FASB ASC 958.		anua statamant	and balance s	shoot works	
ıa	of art, historical treasures, or other similar assets held for publi	'				
	service, provide in Part XIII the text of the footnote to its finance				public	
h	If the organization elected, as permitted under FASB ASC 958,				t works of	
	art, historical treasures, or other similar assets held for public e	•				
	provide the following amounts relating to these items.	Ambition, cadeation, of	rescarerriria	tiricianice of pe	iblic scivice,	
	(i) Revenue included on Form 990, Part VIII, line 1				\$	
					\$	
2	If the organization received or held works of art, historical treas					
-	the following amounts required to be reported under FASB AS			.a. gan, provid		
а	Revenue included on Form 990, Part VIII, line 1				\$	
	Assets included in Form 990, Part X				\$	
	For Paperwork Reduction Act Notice, see the Instructions 1				Schedule D (Forn	n 990) 2023

332051 09-28-23

	Chedule D (Form 990) 2023 EPILEPSY FOUNDATION NEW ENGLAND 22-2505819 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)								
Pai	•							inued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the f	ollowing that mak	e signifi	cant use of	its		
	collection items (check all that apply).								
а	Public exhibition	d		hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	n how they further th	ne organization's e	xempt p	ourpose in F	Part XIII.		
5	During the year, did the organization solicit or		•	•					_
	to be sold to raise funds rather than to be ma						Yes		No
Pai	Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or								
	reported an amount on Form 990, Par	•							
1a	Is the organization an agent, trustee, custodia		•						٦
	on Form 990, Part X?						Yes		_ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:		Г		Amai	nt	
							Amou	ΠL	
	Beginning balance				Г	1c			
	Additions during the year					1d			
e	Distributions during the year					1e			
T	Ending balance Did the organization include an amount on Fo					1f	Yes		¬ Na
	If "Yes," explain the arrangement in Part XIII.		•		•		res		_ No
Par									
	Complete ii	(a) Current year	(b) Prior year	(c) Two years bac		Three years b	ack (e) Fo	ur years	s back
1a	Beginning of year balance	6,788,976.	5,392,670.	<u> </u>	+ ` _	3,274,88	<u> </u>	1,798	
b	Contributions	1,137,521.	1,068,279.		_	1,007,02		1,309	
c	Net investment earnings, gains, and losses	1,123,747.	580,133.		_	794,54			,270.
d	Grants or scholarships	1,962.	1,854.	1,93	_	1,00	_		,
	Other expenditures for facilities	,	,	,		,			
_	and programs		250,252.	71,39	1.	70,71	19.		
f	Administrative expenses		·			·			
g	End of year balance	9,048,282.	6,788,976.	5,392,67).	5,004,72	26.	3,274	,882.
2	Provide the estimated percentage of the current	ent year end balance	e (line 1g, column (a)) held as:	•		•		
а	Board designated or quasi-endowment	99.4000	%	•					
b	Permanent endowment .5000	%	_						
С	Term endowment1000_g	/ /							
	The percentages on lines 2a, 2b, and 2c show	ıld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered fo	r the				
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)	X
	(ii) Related organizations?						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI _ Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line	10.			
	Description of property	(a) Cost or o	` '		•	mulated	(d) Bo	ok valu	ıe
		basis (investr	nent) basis	(other)	deprec	iation			
	Land								
b	Buildings			0.400					
С	Leasehold improvements	I		8,432.		3,432.			0.
d	Equipment			0,241.		0,241.			0.
<u>e</u>	Other		67	7,443.	677	7,443.			0.

Schedule D (Form 990) 2023

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Schedule D (Form 990) 2023 EFILEPSI FOR	INDATION NEW	ENGLAND ZZ-ZJUJOIJ Page S
Part VII Investments - Other Securities		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		
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) SECURITY DEPOSITS	5,000.
(2) OPERATING LEASE RIGHT-OF-USE ASSET	86,030.
(3) FINANCE LEASE RIGHT-OF-USE- ASSET	1,034,840.
(4)	
(5)	
(6)	
(8)	
<u>(9)</u>	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,125,870.

Other Liabilities Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	80,191.
(3) FINANCE LEASE LIABILITY	1,045,633.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,125,824.

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

Schedule D (Form 990) 2023

Sobo	dula D	(Form 990) 2023 EPILEPSY FOUNDATION NEW ENG	r. AND	22-25	05819	Page 4
	t XI	Reconciliation of Revenue per Audited Financial Statement	-		03013	raye
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•			
1	Total r			1		
2		nts included on line 1 but not on Form 990, Part VIII, line 12:				
а		nrealized gains (losses) on investments	2a			
b		ed services and use of facilities	2b			
С		reries of prior year grants	2c			
d		(Describe in Part XIII.)	2d			
е		nes 2a through 2d	•	2e		
3	Subtra	act line 2e from line 1		3		
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIII.)	4b			
С	Add lir	nes 4a and 4b		4c		
5	Total r			5		
Pai	rt XII	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses per	Return		
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total e	expenses and losses per audited financial statements		1		
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ed services and use of facilities	2a			
		vear adjustments	2b			
		losses	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add lir	nes 2a through 2d		2e		

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information

b Other (Describe in Part XIII.) c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

4a

Subtract line 2e from line 1

Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

PART X, LINE 2:

THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") HAS ISSUED A STANDARD THAT CLARIFIES THE ACCOUNTING AND RECOGNITION OF INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE ORGANIZATION'S INCOME TAX RETURNS. THE ORGANIZATION ASSESSES THE LIKELIHOOD, BASED ON THEIR TECHNICAL MERIT. THAT TAX POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD. IF THE ORGANIZATION INCURS INTEREST OR PENALTIES AS A RESULT OF UNRECOGNIZED TAX POSITIONS THE POLICY IS TO CLASSIFY INTEREST ACCRUED WITH INTEREST EXPENSE DISCUSSIONAND PENALTIES THEREON WITH OPERATING EXPENSES. THE ORGANIZATION'S TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES. THE ORGANIZATION IS NOT CURRENTLY UNDER EXAMINATION BY ANY

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number 22-2505819 EPILEPSY FOUNDATION NEW ENGLAND Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

Schedule G (Form 990) 2023

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro			<u>-</u>	s greater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
			WALKS FOR			(add col. (a) through			
			EPILEPSY	GALAS	5	col. (c))			
4			(event type)	(event type)	(total number)	COI. (C))			
Revenue									
eve	1	Gross receipts	426,233.	209,539.	257,742.	893,514.			
ď									
	2	Less: Contributions	370,606.	169,112.	256,475.	796,193.			
			-		-				
	3	Gross income (line 1 minus line 2)	55,627.	40,427.	1,267.	97,321.			
		, , , , , , , , , , , , , , , , , , , ,		•	Í	•			
	4	Cash prizes							
	5	Noncash prizes							
S	_								
SUS	6	Rent/facility costs	83,473.	134,668.	54,407.	272,548.			
xbe			00,000						
Direct Expenses	7	Food and beverages							
irec	'	1 ood and beverages							
	Ω	Entertainment							
	a	Other direct expenses	17,892.	19,228.	6,836.	43,956.			
	10			•	·	316,504.			
		Net income summary. Subtract line 10 from li				-219,183.			
Pa	rt I			990 Part IV line 19 or i		213/1031			
		\$15,000 on Form 990-EZ, line 6a.		000,1 41117, 11110 10, 011	oportou moro triari				
		¥ · · ·, · · · · · · · · · · · · · · · ·		(b) Pull tabs/instant		(d) Total gaming (add			
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)			
Revenue						() ()			
Be	1	Gross revenue							
_		aross revenue							
	2	Cash prizes							
ses	_	Caon prizes							
Expenses	2	Noncash prizes							
ĔX	۰	1101104311 p11200							
Direct	1	Rent/facility costs							
Ę	7	Tions racinty cools							
	5	Other direct expenses							
		Cutor direct experience	Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No No	No No				
	۰	Volumed labor							
	7	Direct expense summary. Add lines 2 through	5 in column (d)						
	'	Direct expense summary. And lines 2 through	10 III 00Idiiii (d)						
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)						
		Not garning moone summary. Subtract into r	nomine i, column (a)			<u> </u>			
9	Fn	ter the state(s) in which the organization condu	cts gaming activities:						
						Yes No			
	a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:								
~									
10a	We	ere any of the organization's gaming licenses re	evoked suspended orte	rminated during the tax v	vear?	Yes No			
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·						
~		, de							
	_								

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 EPILEPSY FOUNDATION NEW ENGLAND 22-2	<u> </u>	<u> 19</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	'es	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	v	'es	No
12	Indicate the percentage of gaming activity conducted in:	ш.	-	
		1420		0/
	The organization's facility	13a		<u>%</u>
	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	'es	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
	: If "Yes," enter name and address of the third party:			
•	Too, officer fame and address of the time party.			
	Name			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	·			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	. Ш Ү	'es	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year \$			
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, line	s 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G (Form 990) EPILEPSY FOUNDATION NEW ENGLAND	22-2505819 Page 4
Schedule G (Form 990) EPILEPSY FOUNDATION NEW ENGLAND Part IV Supplemental Information (continued)	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	EOIMID A MTO	N NEW ENGLA	NID				Employer identification number 22-2505819
Part I General Information on Grants a		N NEW ENGLA	עע				22-2303819
1 Does the organization maintain records t		amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE BRIGHAM AND WOMEN'S HOSPITAL, INC 75 FRANCIS STREET - BOSTON,							
MA 02115	04-2312909	501(C)(3)	75,000.	0.	N/A	N/A	RESEARCH
CHILDREN'S HOSPITAL CORPORATION 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	75,000.	0.	N/A	N/A	RESEARCH
2 Enter total number of section 501(c)(3) ar	nd government org	L	e line 1 table		1	1	2.
3 Enter total number of other organizations	s listed in the line	1 table					0.

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

Schedule I (Form 990) 2023

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
INANCIAL AID & SCHOLARSHIPS	45	64,592.	0.	N/A	N/A
		,			
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	1
PART I, LINE 2:					
EFNE RETAINS DOCUMENTATION SUPPORT	ING FUNDS	DISBURSEI	O FOR FINAN	CIAL AID,	
SCHOLARSHIPS AND RESEARCH GRANTS					

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

EPILEPSY FOUNDATION NEW ENGLAND

Employer identification number 22-2505819

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		_X_
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		<u> </u>
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		_X_
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)?	۱۵		

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) SUSAN LINN	(i)	251,751.	0.	0.	0.	19,781.	271,532.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) BRADLEY RICH	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	265,103.	0.	0.	0.	8,436.	273,539.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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· · · · · · · · · · · · · · · · · · ·	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

EPILEPSY FOUNDATION NEW ENGLAND

Employer identification number 22-2505819

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EPILEPSY IN NEW ENGLAND. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DESIGNED TO PROVIDE HELP FOR TODAY AND HOPE FOR TOMORROW. FORM 990, PART VI, SECTION A, LINE 1A: THE EXECUTIVE COMMITTEE IS COMPOSED OF THE OFFICERS, THE PRESIDENT AND CEO, AND ADDITIONAL DIRECTORS APPOINTED BY THE CHAIR AND APPROVED BY THE BOARD OF DIRECTORS. THE PRESIDENT & CEO IS A NON-VOTING MEMBER OF THE EXECUTIVE COMMITTEE. THE CHAIR IS THE CHAIR OF THE EXECUTIVE COMMITTEE, WHICH MEETS THE PRESIDENT AND CEO OR ANY TWO OTHER MEMBERS OF THE EXECUTIVE AS NEEDED. COMMITTEE MAY CALL A MEETING OF THE COMMITTEE. IT SHALL HAVE PRIMARY RESPONSIBILITY FOR ROUTINE FISCAL MATTERS AND PERSONNEL, AND MAY MAKE RECOMMENDATIONS TO THE BOARD OF DIRECTORS AS TO ANNUAL BUDGET AND OTHER MATTERS. IT MAY ACT FOR THE BOARD OF DIRECTORS UPON MATTERS, WHICH WILL NOT AWAIT THE NEXT REGULAR MEETING OF THE BOARD OF DIRECTORS. MOTIONS SHALL BE RATIFIED AT THE FULL BOARD MEETING IMMEDIATELY FOLLOWING THE EXECUTIVE COMMITTEE MEETING AT WHICH MOTIONS WERE APPROVED. A MAJORITY OF CURRENT MEMBERS OF THE EXECUTIVE COMMITTEE SHALL CONSTITUTE A QUORUM. FORM 990, PART VI, SECTION A, LINE 2: SUSAN LINN AND CHANDA LINN HAVE A FAMILY RELATIONSHIP. KEY EMPLOYEES,

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

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

Schedule O (Form 990) 2023

BOARD MEMBERS STEVE SIRAVO AND JOE SIRAVO HAVE A FAMILY RELATIONSHIP

Schedule O (Form 990) 2023 Page **2**

Name of the organization EPILEPSY FOUNDATION NEW ENGLAND

Employer identification number 22-2505819

EFNE SHALL SUBMIT THE FORM 990 TO ITS BOARD OF DIRECTORS PRIOR TO THE

FILING OF THE FORM 990. EFNE'S 990 SHALL BE SUBMITTED TO EACH MEMBER OF THE

BOARD OF DIRECTOR'S VIA HARD COPY OR EMAIL AT LEAST 10 DAYS BEFORE THE FORM

990 IS FILED WITH THE IRS.

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

ALL BOARD MEMBERS SIGN A CONFLICT OF INTEREST STATEMENT INDICATING

ACKNOWLEDGEMENT AND SUPPORT OF THE POLICY, AS WELL AS DISCLOSURE OF ANY

POTENTIAL CONFLICTS. THE MINUTES OF THE BOARD MEETINGS EVIDENCE RECUSALS

FROM MEETINGS, WHEN APPROPRIATE, AND RECORD ANY WAIVERS IN THE MINUTES. THE

CONFLICT OF INTEREST POLICY IS MONITORED THROUGH BIMONTHLY MEETINGS OF THE

NOMINATING COMMITTEE (THE CHAIR REVIEWS EACH MEMBER'S STANDING AND

COMPLIANCE WITH BOARD POLICIES) AND THROUGH ANNUAL BOARD MEETINGS WHICH

INCLUDE ORIENTATION FOR NEW BOARD MEMBERS AND REVIEW OF POLICIES FOR ALL

MEMBERS (THE BOARD CHAIR AND PRESIDENT/CEO MONITOR ADMINISTER THESE TASKS).

WHEN A CONFLICT IS SUSPECTED OR REPORTED, THE PRESIDENT/CEO AND BOARD CHAIR

MEET WITH THE BOARD MEMBER TO DISCUSS THE CONFLICT AND TO DETERMINE THE

APPROPRIATE COURSE OF ACTION

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

THE BOARD OF DIRECTORS ESTABLISHED A PERSONNEL COMMITTEE COMPRISED OF

VOLUNTEER EXPERTS IN THE FIELD OF HUMAN RESOURCES. THE PERSONNEL COMMITTEE

RECOMMENDS ANNUAL COMPENSATION OF THE PRESIDENT AND CEO AND KEY EMPLOYEES.

THE COMMITTEE USES COMPARABILITY DATA TO LOOK AT SALARIES IN SIMILAR

CHARITABLE ORGANIZATIONS, AS WELL AS A PERFORMANCE REVIEW TO DETERMINE

SALARY RATES. THE PROCESS AND DECISIONS WOULD BOTH BE DOCUMENTED IN THE

BOARD MINUTES.

Name of the organization EPILEPSY FOUNDATION NEW ENGLAND	Employer identification number 22-2505819
FORM 990, PART VI, SECTION C, LINE 19:	
EFNE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST I	POLICY AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	485,946.
MANAGEMENT AND GENERAL EXPENSES	139,314.
FUNDRAISING EXPENSES	56,420.
TOTAL EXPENSES	681,680.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	681,680.
-	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

EPILEPSY FOUN	DATION NEW ENGLAND					22-25058		ımber
Part I Identification of Disregarded Entities. Comp	lete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	r Total inco	me End-of-year		Direct o	(f) controlling ntity	9
EPILEPSY FOUNDATION NEW ENGLAND DONATION CENTER, LLC - 27-0491645, ONE DUNHAM ROAD, 2ND FLOOR, BILLERICA, MA 02118	ALLOWS CITIZENS TO DONATE AND PURCHASE GENTLY USED ITEMS AT DISCOUNT PRICES	MASSACHUSETTS	4,790	,601. 2,18	5,550.	EPILEPSY FOU	UNDATIO	N NEW
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, b	pecause it had one	or more	e related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ect controlling entity	contr	g) 512(b)(13) trolled tity?
		lereigh deaminy,		501(c)(3))			Yes	No

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

Schedule R (Form 990) 2023

Part III	Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related
	organizations treated as a partitioning during the tax year.	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate itions?	amount in box	General managii partner	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)		2				Yes	No
	-								
	-								
								<u> </u>	<u> </u>
	-								
	-								
								<u> </u>	<u> </u>
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b,	35b, or 36.
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Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
С	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f	igsquare	X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h	igsquare	X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	_1j	$oxed{oxed}$	X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
0	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p	X	L
q	Reimbursement paid by related organization(s) for expenses	1q	$ldsymbol{ld}}}}}}}$	X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s	X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
EPILEPSY FOUNDATION NEW ENGLAND DONATION (1) CENTER, LLC	P	189,581.	FAIR MARKET VALUE
EPILEPSY FOUNDATION NEW ENGLAND DONATION (2) CENTER, LLC	S	2,050,000.	FAIR MARKET VALUE
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u>			

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000