Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19
B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return/terminated [ ] Amended return [ ] Application pending
C Name of organization: Epilepsy Foundation of Colorado
Doing business as: Greenwood Plaza Boulevard
Number and street (or P.O. box if mail is not delivered to street address): 5889 Greenwood Plaza Boulevard
City or town, state or province, country, and ZIP or foreign postal code: Greenwood Village CO 80111
D Employer identification number: 84-0607069
E Telephone number: [ ]
G Gross receipts: $1,004,638
H(a) Is this a group return for subordinates? [ ] Yes [ ] No
H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)
J Website: [ ] www.EpilepsyColorado.org

Part I
Summary
1 Briefly describe the organization's mission or most significant activities:
The Epilepsy Foundation of Colorado provides programs and services to people living with epilepsy and their families.

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.
3 Number of voting members of the governing body (Part VI, line 1a) 3
4 Number of independent voting members of the governing body (Part VI, line 1b) 4
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5
6 Total number of volunteers (estimate if necessary) 6
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a
7b Net unrelated business taxable income from Form 990-T, line 38 7b
8 Contributions and grants (Part VIII, line 1h) 8
9 Program service revenue (Part VIII, line 2g) 9
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13
14 Benefits paid to or for members (Part IX, column (A), line 4) 14
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15
16a Professional fundraising fees (Part IX, column (A), line 11e) 16a
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18
19 Revenue less expenses. Subtract line 12 from line 18 19
20 Total assets (Part X, line 16) 20
21 Total liabilities (Part X, line 26) 21
22 Net assets or fund balances. Subtract line 21 from line 20 22

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

Sign Here
Signature of officer
Sarah Klein
CEO
Date 10/18/2019
Print/Type preparer's name
Ken Roth
Preparer's signature
Date 10/18/19
Check [ ] if self-employed
PTIN 001389203
Preparer
Firm's name
Taylor Roth and Company
Use Only
Firm's address
800 Grant St Ste 205
Denver, CO 80203-2944
Firm's EIN 20-3746583
Phone no. 303-830-8109

For Paperwork Reduction Act Notice, see the separate instructions.
DAA