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Change of Accounting Period **Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545 1150

2009Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

**Open to Public
Inspection****A For the 2009 calendar year, or tax year beginning** 1/01/2010, **and ending** 6/30, **2010****B Check if applicable**

Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS
label or
print or
type
See
Specific
Instruc-
tions.

C
EPILEPSY FOUNDATION OF IDAHO, INC.
310 W. IDAHO ST.
BOISE, ID 83702

D Employer identification number

23-7160426

E Telephone number

(208) 344-4340

**F Group Exemption
Number**

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method. Cash Accrual
Other (specify) ►

I Website: ► WWW.EPILEPSYIDAHO.ORG

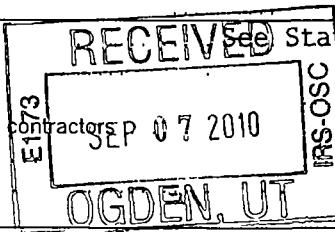
H Check ► **if the organization is not
required to attach Schedule B (Form 990,
990-EZ, or 990-PF).**

K Check ► **if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than
\$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990
instead of Form 990-EZ** ► \$ 206,236.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	60,634.
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	
5a Gross amount from sale of assets other than inventory	5a	
b Less. cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>		
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	145,602.
b Less. direct expenses other than fundraising expenses	6b	43,657.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	101,945.
7a Gross sales of inventory, less returns and allowances	7a	
b Less. cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe ► _____)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	162,579.
10 Grants and similar amounts paid (attach schedule)	10	4,702.
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	92,853.
13 Professional fees and other payments to independent contractors	13	
14 Occupancy, rent, utilities, and maintenance	14	4,480.
15 Printing, publications, postage, and shipping	15	4,036.
16 Other expenses (describe ► <u>See Statement 2</u>)	16	30,667.
17 Total expenses. Add lines 10 through 16	17	136,738.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	25,841.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	112,075.
20 Other changes in net assets or fund balances (attach explanation)	20	-18,995.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	118,921.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	130,957.	22 194,389.
23 Land and buildings		23
24 Other assets (describe ► <u>See Statement 4</u>)	4,726.	24 5,602.
25 Total assets	135,683.	25 199,991.
26 Total liabilities (describe ► <u>See Statement 5</u>)	23,608.	26 81,070.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	112,075.	27 118,921.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

TEEA0803L 01/30/10

Form 990-EZ (2009)

99-18

9.1.10 mailed return cert 70092250000306567143

9

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 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

	Yes	No
46		X
47		X
48		X
49a		X
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ► _____

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	Signature of officer ► <i>Marcia L. Karakas</i>	Date ► 8/31/10	Preparer's Identifying Number (See instructions) ► N/A
Type or print name and title ► <i>Marcia L. Karakas</i> Executive Director			
Paid Preparer's Use Only	Preparer's signature ► <i>SKH</i>	Date ► 8-22-10	Check if self employed ► <input type="checkbox"/> N/A
	Firm's name (or yours if self employed), address, and ZIP + 4 ► <i>Harding & Co., P.A.</i>	EIN ► N/A	Preparer's Identifying Number (See instructions) ► N/A
	P.O. Box 330 Meridian, ID 83680	Phone no ► (208) 898-0099	

May the IRS discuss this return with the preparer shown above? See instructions ..

BAA

► Yes No

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

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.

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Employer identification number

EPILEPSY FOUNDATION OF IDAHO, INC.

23-7160426

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
9 An organization that normally receives, (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions -- subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III – Functionally integrated d Type III – Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g (i)		
11g (ii)		
11g (iii)		

h Provide the following information about the supported organizations.

RAA

BAA, FOIA Privacy Act and Paperwork Reduction Act Notice: See the instructions for Form 950 or 950-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)						12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► **Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.	►	<input type="checkbox"/>
b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	►	<input type="checkbox"/>
17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	►	<input type="checkbox"/>
b 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	►	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	►	<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	331,982.	365,851.	278,682.	299,676.	393,804.	1,669,995.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	331,982.	365,851.	278,682.	299,676.	393,804.	1,669,995.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						1,669,995.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	331,982.	365,851.	278,682.	299,676.	393,804.	1,669,995.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	82.	90.	43.	65.		280.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	82.	90.	43.	65.	0.	280.
c Add lines 10a and 10b	82.	90.	43.	65.	0.	280.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (Add lines 9, 10c, 11, and 12.)						1,670,275.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100.0 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	100.0 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.0 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.0 %
19a 33-1/3 support tests — 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	▶	<input checked="" type="checkbox"/>
b 33-1/3 support tests — 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	▶	<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	▶	<input type="checkbox"/>

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 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. ► See separate instructions.

Name of the organization

Employer identification number

EPILEPSY FOUNDATION OF IDAHO, INC.

23-7160426

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ 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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

Mail solicitations Solicitation of non-government

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

Mail solicitations Solicitation of non-government

In person solicitations
2a Did the organization have 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Total

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 <u>MISCELLANEOUS</u> (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts	145,602.			145,602.
	2 Less. Charitable contributions				
	3 Gross income (line 1 minus line 2)	145,602.			145,602.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses ..	43,657.			43,657.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				43,657.
	11 Net income summary. Combine lines 3, column (d) and line 10				101,945.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities.

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain.

YES	NO
9a	
10a	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain.

11	
12	

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

13 Indicate the percentage of gaming activity operated in.

a The organization's facility
 b An outside facility.

	YES	NO
13a	%	
13b	%	

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 contact with a third party from whom the organization receives gaming revenue?

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.

c If 'Yes,' enter name and address of the third party.

15a

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?

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. ► \$ _____

17a

2009

Federal Statements

Page 1

Client 9037-2

EPILEPSY FOUNDATION OF IDAHO, INC.

23-7160426

8/27/10

02:27PM

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Payments to Affiliates	\$	4,702.
------------------------	----	--------

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

ASSISTANCE TO INDIVIDUALS	\$	1,500.
Depreciation		740.
Insurance		103.
MAINTENANCE		744.
OTHER		7,220.
PROFESSIONAL FEES		2,686.
PROGRAM EXPENSE		7,805.
SUPPLIES		830.
TELEPHONE		2,544.
TRAVEL, CONFERENCES, TRAINING		6,495.
	Total \$	<u>30,667.</u>

Statement 3
Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

IN-KIND EXPENSE	\$	-15,000.
Net Unrealized Gains and Losses on Investments		-3,995.
	Total \$	<u>-18,995.</u>

Statement 4
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 0.	\$ 2,150.
Machinery and Equipment	4,191.	3,452.
Prepaid Expenses and Deferred Charges	535.	0.
	Total \$ 4,726.	<u>\$ 5,602.</u>

Statement 5
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 2,983.	\$ 13,570.
Deferred Revenue	20,625.	67,500.
	Total \$ 23,608.	<u>\$ 81,070.</u>

2009

Federal Statements

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EPILEPSY FOUNDATION OF IDAHO, INC.

23-7160426

8/27/10

02:27PM

Statement 6
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

TO PROVIDE SERVICES AND EDUCATION TO PEOPLE WITH EPILEPSY

Statement 7
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contri-bution to EBP & DC	Expense Account/Other
MARCIA KARAKAS 310 WEST IDAHO STREET BOISE, ID 83702	Executive Direc 40.00	\$ 30,000.	\$ 600.	\$ 0.
DIANE FOOTE 310 W IDAHO STREET BOISE, ID 83702	Secretary 1.50	0.	0.	0.
WILMA STROHMEIER 310 W IDAHO STREET BOISE, ID 83702	MEMBER 0.50	0.	0.	0.
KENNY BOLTON 310 W IDAHO STREET BOISE, ID 83702	MEMBER 0.50	0.	0.	0.
LANA BAUGH 310 W IDAHO STREET BOISE, ID 83702	MEMBER 0.50	0.	0.	0.
ALEX J REED 310 W IDAHO STREET BOISE, ID 83702	MEMBER 0.50	0.	0.	0.
J. V. EVANS III 310 W IDAHO STREET BOISE, ID 83702	President 1.00	0.	0.	0.
MATT GILGEN 310 W IDAHO STREET BOISE, ID 83702	MEMBER 0.50	0.	0.	0.
REX LOTT, PHARM D. 310 W IDAHO STREET BOISE, ID 83702	Vice President 1.00	0.	0.	0.
CHRIS BEESON 310 W IDAHO STREET BOISE, ID 83702	MEMBER 0.50	0.	0.	0.

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Client 9037-2

EPILEPSY FOUNDATION OF IDAHO, INC.

23-7160426

8/27/10

02.27PM

Statement 7 (continued)

Form 990-EZ, Part IV

List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contri-bution to EBP & DC	Expense Account/Other
LINDA ROBENS FRAISE 310 W IDAHO STREET BOISE, ID 83702	MEMBER 0.50	0. \$	0. \$	0.
KAREN HAVEY 310 W IDAHO STREET BOISE, ID 83702	PAST-PRESIDENT 1.00	0.	0.	0.
STEVE BRANDES 310 W IDAHO STREET BOISE, ID 83702	MEMBER 0.50	0.	0.	0.
FRED RENCH 310 W IDAHO STREET BOISE, ID 83702	MEMBER 1.00	0.	0.	0.
JENNIFER JANZER 310 W IDAHO STREET BOISE, ID 83702	MEMBER 0.50	0.	0.	0.
ROBERT WECHLSER, MD, PHD 310 W IDAHO STREET BOISE, ID 83702	PAB CHAIR 0.50	0.	0.	0.
JULIA BROWNING 310 W IDAHO STREET BOISE, ID 83702	MEMBER 0.50	0.	0.	0.
JACK HARTY 310 W IDAHO STREET BOISE, ID 83702	PRESIDENT-ELECT 1.00	0.	0.	0.
TONYA SEARS 310 W IDAHO STREET BOISE, ID 83702	MEMBER 0.50	0.	0.	0.
TJ AMDURS 310 W IDAHO STREET BOISE, ID 83702	MEMBER 0.50	0.	0.	0.
CASEY WECHSLER 310 W IDAHO STREET BOISE, ID 83702	MEMBER 0.50	0.	0.	0.
JENNIFER MARTINDALE 310 W IDAHO STREET BOISE, ID 83702	Treasurer 1.00	0.	0.	0.

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Federal Statements

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Client 9037-2

EPILEPSY FOUNDATION OF IDAHO, INC.

23-7160426

8/27/10

02.27PM

Statement 7 (continued)

Form 990-EZ, Part IV

List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contri-bution to EBP & DC	Expense Account/Other
CHRISTY RYE 310 W IDAHO STREET BOISE, ID 83702	MEMBER 0.50	0. \$ 0.50	0. \$ 0.	0. \$ 0.
LESLIE GOTTSCH 310 W IDAHO STREET BOISE, ID 83702	MEMBER 0.50	0. \$ 0.50	0. \$ 0.	0. \$ 0.
LARRY STEVENS 310 W IDAHO STREET BOISE, ID 83702	MEMBER 0.50	0. \$ 0.50	0. \$ 0.	0. \$ 0.
PAT HARTING 310 W IDAHO STREET BOISE, ID 83702	MEMBER 0.50	0. \$ 0.50	0. \$ 0.	0. \$ 0.
ROCHELLE DELONG 310 W IDAHO STREET BOISE, ID 83702	MEMBER 0.50	0. \$ 0.50	0. \$ 0.	0. \$ 0.
DEVAN JOHNSON 310 W IDAHO STREET BOISE, ID 83702	MEMBER 0.50	0. \$ 0.50	0. \$ 0.	0. \$ 0.
Total		\$ 30,000.	\$ 600.	\$ 0.

Statement 8

Form 990-EZ, Part V

Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No