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Return of Organization Exempt From Income Tax

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning OCT 1, 2009 and ending SEP 30, 2010

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: EPILEPSY SERVICES FOUNDATION INC. D Employer identification number: 59-1680892. E Telephone number: (813) 374-8907. G Gross receipts: 115,198. H(a) Is this a group return for affiliates? Yes No. H(b) Are all affiliates included? Yes No. H(c) Group exemption number. I Tax-exempt status: 501(c)(3). J Website: N/A. K Form of organization: Corporation. L Year of formation: 1973. M State of legal domicile: FL.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Total gross unrelated business revenue... 7b Net unrelated business taxable income... 8-12 Total revenue... 13-19 Revenue less expenses... 20-22 Net assets or fund balances.

Part III 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: FRANK TUFFY, BOARD PRESIDENT. Date: 12/14/10.

Paid Preparer's Use Only: Preparer's signature: Antoinette J. Wheat. Date: 12/07/10. Check if self-employed: Yes. Preparer's identifying number: P00162957. Firm's name: ANTOINETTE J. WHEAT, CPA. Address: 2004 WEST BUSCH BOULEVARD, TAMPA, FL 33612-7568. EIN: 59-3418955.

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

SCANNED JAN 10 2011 ENVELOPE POSTMARK DATE DEC 15 2010

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: THE ORGANIZATION IS COMMITTED TO CREATING BETTER FUTURE AND ENVIRONMENT FOR PERSONS AFFECTED BY EPILEPSY LIVING IN WEST CENTRAL FLORIDA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 64,441. including grants of \$ ) (Revenue \$ 79,952.) THE ORGANIZATION PROVIDES INFORMATION AND REFERRAL SERVICES TO PERSONS DIAGNOSED WITH EPILEPSY. IT MAINTAINS LIST OF MEDICAL PROVIDERS AND WORKS TOWARD PREVENTION WITH LOCAL HOSPITALS AND PROVIDES EDUCATION TO PERSONS WITH EPILEPSY.

4b (Code: ) (Expenses \$ 15,000. including grants of \$ ) (Revenue \$ 1,340.) PROVIDES ASSISTANCE TO ATTEND SPECIAL SUMMER CAMP FOR PERSONS WITH EPILEPSY

4c (Code: ) (Expenses \$ 3,500. including grants of \$ ) (Revenue \$ ) AWARDED COLLEGE SCHOLARSHIPS OF \$500 EACH FOR A TOTAL OF \$3,500 TO PERSON AFFECTED BY EPILEPSY

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 82,941.

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows include questions 1 through 20 regarding organizational requirements and reporting. 'X' marks indicate 'Yes' answers for questions 1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14a, 14b, 15, 16, 17, 18, 19, and 20.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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		X
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 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
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		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 1a through 12b regarding IRS filings, backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable trusts.

**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 in Schedule O See instructions.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			11
b	Enter the number of voting members that are independent		
1b			11
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a		X
10a		
b		
10b		
11	X	
11		
11A		
11A		
12a	X	
12a		
b		
12b	X	
12b		
c		
12c	X	
12c		
13	X	
13		
14	X	
14		
15		
15		
a	X	
15a		
b		X
15b		
15b		
16a		X
16a		
b		
16b		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **FL**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THOMAS L. ORTH - (813)374-8907**  
**4628 N ARMENIA AVENUE, TAMPA, FL 33603**

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

**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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS L ORTH EXECUTIVE DIRECTOR	40.00	X					56,650.	0.	2,629.	
SCOTT BARRY DIRECTOR	1.00	X					0.	0.	0.	
CASEY CANEVARI DIRECTOR	0.30	X					0.	0.	0.	
LINDA LANDRETH-HARRIS DIRECTOR	1.00	X					0.	0.	0.	
CHANTAL HEVIA DIRECTOR	1.50	X					0.	0.	0.	
SUSAN HAYS MENDELSON DIRECTOR	2.00	X					0.	0.	0.	
TABATHA BOWERS DIRECTOR	0.30	X					0.	0.	0.	
FRANK TUFFY PRESIDENT	2.00			X			0.	0.	0.	
CHRISTOPHER MARTIN VICE PRESIDENT	2.00			X			0.	0.	0.	
DOMINIQUE PEARLMAN SECRETARY	2.00			X			0.	0.	0.	
KEVIN FRANZESE TREASURER	2.00			X			0.	0.	0.	
ALYSIA PEDDY DIRECTOR	0.30						0.	0.	0.	



**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	10,511.					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	44,441.					
	g Noncash contributions included in lines 1a-1f \$							
	h Total. Add lines 1a-1f			54,952.				
	Program Service Revenue	2 a RENTAL INCOME FROM 501	Business Code	531120	25,000.	25,000.		
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				25,000.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			10,018.			10,018.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross Rents	(i) Real	(ii) Personal					
		20,566.						
		b Less: rental expenses						
		12,915.						
	c Rental income or (loss)							
	7,651.							
	d Net rental income or (loss)				7,651.		7,651.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		4,662.						
		b Less: cost or other basis and sales expenses						
		4,662.						
	c Gain or (loss)							
d Net gain or (loss)				4,662.		4,662.		
8 a Gross income from fundraising events (not including \$ 10,511. of contributions reported on line 1c). See Part IV, line 18	a							
	b Less: direct expenses	b	11,017.					
	c Net income or (loss) from fundraising events			<11,017.>	<11,017.>			
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a								
b								
c								
d All other revenue								
e Total. Add lines 11a-11d								
12 Total revenue. See instructions.				91,266.	13,983.	7,651.	14,680.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 ..				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .. . . . .	18,500.	18,500.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .. . . . .				
4 Benefits paid to or for members .. . . . .				
5 Compensation of current officers, directors, trustees, and key employees .. . . . .	33,900.	28,815.	2,373.	2,712.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .. .	11,561.	2,312.	8,093.	1,156.
7 Other salaries and wages .. . . . .				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .. .				
9 Other employee benefits .. . . . .	2,630.	2,236.	184.	210.
10 Payroll taxes .. . . . .	3,526.	2,407.	819.	300.
11 Fees for services (non-employees):				
a Management .. . . . .				
b Legal .. . . . .				
c Accounting .. . . . .	528.	449.	37.	42.
d Lobbying .. . . . .				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .. . . . .				
g Other .. . . . .				
12 Advertising and promotion .. . . . .				
13 Office expenses .. . . . .	1,834.	1,559.	128.	147.
14 Information technology .. . . . .				
15 Royalties .. . . . .				
16 Occupancy .. . . . .	15,250.	12,893.	1,137.	1,220.
17 Travel .. . . . .	1,423.	1,218.	90.	115.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .. . . .	134.	105.	19.	10.
20 Interest .. . . . .				
21 Payments to affiliates .. . . . .				
22 Depreciation, depletion, and amortization .. .	9,679.	8,227.	678.	774.
23 Insurance .. . . . .				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .. . . .				
a <b>FORM 990 T TAX</b>	2,258.			2,258.
b <b>MGMT FEES</b>	3,485.		3,485.	
c <b>MISC BD LIABILITY INS</b>	1,458.	1,239.	102.	117.
d <b>MISCELLANEOUS</b>	981.	838.	67.	76.
e <b>EQUIPMENT MAINTENANCE</b>	904.	769.	63.	72.
f All other expenses .. . . . .	1,591.	1,374.	101.	116.
<b>25 Total functional expenses. Add lines 1 through 24f</b>	<b>109,642.</b>	<b>82,941.</b>	<b>17,376.</b>	<b>9,325.</b>
<b>26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .</b>				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	100.	1	100.
	2 Savings and temporary cash investments	94,634.	2	84,458.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,779.	9	6,529.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 443,519.		
	b Less: accumulated depreciation	10b 128,455.	10c 328,697.	315,064.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	383,514.	12	407,784.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	809,724.	16	813,935.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	747.	17	1,014.
	18 Grants payable		18	
	19 Deferred revenue	1,615.	19	1,615.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	2,362.	26	2,629.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	807,362.	27	811,306.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 <b>Total net assets or fund balances</b>	807,362.	33	811,306.	
34 <b>Total liabilities and net assets/fund balances</b>	809,724.	34	813,935.	

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990:  Cash  Accrual -  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....

**b** Were the organization's financial statements audited by an independent accountant? .....

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>		<b>X</b>
<b>2c</b>		
<b>3a</b>		<b>X</b>
<b>3b</b>		



**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 any "unusual grants.") ...						
2 Tax revenues levied for the organization'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						
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						<input type="checkbox"/>

**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 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 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 any "unusual grants.")	63,052.	67,766.	82,242.	50,944.	54,952.	318,956.
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	53,346.	65,169.	45,142.	29,685.	25,000.	218,342.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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	116,398.	132,935.	127,384.	80,629.	79,952.	537,298.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						537,298.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	116,398.	132,935.	127,384.	80,629.	79,952.	537,298.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	38,872.	72,933.	15,976.	10,234.	10,018.	148,033.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	38,872.	72,933.	15,976.	10,234.	10,018.	148,033.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	11,657.	9,879.	11,429.	16,055.	7,651.	56,671.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,805.	1,816.	1,030.	1,000.		5,651.
13 Total support (Add lines 9, 10c, 11, and 12)	168,732.	217,563.	155,819.	107,918.	97,621.	747,653.

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	71.86 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	74.11 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	19.80 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	18.30 %

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

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 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

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Schedule D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **EPILEPSY SERVICES FOUNDATION INC** Employer identification number **59-1680892**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	383,514.	368,134.			
b Contributions		14,000.			
c Net investment earnings, gains, and losses	35,255.	5,170.			
d Grants or scholarships					
e Other expenditures for facilities and programs	7,500.				
f Administrative expenses	3,485.	3,790.			
g End of year balance	407,784.	383,514.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		56,100.		56,100.
b Buildings		339,588.	96,220.	243,368.
c Leasehold improvements				
d Equipment		3,019.	3,019.	0.
e Other		44,812.	29,216.	15,596.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				315,064.

**Part VIII Investments - Other Securities.** 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
Financial derivatives		
Closely-held equity interests		
Other		
<b>COMMUNITY FOUNDATION ENDOWMENT</b>	<b>407,784.</b>	<b>End-of-Year Market Value</b>
<b>Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)</b>	<b>407,784.</b>	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)</b>		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)</b>	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)</b>	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	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	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

Name of the organization

**EPILEPSY SERVICES FOUNDATION INC**

Employer identification number

**59-1680892**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <u>FR FOOD, GIFT</u> )	<input checked="" type="checkbox"/>	<u>30</u>	<u>0.</u>	<u>FAIR MARKET VALUE</u>
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?  
 b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  
 b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		<input checked="" type="checkbox"/>
31		<input checked="" type="checkbox"/>
32a		<input checked="" type="checkbox"/>

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

Schedule M (Form 990) 2009

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Schedule M, Part I, Column (b): DIFFERENT CORPORATIONS AND INDIVIDUALS

DONATED ITEMS VALUED AT \$ 67,561 FOR THE VARIOUS FUND RAISERS

Schedule M, Line 33: ALL ITEMS DONATED WERE DONATED IN RELATION TO  
FUND RAISING ACTIVITIES AND WOULD NOT BE PURCHASED IF NOT DONATED.

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization

EPILEPSY SERVICES FOUNDATION INC

Employer identification number

59-1680892

Form 990, Part I, Line 1, Description of Organization Mission:

EPILEPSY LIVING IN WEST CENTRAL FLORIDA.

Form 990, Part VI, Section B, line 11: A COPY OF FORM 990 WILL BE PROVIDED TO THE ORGANIZATION'S GOVERNING BODY AT ITS NEXT REGULARLY SCHEDULED MEETING. IF THE DUE DATE OF THE RETURN FALLS PRIOR TO THE MEETING, THE RETURN WILL BE REVIEWED AND AMENDED IF NECESSARY.

Form 990, Part VI, Section B, Line 12c: THE BOARD MONITORS AND REVIEWS THE CONFLICT OF INTEREST POLICY AT SEPTEMBER BOARD MEETING. ANY DECISIONS ARE LISTED IN THE MINUTES.

Form 990, Part VI, Section B, Line 15a: EXECUTIVE DIRECTOR IS EVALUATED YEARLY BY THE BOARD'S EXECUTIVE COMMITTEE AND SALARY IS BASED ON COMMUNITY STANDARDS.

Form 990, Part VI, Section C, Line 18: THE FORM 1023, FORM 990 AND FORM 990-T ARE MADE AVAILABLE TO THE PUBLIC AT THEIR OFFICE LOCATED AT 4628 NORTH ARMENIA AVENUE, TAMPA, FLORIDA 33603

Form 990, Part VI, Section C, Line 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC AT THEIR OFFICE LOCATED AT 4628 NORTH ARMENIA AVENUE, TAMPA, FLORIDA 33603

Asset No.	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
2	Buildings											
	BUILDING	060199	ADS	40.00	17	339,588.			339,588.	87,730.	0.	8,490.
	* 990 Page 10 Total											
	Buildings											
	Machinery & Equipment					339,588.		0.	339,588.	87,730.	0.	8,490.
4	COMPUTER	092800	SL	5.00	16	1,368.			1,368.	1,368.		0.
8	COMPUTER	032405	SL	5.00	16	1,651.			1,651.	1,485.		166.
	* 990 Page 10 Total											
	Machinery & Equipm					3,019.		0.	3,019.	2,853.	0.	166.
	Land											
1	LAND	060199	L			56,100.			56,100.			0.
	* 990 Page 10 Total											
	Land					56,100.		0.	56,100.	0.	0.	0.
	Other											
3	PARKING LOT PAVING	081700	SL	10.00	16	7,332.			7,332.	6,872.		460.
5	SAWNINGS/TAMPA	072602	SL	10.00	16	1,500.			1,500.	1,075.		150.
6	A/C UNIT-RENTAL	081602	SL	10.00	16	3,236.			3,236.	2,295.		324.
7	CARPETING/TILE-RENT	071002	SL	10.00	16	3,281.			3,281.	2,378.		328.
9	A/C UNIT-RENTAL	072905	SL	10.00	16	4,122.			4,122.	1,717.		412.
10	ELECTRICAL UPGRADE	111704	SL	10.00	16	10,863.			10,863.	5,249.		1,086.
11	AWNING	032306	SL	10.00	16	1,790.			1,790.	627.		179.

2009 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
12	A/C UNIT	072706	SL	10.00	16	3,850.			3,850.	1,219.		385.
13	2 1/2 TON A/C UNIT ESERV	122007	SL	5.00	16	3,600.			3,600.	1,260.		720.
14	143 TON A/C ESERV	122007	SL	5.00	16	4,095.			4,095.	1,433.		819.
15	SIGN	092208	SL	10.00	16	1,143.			1,143.	114.		114.
	* 990 Page 10 Total											
	Other					44,812.		0.	44,812.	24,239.		4,977.
	* Grand Total 990					443,519.		0.	443,519.	114,822.		13,633.
	Page 10 Depr											