

2009 TAX RETURN

Client Copy

Client: 4011

Prepared for: EPILEPSY FOUNDATION OF SOUTHERN ILLINOIS
1100 D SOUTH 42ND STREET
MT. VERNON, IL 62864
(618) 244-6680

Prepared by: Jeffrey T. Renner, C.P.A.
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3636 North Belt West
Belleville, IL 62226-5947
(618) 233-5049

Date: October 22, 2010

Comments:

Route to: _____

2009 Exempt Org. Return
prepared for:

EPILEPSY FOUNDATION OF SOUTHERN ILLINOIS
1100 D SOUTH 42ND STREET
MT. VERNON, IL 62864

Moore, Renner and Simonin PC
3636 North Belt West
Belleville, IL 62226-5947

EPILEPSY FOUNDATION OF SOUTHERN ILLINOIS

51-0225018

	2009	2008	Diff
FORM 990-EZ REVENUE			
Contributions, gifts, and grants.....	131,057	128,422	2,635
Investment income.....	1,198	1,554	-356
Net income (loss) - special events.....	1,856	4,782	-2,926
Total revenue.....	134,111	134,758	-647
EXPENSES			
Salaries and employee benefits.....	72,120	72,846	-726
Professional fees/pymt to contractors....	1,825	1,390	435
Occupancy/rent/utilities/maintenance.....	13,192	13,492	-300
Printing, publications, and postage.....	1,655	1,171	484
Other expenses.....	43,086	38,999	4,087
Total expenses.....	131,878	127,898	3,980
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year.....	2,233	6,860	-4,627
Net assets/fund bal. at beg. of year.....	60,509	53,649	6,860
Net assets/fund bal. at end of year.....	62,742	60,509	2,233

EPILEPSY FOUNDATION OF SOUTHERN ILLINOIS

51-0225018

	2009	2008	Diff
YEAR-END AMOUNTS			
Assets.....	65,995	73,759	-7,764
Liabilities.....	3,253	13,250	-9,997
Net Assets.....	62,742	60,509	2,233
REVENUE ITEMS			
Pub support, contrib, & prog service rev	23,073	18,196	4,877
Gov't grants and mem. dues.....	109,840	115,008	-5,168
Other revenues.....	1,198	1,554	-356
Total revenue, income, and contribs.....	134,111	134,758	-647
EXPENDITURES			
Operating char. program exp.....	32,393	30,461	1,932
Education program service exp.....	82,201	80,305	1,896
Total char. program service exp.....	114,594	110,766	3,828
Total char. program expenditure.....	114,594	110,766	3,828
Management and general expense.....	17,284	17,132	152
Total expenditures this period.....	131,878	127,898	3,980
PAID FUNDRAISER AND CONSULTANT ACTIVITIES			
Net received by the charity.....	0	0	0
Total amt paid to PF consultants.....	0	0	0

Forms needed for this return

Federal: 990-EZ, Sch A, Sch B
Illinois: AG990-IL

Carryovers to 2010

None

**Short Form
Return of Organization Exempt From Income Tax**

2009

Department of the Treasury
Internal Revenue Service

Under 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 7/01, 2009, and ending 6/30, 2010

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C</p> <p>EPILEPSY FOUNDATION OF SOUTHERN ILLINOIS 1100 D SOUTH 42ND STREET MT. VERNON, IL 62864</p>	<p>D Employer identification number 51-0225018</p> <p>E Telephone number (618) 244-6680</p> <p>F Group Exemption Number..... ▶</p>
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• 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: ▶ N/A

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

J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

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. ▶ \$ 134,603.

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

	Description	Line	Amount
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	131,057.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	1,198.
	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	2,348.
b Less: direct expenses other than fundraising expenses	6b	492.	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	1,856.	
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	134,111.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	72,120.
	13 Professional fees and other payments to independent contractors	13	1,825.
	14 Occupancy, rent, utilities, and maintenance	14	13,192.
	15 Printing, publications, postage, and shipping	15	1,655.
	16 Other expenses (describe ▶ <u>See Statement 1</u>)	16	43,086.
17 Total expenses. Add lines 10 through 16.	17	131,878.	
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,233.
	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	60,509.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20.	21	62,742.

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	45,648.	22 align="right">34,257.
23 Land and buildings		23
24 Other assets (describe ▶ <u>See Statement 2</u>)	28,111.	24 align="right">31,738.
25 Total assets	73,759.	25 align="right">65,995.
26 Total liabilities (describe ▶ <u>See Statement 3</u>)	13,250.	26 align="right">3,253.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	60,509.	27 align="right">62,742.

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? COUNSELING/EDUCATION/CLINICS		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	INDIVIDUAL AND FAMILY COUNSELING REGARDING EPILEPSY INFORMATION, REFERRALS, AND SERVICE CLINIC OPERATIONS.		
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	28a	114,594.
29	-----		
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	29a	
30	-----		
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	114,594.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
ROBERT P. COATS PO BOX 2250 MT. VERNON, IL 62864	Director 1.00	0.	0.	0.
CYNTHIA THOMAS 15076 NORTH TUNDRA MT. VERNON, IL 62864	Director 1.00	0.	0.	0.
SUSAN FOX 301 NORTH 16TH STREET MT. VERNON, IL 62864	Director 1.00	0.	0.	0.
DR. J.L. KEMP 15 CLINTON HILL DRIVE BELLEVILLE, IL 62226	President 1.00	0.	0.	0.
EMIL WILSON 1311 EDGEWOOD DRIVE FAIRVIEW HEIGHTS, IL 62208	Treasurer 1.00	0.	0.	0.
MIKE BUEHLHORN 309 TIMBER DRIVE SWANSEA, IL 62226	Vice President 1.00	0.	0.	0.
NATE LANTER 803 SOUTHGATE, APT. 7 FREEBURG, IL 62243	Secretary 1.00	0.	0.	0.
JOE DAYLOR 1005 BELLEVILLE STREET LEBANON, IL 62254	Director 1.00	0.	0.	0.
ERNEST COLLINS 11383 EAST HARRISON MT. VERNON, IL 62864	Director 1.00	0.	0.	0.
SARA E. STUBBLEFIELD 1100D SOUTH 42ND STREET MT. VERNON, IL 62864	EMPLOYEE 40.00	35,871.	0.	0.
JANE GATSON 901 EAST MAIN SALEM, IL 62881	Director 1.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.) See Statement 4

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. N/A		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9. N/A		
39b	b Gross receipts, included on line 9, for public use of club facilities. N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		X
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. X		X
41	List the states with which a copy of this return is filed ▶ <u>IL</u>		

42a The organization's books are in care of ▶ EPILEPSY FOUNDATION OF SOUTHER Telephone no. ▶ 618-244-6680
 Located at ▶ 1100 D SOUTH 42ND STREET MT. VERNON IL ZIP + 4 ▶ 62864

		Yes	No
42b	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)? If 'Yes,' enter the name of the foreign country: ...		X
42c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ...		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

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.....
- 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.'

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

(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.....

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: *Emil E. Wilson* Date: 10/28/10
 Type or print name and title: EMIL E. WILSON TREASURER BOD

Paid Preparer's Use Only

Preparer's signature: Jeffrey T. Renner CPA Date: 10/22/10
 Firm's name (or yours if self-employed), address, and ZIP + 4: Moore, Renner and Simonin PC, 3636 North Belt West, Belleville, IL 62226-5947
 Check if self-employed: Preparer's Identifying Number (See instructions): N/A
 EIN: N/A Phone no.: (618) 233-5049

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

EPILEPSY FOUNDATION OF SOUTHERN ILLINOIS

Employer identification number

51-0225018

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?

	Yes	No
(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?	11 g (i)	
(ii) a family member of a person described in (i) above?	11 g (ii)	
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

h Provide the following information about the supported organizations.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-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'.)	135,406.	121,479.	130,999.	128,422.	131,057.	647,363.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
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.						0.
4 Total. Add lines 1-through 3.	135,406.	121,479.	130,999.	128,422.	131,057.	647,363.
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).						0.
6 Public support. Subtract line 5 from line 4.						647,363.

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.	135,406.	121,479.	130,999.	128,422.	131,057.	647,363.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,155.	689.	3,005.	1,554.	1,198.	7,601.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						654,964.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
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	98.8 %
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	99.0 %

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. ▶

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. ▶

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. ▶

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. ▶

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. ▶

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'.)						
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.						
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.						
7a Amounts included on lines 1, 2, 3 received from disqualified persons.						
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.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

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.						
10a 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.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
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. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization

EPILEPSY FOUNDATION OF SOUTHERN ILLINOIS

Employer identification number

51-0225018

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule --

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules --

- For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ▶ \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

EPILEPSY FOUNDATION OF SOUTHERN ILLINOIS

51-0225018

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	UNITED WAY ----- 123 SOUTH 10TH STREET ----- MT. VERNON, IL 62864 -----	\$ 11,125. -----	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	-----	-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

EPILEPSY FOUNDATION OF SOUTHERN ILLINOIS

51-0225018

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) \$ N/A

Table with 4 main sections, each containing columns (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held, and (e) Transfer of gift (Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee).

EPILEPSY FOUNDATION OF SOUTHERN ILLINOIS

51-0225018

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

CONSULTANTS.....	\$	8,533.
DUES & SUBSCRIPTIONS.....		3,240.
Insurance.....		3,984.
Interest.....		295.
Office Expenses.....		335.
REPAIRS AND MAINTENANCE.....		2,557.
SPECIFIC ASSISTANCE TO INDIVID.....		14,400.
SUPPLIES.....		2,365.
TELEPHONE.....		2,970.
Travel.....		4,407.
	Total \$	<u>43,086.</u>

Statement 2
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Pledges and Grants Receivable.....	\$ 26,261.	\$ 30,838.
Prepaid Expenses and Deferred Charges.....	1,850.	900.
	Total \$ <u>28,111.</u>	\$ <u>31,738.</u>

Statement 3
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 3,250.	\$ 3,253.
Secured Mortgages and Notes Payable.....	10,000.	0.
	Total \$ <u>13,250.</u>	\$ <u>3,253.</u>

Statement 4
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

For Office Use Only

Illinois Charitable Organization Annual Report

Form AG990-IL
Revised 3/05 ID: 2BN

Attorney General **Lisa Madigan** State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO# 01010674

Report for the Fiscal Period:
Beginning 7/01/09
& Ending 6/30/10
MO DAY YR

Make Checks
Payable to
the Illinois
Charity
Bureau Fund

Check all items attached:

- Copy of IRS Return
- Audited Financial Statements
- Copy of Form IFC
- \$15.00 Annual Report Filing Fee
- \$100.00 Late Report Filing Fee

PMT #	_____
AMT	_____
INIT	_____

Federal ID # 51-0225018

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 8/01/1978
MO DAY YR

LEGAL NAME EPILEPSY FOUNDATION OF SOUTHERN ILLINOIS	Year-end amounts	
MAIL ADDRESS 1100 D SOUTH 42ND STREET	A ASSETS	A \$ 65,995.
CITY, STATE MT. VERNON, IL 62864	B LIABILITIES	B \$ 3,253.
	C NET ASSETS	C \$ 62,742.
I SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:		
D PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REVENUE (GROSS AMOUNTS)	PERCENTAGE	AMOUNT
E GOVERNMENT GRANTS AND MEMBERSHIP DUES	17.20 %	D \$ 23,073.
F OTHER REVENUES See Statement 1	81.90 %	E \$ 109,840.
G TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, AND F)	0.89 %	F \$ 1,198.
	100 %	G \$ 134,111.
II SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H OPERATING CHARITABLE PROGRAM EXPENSE	24.56 %	H \$ 32,393.
I EDUCATION PROGRAM SERVICE EXPENSE	62.33 %	I \$ 82,201.
J TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H AND I)	86.89 %	J \$ 114,594.
J1 JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J)		
K GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K \$
L TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J AND K)	86.89 %	L \$ 114,594.
M MANAGEMENT AND GENERAL EXPENSE	13.11 %	M \$ 17,284.
N FUNDRAISING EXPENSE	%	N \$
O TOTAL EXPENDITURES THIS PERIOD (ADD L, M, AND N)	100 %	O \$ 131,878.
III SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:		
(Attach Attorney General Report of Individual Fundraising Campaign — Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P \$ 0.
Q TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q \$ 0.
R NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R \$ 0.
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S \$ 0.
IV COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T NAME, TITLE: <u>SARA E. STUBBLEFIELD, SVCS. COORDINAT</u>	T \$	35,871.
U NAME, TITLE: <u>ERIN E. GALE, EDUCATOR</u>	U \$	20,931.
V NAME, TITLE: _____	V \$	
V CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		
W DESCRIPTION: <u>See Statement 2</u>	W #	011
X DESCRIPTION: <u>See Statement 3</u>	X #	111
Y DESCRIPTION: _____	Y #	

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

	YES	NO
1 WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?.....		X
2 HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?.....		X
3 DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?.....		X
4 HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?.....		X
5 IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?.....		X
6 DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC).....		X
7a DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?.....		X
7b IF 'YES', ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8 DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?.....		X
9 HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?.....		X
10 WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?.....		X
11 LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <u>See Statement 4</u>		
12 NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>SARA STUBBLEFIELD 618-244-6680</u>		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT – SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

	<u>J.L. Kemp</u>	<u>[Signature]</u>	<u>10.28.10</u>
	PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
1 REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.	<u>EMIL E. WILSON</u>	<u>[Signature]</u>	<u>10/28/10</u>
2 FOR FEES DUE SEE INSTRUCTIONS.	TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
3 REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.	<u>Jeffrey T. Renner, C.P.A.</u>	<u>[Signature]</u>	<u>10/22/10</u>
	PREPARER (PRINT NAME)	SIGNATURE	DATE

Moore, Renner and Simonin PC
3636 North Belt West
Belleville, IL 62226-5947