

Short Form

OMB No 1545-1150

Form 990-EZ

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)

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

2004

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2004 calendar year, or tax year beginning JANUARY 1, 2004, and ending DECEMBER 31, 2005

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: THE EPILEPTIC FOUNDATION OF MAUI. Address: 2777 SO. KIHEI RD., KIHEI, MAUI, HAWAII 96753

D Employer identification number: 99-0336974. E Telephone number: (808) 879-8999. F Group Exemption Number: 501(c)(3)

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: Accrual

I Website: EPILEPTIC FOUNDATION MAUI ORG. Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one): 501(c)(3)

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes handwritten entries for revenue of \$8,000 and expenses of \$8,000.

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

Table with 7 rows for Balance Sheets. Includes handwritten entries for total assets and liabilities.

SCANNED on JUN 09 2005

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INTERNAL REVENUE SERVICE

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| Part III Statement of Program Service Accomplishments (See page 41 of the instructions.) | | Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.) |
|--|---|--|
| What is the organization's primary exempt purpose? _____ | | |
| 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 | MADE "FIRST AID TO EPILEPSY" (FATE) AND INSTRUCTIONAL CONTROL(SIC) PRESENTATIONS TO PARENT, TEACHERS AND PUBLIC (Grants \$ 3,000) | 28a N/A |
| 29 | SIC INSTRUCTIONAL CLASSES MATERIAL FATE INSTRUCTION & TRAINING CLASSES INCLUDING TEACHING MATERIAL (Grants \$ 5,000) | 29a \$3,000 5,000 |
| 30 | (Grants \$ 0) | 30a |
| 31 | Other program services (attach schedule) (Grants \$) | 31a 0 |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 8,000 |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.) | | | | |
|--|--|---|---|--|
| (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 & deferred compensation | (E) Expense account and other allowances |
| GHENN MARSON, CEO, LESSIE HAMILTON | 40 EACH WK | 0 | N/A | 0 |
| JOE COLLINS, JENNIFER CHARIC | | | | |
| DEBRA BUTLER, BOARD OF DIR. | 30 HRS | 0 | N/A | 0 |
| PERCELL ST. THOMAS | 40 HRS | 0 | N/A | 0 |
| OZELLA SCOTT (FOUNDER) | 70 HRS | 0 | N/A | 0 |

| Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) | | 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. | | <input checked="" type="checkbox"/> |
| 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. | | <input checked="" type="checkbox"/> |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. | | <input checked="" type="checkbox"/> |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.) | | <input checked="" type="checkbox"/> |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a | | <input checked="" type="checkbox"/> |
| 37b | Did the organization file Form 1120-POL for this year? | | <input checked="" type="checkbox"/> |
| 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 unpaid at the start of the period covered by this return? | | <input checked="" type="checkbox"/> |
| 38b | If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. | | <input checked="" type="checkbox"/> |
| 39 | 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 | | <input checked="" type="checkbox"/> |
| 39a | Gross receipts, included on line 9, for public use of club facilities | | <input checked="" type="checkbox"/> |
| 39b | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 700 NO ; section 4912 ▶ 1000 NO ; section 4955 ▶ N/A | | <input checked="" type="checkbox"/> |
| 40a | 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation. | | <input checked="" type="checkbox"/> |
| 40b | Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ N/A | | <input checked="" type="checkbox"/> |
| 40c | Enter: Amount of tax on line 40c, above, reimbursed by the organization. ▶ N/A | | <input checked="" type="checkbox"/> |
| 41 | List the states with which a copy of this return is filed. ▶ HAWAII | | <input checked="" type="checkbox"/> |
| 42 | The books are in care of ▶ OZELLA MAB SCOTT Telephone no. ▶ (808) 829-9999 | | <input checked="" type="checkbox"/> |
| 42 | Located at ▶ 2619 KUHU RD. P. 200 ZIP + 4 ▶ 96753 | | <input checked="" type="checkbox"/> |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 NONE | | <input checked="" type="checkbox"/> |

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.

Please _____
 _____ CEO Date 9/10/05
 _____ Date 9/10/05