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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

2008

	For	cale	ndar year 2008, or tax ye	ar beginning JUI	1 1, 2008	, and ending	MAY 31, 2009	
	G	hect	all that apply:	Initial return	Final return	Amended return	Address change	Name change
	Use the IRS Name of foundation						A Employer identification	number
	Į	abel	EPSILON A		CHARITABLE TR	UST		
	Oth	erwi		ABBA WALKER			16-6076130	
		print	<u> </u>	O box number if mail is not o		Room/suite	B Telephone number	
		r type Spe	SISTER LINE IN THE ST.	BUFFALO STRE	EET		607-272-55	
		ructi	ons City or town, state, a				C If exemption application is p	
			ITHACA, N			D 1 Foreign organizations	s, check here	
	H_(_		X Section 501(c)(3) e			Foreign organizations me check here and attach co	mputation
	<u> </u>		ction 4947(a)(1) nonexer		Other taxable private found	X Accrual	tus was terminated	
			arket value of all assets at	· —	ing method: L Cash ther (specify)	Accidai	under section 507(b)(1	
		om ≀ -\$	Part II, col (c), line 16)		ımn (d) must be on cash	hasis)	F If the foundation is in a under section 507(b)(1)	
			Analysis of Revenue a			(b) Net investment	(c) Adjusted net	(d) Disbursements
			(The total of amounts in coli necessarily equal the amounts	umns (b), (c), and (d) may not	(a) Revenue and expenses per books	income	income	for charitable purposes (cash basis only)
		1	Contributions, gifts, gran		4,000.			
			Check					
<u></u>		3	Interest on savings and temp	oorary				
201 0		4	Dividends and interest fr	om securities	7,397.	7,397.		STATEMENT 1
ආ		5a	Gross rents					
~ ≈4		Ь	Net rental income or (loss)					
MAN	ō	6a	Net gain or (loss) from sale of		39.			
	en	b	Gross sales price for all assets on line 8a	25,000.				
ب	Revenue	7	Capital gain net income (from			39.		
#		8	Net short-term capital ga	un				
爱		9	Income modifications Gross sales less returns	1				
SCANNEL			and allowances Less Cost of goods sold					-
			Gross profit or (loss)	L				
60			Other income					
		12	Total Add lines 1 through	gh 11	11,436.	7,436.	0.	
		13	Compensation of officers, dir	ectors, trustees etc	0.	0.	0.	0.
		14	Other employee salaries	and wages				
	Ø		Pension plans, employee	e benefits				
	pense	ľ	Legal fees					
			Accounting fees	STMT 2	900.	900.	900.	0.
	e E		Other professional fees					
	ativ	17 18	Interest Taxes	STMT 3	61.	0.	0.	50.
	istra	19	Depreciation and depletic		01.		0.	<u></u>
	nin		Occupancy	UII				
	Adr		Travel, conferences, and	meetings				
	pu	22	Printing and publications	•				
	g a		Other expenses	STMT 4	417.	365.	365.	0.
	atii	24	Total operating and adn	ninistrative				
	Operating and Administrative Ex		expenses. Add times 13		1,378.	1,265.	1,265.	50.
	_		Contributions gifts, glad		8,888.			8,888.
		26	Total expenses and dist	PR 3 0 2010 C			4 05-	2 222
			Add lines 24 pro25	<u>PR 3 0 2010 ∤č</u>	10,266.	1,265.	1,265.	8,938.
			Subtract line 26-4rpm line	^{3 12:}	1 170			
		a h	Excess of reverue over exper Net investment income	DEN. 147	1,170.	6,171.		
			Adjusted net income (if n		J		0.	
				- y			·	·

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

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EPSILON ASSOCIATION CHARITABLE TRUST

16-6076130

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C/O SCIARABBA WALKER & CO. LLP

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 48,409 75,505. 75,505. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts 4 Pledges receivable ▶ Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 127,057. 152,017. 135,074. 10a Investments - U.S. and state government obligations STMT 5 **b** Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe > 200,426. 202,562. 210,579. 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors trustees, and other disqualified persons 21 Mortgages and other notes payable 2,574. 3,540. 22 Other liabilities (describe STATEMENT 6) 3,103. 4,069 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Fund $\triangleright [X]$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ō 27 Capital stock, trust principal, or current funds 0. 0 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 197,323. 198.493 Net 197,323 198,493 30 Total net assets or fund balances 200,426. 202,562 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 197,323. 2 2 Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) 3 Add lines 1, 2, and 3 4 198,493. Decreases not included in line 2 (itemize) 5 198.493. Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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EPSILON ASSOCIATION CHARITABLE TRUST

Form 990-PF (2008) 16-6076130 C/O SCIARABBA WALKER & CO. LLP Page 3 Capital Gains and Losses for Tax on Investment Income Part IV (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold (e.g., real estate, (c) Date acquired (d) Date sold (mo., day, yr.) (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) 01/18/07 \$25,000 TREASURY NOTE P 09/02/08 ь đ _е (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (a) (or allowable) plus expense of sale 24,961 39. 25,000 ь d Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (1) Losses (from col. (h)) (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any 39. a b d If gain, also enter in Part I, line 7 39. If (loss), enter -0- in Part I, line 7 2 2 Capital gain net income or (net capital loss) Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 N/A Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see instructions before making any entries. (d) Distribution ratio (a) Base period years Calendar year (or tax year beginning in) (c) Net value of noncharitable-use assets Adjusted qualifying distributions (col. (b) divided by col. (c)) 214,259. 19,504. .091030 2007 13,978. 153,373. .091137 2006 104,240. 4,440. 2005 .042594 4,300. 107,095 .040151 2004 111,180. 6.273 .056422 2003 2 Total of line 1, column (d) 2 .321334 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years .064267 the foundation has been in existence if less than 5 years 3 208,001. Enter the net value of noncharitable-use assets for 2008 from Part X, line 5 4 13,368. Multiply line 4 by line 3 5 62. Enter 1% of net investment income (1% of Part I, line 27b) 6 13,430. Add lines 5 and 6 8,938. 8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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Forr	m 990-PF (2008) C/O SCIARABBA WALKER & CO. LLP 16-6076	5130		Page 4
Pá	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ctio	าร)
18	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling letter: (attach copy of ruling letter if necessary-see instructions)			
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		1	23.
	of Part I, line 27b		_	
C	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2		1	23.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		_1	$\frac{0.}{23.}$
6	Credits/Payments:			_
а	2008 estimated tax payments and 2007 overpayment credited to 2008 6a 112.			
b	Exempt foreign organizations - tax withheld at source 6b			
c	: Tax paid with application for extension of time to file (Form 8868)			
d	I Backup withholding erroneously withheld 6d 6d			
7	Total credits and payments. Add lines 6a through 6d		1	12.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		•	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			11.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2009 estimated tax			
Pa	art VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	
	any political campaign?	1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
C	: Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ▶ \$ O . (2) On foundation managers. ▶ \$ O .			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ▶ \$ 0 .			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	_2		_X_
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>X</u>
b	olf "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	
	If "Yes," complete Part II, col. (c), and Part XV.		: 	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	NY			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	_8b	<u> </u>	
9	Is the foundation claiming status as a private operating foundation within the meaning, of section 4942(j)(3) or 4942(j)(5) for calendar			47
	year 2008 or the tayable year heringing in 2008 (see instructions for Part XIV/)? If "Ves " complete Part XIV	. 0. '		ı X

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

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had not been removed from jeopardy before the first day of the tax year beginning in 2008?

EPSILON ASSOCIATION CHAR			16 60561	20 -
orm 990-PF (2008) · C/O SCIARABBA WALKER & C Part VII-B Statements Regarding Activities for Which	CO. LLP	Required (control	16-60761	30 Page 6
	FOIII 4/20 May be I	required (contin	uea)	
5a During the year did the foundation pay or incur any amount to:(1) Carry on propaganda, or otherwise attempt to influence legislation (section)	n 4045(n))2		es X No	
• • • • • • • • • • • • • • • • • • • •			יא בבו אי	1 1
(2) Influence the outcome of any specific public election (see section 4955); o	or to carry on, unechy or mane		s X No	
any voter registration drive?	.0		S X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		T6	S LAL NO	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in Section		s X No	
509(a)(1), (2), or (3), or section 4940(d)(2)?			S LAL NO	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or t		[TZ]	i i
the prevention of cruelty to children or animals?			s X No	- F - I
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		n Regulations	37/3	.
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A 5	<u> </u>
Organizations relying on a current notice regarding disaster assistance check h				i I
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f				1 1
expenditure responsibility for the grant?		「/A	es L No	
If "Yes," attach the statement required by Regulations section 53 494			1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			-
a personal benefit contract?		Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<u> </u>	b X
If you answered "Yes" to 6b, also file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y€	es 🗶 No 📙	
b If yes, did the foundation receive any proceeds or have any net income attribut	able to the transaction?			<u>'b </u>
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	/	
List all officers, directors, trustees, foundation managers and their	compensation			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	account, other allowances
JAMES PAUL BLANCO	TREASURER			·
70-25 YELLOWSTONE BLVD., APT 11D	1			
FOREST HILLS, NY 11375	2.00	0.	0.	0.
	TRUSTEE			
315 DORSEA RD				
LANCASTER, PA 17601	2.00	0.	0.	0.
	TRUSTEE			
B EASTERLY CT				_)
HUNTINGTON, NY 11743	2.00	0.	0.	0.
P.O. BOX 165	TRUSTEE			
	TRUSTEE			
		0.	0	0.
PO BOX 165 HULETTS LANDING, NY 12841	2.00	0 . enter "NONE."	0.	0.
	2.00 cluded on line 1). If none, (b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
PO BOX 165 HULETTS LANDING, NY 12841 Compensation of five highest-paid employees (other than those included in the compensation of five highest-paid employees) (a) Name and address of each employee paid more than \$50,000	2.00 cluded on line 1). If none,	enter "NONE."	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense
PO BOX 165 HULETTS LANDING, NY 12841 Compensation of five highest-paid employees (other than those inc	2.00 cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
PO BOX 165 HULETTS LANDING, NY 12841 Compensation of five highest-paid employees (other than those included in the compensation of five highest-paid employees) (a) Name and address of each employee paid more than \$50,000	2.00 cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
PO BOX 165 HULETTS LANDING, NY 12841 Compensation of five highest-paid employees (other than those included in the compensation of five highest-paid employees) (a) Name and address of each employee paid more than \$50,000	2.00 cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
PO BOX 165 HULETTS LANDING, NY 12841 Compensation of five highest-paid employees (other than those included in the compensation of five highest-paid employees) (a) Name and address of each employee paid more than \$50,000	2.00 cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
PO BOX 165 HULETTS LANDING, NY 12841 Compensation of five highest-paid employees (other than those included in the compensation of five highest-paid employees) (a) Name and address of each employee paid more than \$50,000	2.00 cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
PO BOX 165 HULETTS LANDING, NY 12841 Compensation of five highest-paid employees (other than those included in the compensation of five highest-paid employees) (a) Name and address of each employee paid more than \$50,000	2.00 cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
PO BOX 165 HULETTS LANDING, NY 12841 Compensation of five highest-paid employees (other than those included in the compensation of five highest-paid employees) (a) Name and address of each employee paid more than \$50,000	2.00 cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
PO BOX 165 HULETTS LANDING, NY 12841 Compensation of five highest-paid employees (other than those included in the compensation of five highest-paid employees) (a) Name and address of each employee paid more than \$50,000	2.00 cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other

Total number of other employees paid over \$50,000

EPSILON ASSOCIATION CHARITABLE TRUST Form 990-PF (2008) C/O SCIARABBA WALKER & CO. LLP 16-6076130 Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Part VIII 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount

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All other program-related investments. See instructions.

Total. Add lines 1 through 3

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	140,869.
	Average of monthly cash balances	1b	70,300.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	211,169.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	211,169.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,168.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	208,001.
6	Minimum investment return. Enter 5% of line 5	6	10,400.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certai	n
1	Minimum investment return from Part X, line 6	1	10,400.
2a	Tax on investment income for 2008 from Part VI, line 5		
b	Income tax for 2008. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	123.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	10,277.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	10,277.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	10,277.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	8,938.
ь	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	8,938.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0. 8,938.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies	for the section
	4940(e) reduction of tax in those years.		

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI,				
line 7				10,277.
2 Undistributed income, if any, as of the end of 2007	· · · · · · · · · · · · · · · · · · ·			
a Enter amount for 2007 only			0.	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2008:		0.		
a From 2003 812.			!	
b From 2004				
c From 2005				
d From 2006 6, 453.				
e From 2007 8,967.				
f Total of lines 3a through e	16,232.			
4 Qualifying distributions for 2008 from	10,232.			
Part XII, line 4: ►\$ 8,938.				
a Applied to 2007, but not more than line 2a			0.	
b Applied to undistributed income of prior	, ,		<u> </u>	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2008 distributable amount	0.			8,938.
e Remaining amount distributed out of corpus	0.			0,330.
5 Excess distributions carryover applied to 2008	1,339.			1,339.
(If an amount appears in column (d), the same amount must be shown in column (a))	1,339.			1,339.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	14,893.			ı
b Prior years' undistributed income. Subtract				-
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		···
e Undistributed income for 2007. Subtract line				
4a from line 2a. Taxable amount - see instr.		···	0.	
f Undistributed income for 2008. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2009				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2003				
not applied on line 5 or line 7	0.			·
9 Excess distributions carryover to 2009.	14 000			
Subtract lines 7 and 8 from line 6a	14,893.			
10 Analysis of line 9:				
a Excess from 2004		İ		
b Excess from 2005				
c Excess from 2006 5,926.				
d Excess from 2007 8,967.				
e Excess from 2008				

EPSILON ASSOCIATION CHARITABLE TRUST 16-6076130 Page 10 Form 990-PF (2008) C/O SCIARABBA WALKER & CO. Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2008, enter the date of the ruling 4942(j)(3) or 4942(j)(5) b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years Tax year 2 a Enter the lesser of the adjusted net (b) 2007 (c) 2006 (d) 2005 (e) Total (a) 2008 income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(1)(3)(B)(1) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets Part XV at any time during the year-see the instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here Fig. 1 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number of the person to whom applications should be addressed: SEE SCHEDULE b The form in which applications should be submitted and information and materials they should include: SEE SCHEDULE c Any submission deadlines: SEE SCHEDULE d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: SEE SCHEDULE

C/O SCIARABBA WALKER & CO. LLP

16-6076130 Page 11

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or Foundation show any relationship to any foundation manager or substantial contributor Amount status of contribution Name and address (home or business) recipient a Paid during the year SCHOLARSHP ERIC STERN, CORNELL UNIVERSITY, ITHACA, NY RECIPIENT 3,500. N/A SCHOLARSHIP 14850 JAMES NORRIS OLIPHANT TO CO-SPONSOR THE JAMES SPEAKERS, UNDERGRAD, NORRIS OLIPHANT CORNELL UNIVERSITY, 5,388. PUBLIC SPEAKERS FOR N/A ITHACA, NY 14 8,888. ≫ 3a Total b Approved for future payment NONE **▶** 3b 0. Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income		ided by section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	Code		10000		
a	-		+		
b			<u> </u>		
C					
d					
e			ļ		
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	7,397.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property	<u> </u>				
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income	·				
8 Gain or (loss) from sales of assets other			-		
than inventory			18	39.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:			 		
			}		
a b	1	<u> </u>	†		
			1		
C	J		 		
d			···		
e	-	0.	 	7 126	0.
12 Subtotal. Add columns (b), (d), and (e)		<u> </u>	<u> </u>		7,436.
13 Total. Add line 12, columns (b), (d), and (e)				13	1,430.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acc	omplishment of E	xemp	t Purposes	
Line No Explain below how each activity for which inco			A contril	buted importantly to the accon	nplishment of
the foundation's exempt purposes (other than	by providing fu	nds for such purposes).			
			_		
					
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1					

200 E BUFFALO ST, SUITE 402

NEW YORK 14850

607-272-5550

Form **990-PF** (2008)

Phone no.

C/O SCIARABBA WALKER & CO. LLP 16-6076130 Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(1) (1) Cash (2) Other assets 1a(2) b Other transactions: 1b(1) (1) Sales of assets to a noncharitable exempt organization 1b(2) (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets 1b(3) 1b(4) (4) Reimbursement arrangements 1b(5) (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations 1b(6) 1c Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A 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, (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Signature of officer or trustee Title Date Check if self-employed Preparer's identifying number Preparer's signature SCIARABBA WALKER & CO., LLP ein 🕨 Firm's name (or yours

if self-employed).

ITHACA

Epsilon Association Charitable Trust Form 990-PF Part XV lines 1a-d

THE GILBERT SCHOLARSHIP

EIN: 16-6076130

The Gilbert Trust was created in 1954 by Mrs. Lena Gilbert in memory of her husband Huntly Harris Gilbert. Mr. Gilbert was a member of the Cornell Sigma Phi class of 1903. From the Gilbert Trust, the Gilbert Scholarship was created to defray the tuitional and other educational costs of any deserving and needy member or members of the Epsilon Chapter of Sigma Phi.

Since 1978, the Directors of the Epsilon Chapter of Sigma Phi have made yearly Scholarship awards to about four active members of the Chapter. Awards are made to those students showing academic accomplishment, financial need and commitment to Sigma Phi. While recipients are usually undergraduates, deserving graduate students should not be discouraged from applying. Generally, the awards range from eight hundred to fourteen hundred dollars per year.

Applications for the Scholarship are available from the house president. They should be completed and returned to the president by October thirtieth. Announcements of the awards will be made by February of the following year. The house president or alumni house advisor can answer any specific question about the Scholarship.

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FORM 990-PF DIVIDENT	DS AND	INTER	EST FROM	SECU	RITIES	STATEMENT
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A) AMOUNT
GOVT BOND INTEREST	•	 '	7,397.		0.	7,397
TOTAL TO FM 990-PF, PART I, 1	LN 4		7,397.		0.	7,397
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT :
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM	
ACCOUNTING FEES		900.		900.	90	0. 0
TO FORM 990-PF, PG 1, LN 16B		900.		900.	90	0. 0
FORM 990-PF		TAX	ES			STATEMENT :
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVE MENT INC	EST- COME	(C) ADJUSTED NET INCOM	
FEDERAL TAXES NYS CHARITABLE FILING FEE		11. 50.		0.		0. 0 0. 50
TO FORM 990-PF, PG 1, LN 18 =		61.		0.		50
FORM 990-PF	0'	THER E	XPENSES			STATEMENT (
		A) NSES	(B) NET INVE		(C) ADJUSTED	(D) CHARITABLI
DESCRIPTION		BOOKS	MENT INC		NET INCOM	E PURPOSES
DESCRIPTION					36!	

FORM 990-PF U.S. AND STATE	E/CITY GOVE	RNMENT	OBLIGATIONS	STATEMENT	5
DESCRIPTION		OTHER GOV'T	BOOK VALUE	FAIR MARKET	r
US TREASURY NOTES	<u> </u>		127,057.	135,0	74.
TOTAL U.S. GOVERNMENT OBLIGATIONS	5	-	127,057.	135,0	74.
TOTAL STATE AND MUNICIPAL GOVERNM	MENT OBLIGA	rions -			
TOTAL TO FORM 990-PF, PART II, LI	NE 10A	_	127,057.	135,0	74.
FORM 990-PF OT	THER LIABIL	ITIES		STATEMENT	6
DESCRIPTION			BOY AMOUNT	EOY AMOUNT	
FEDERAL TAX PAYABLE DUE TO EPSILON		-	72. 2,502.	3,5	11.
TOTAL TO FORM 990-PF, PART II, LI	NE 22	-	2,574.	3,5	40.

Form 8868' (Rev. 4-2009)			Page 2
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b	x		$\triangleright \mathbf{X}$
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed		8868	
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no continuous)	opies r	needed)	
Name of Exempt Organization	Emp	loyer identific	ation number
Type or EPSILON ASSOCIATION CHARITABLE TRUST			
C/O SCIARABBA WALKER & CO. LLP	_1	<u>6-60761</u>	30
File by the extended Number, street, and room or suite no. If a P O. box, see instructions	For IF	RS use only	
due date for filing the 200 EAST BUFFALO STREET	l		
return See City, town or post office, state, and ZIP code. For a foreign address, see instructions TTHACA, NY 14850			
Check type of return to be filed (File a separate application for each return):		_	_
Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A	Fc	om 5227	Form 8870
Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720	Fo	rm 6069	
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	sly file	d Form 8868.	
JAMES PAUL BLANCO			
• The books are in the care of ▶ 70-25 YELLOWSTONE BLVD APT 11D - FOREST	HI	LLS, NY	11375
Telephone No. ► (917) 692-8051 FAX No ►			
If the organization does not have an office or place of business in the United States, check this box.			
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the second secon	ıs ıs foı	r the whole gro	oup, check this
box ▶ . If it is for part of the group, check this box ▶ . and attach a list with the names and EINs of all	memb	ers the extens	ion is for
4 I request an additional 3-month extension of time until <u>APRIL 15, 2010</u> .			
· · · · · · · · · · · · · · · · · ·			
5 For calendar year, or other tax year beginning <u>JUN 1, 2008</u> , and ending	<u>MAY</u>	<u>31, 20</u>	09
For calendar year, or other tax year beginning			09 counting period
6 If this tax year is for less than 12 months, check reason. Initial return Final return 7 State in detail why you need the extension			
6 If this tax year is for less than 12 months, check reason. Initial return Final return 7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS AN EXTENSION OF TIME TO	GA	Change in acc	ounting period
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Form **8868** (Rev. 4-2009)

Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

- 11				
■ If you	are filing for an Automatic 3-Month Extension, complete only Part I and check this box			$\triangleright x$
•	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)		
Do not c	complete Part II unless you have already been granted an automatic 3-month extension on a previously f	iled Fo	rm 8868.	
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)			
A corpor	ation required to file Form 990-T and requesting an automatic 6-month extension - check this box and cor	nplete		
Part I on	·			ightharpoons
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a come tax returns.	n exter	nsion of time	
Electron noted be (not auto you mus	tic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensific Filing (e-file). Generation required to file Form 990-T) However, you cannot file Form 8868 electronimatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or content to the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic figov/efile and click on e-file for Charities & Nonprofits.	ically i insolid	f (1) you want th ated Form 990-1	e additional
Type or	Name of Exempt Organization	Emp	loyer identifica	tion number
print	EPSILON ASSOCIATION CHARITABLE TRUST		,	
	C/O SCIARABBA WALKER & CO. LLP	1	6-607613	0
File by the due date for filing your	Number, street, and room or suite no. If a P O. box, see instructions 200 EAST BUFFALO STREET			
eturn See nstructions				
Check ty	/pe of return to be filed (file a separate application for each return)			
	rm 990 Form 990-T (corporation) Form 4	720		
	rm 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 5			
	rm 990-EZ Form 990-T (trust other than above) Form 6			
==	rm 990-PF			
	JAMES PAUL BLANCO			
	ooks are in the care of \triangleright $70-25$ YELLOWSTONE BLVD APT 11D - FOREST	HI	LLS, NY	11375
-	hone No. ► <u>(917) 692–8051</u> FAX No. ►			. —
	organization does not have an office or place of business in the United States, check this box			
If the	•		r the whole are	ip, check this
If the	is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the			
If the	is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the If the If it is for part of the group, check this box			
If the o	. If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and EINs of all	memb		
If the operation of the second in the second	. If it is for part of the group, check this box and attach a list with the names and EINs of all equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un	memb	pers the extension	
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