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Form **990-EZ**

**Short Form
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)

OMB No 1545-1150

2008

**Open to Public
Inspection**

▶ 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 \$1,000,000 and total assets less than \$2,500,000 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

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 7/01/08, and ending 6/30/09

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>2 E HOLDING CORP.</u>		D Employer identification number <u>34-6557127</u>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>C/O 8380 CONSERVATION ST. NE</u>		E Telephone number <u>419-868-3744</u>
		City or town, state or country, and ZIP + 4 <u>ADA MI 49301-9705</u>		F Group Exemption Number <input type="checkbox"/>

● 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 Organization type (check only one) — 501(c) (2) ◀ (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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 8,604

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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		10	Grants and similar amounts paid (attach schedule)	10	
2	Program service revenue including government fees and contracts	2		11	Benefits paid to or for members	11	4,262
3	Membership dues and assessments	3		12	Salaries, other compensation, and employee benefits	12	
4	Investment income	4	3,601	13	Professional fees and other payments to independent contractors	13	1,045
5a	Gross amount from sale of assets other than inventory	5a	5,003	14	Occupancy, rent, utilities, and maintenance	14	433
b	Less: cost or other basis and sales expenses	5b	7,058	15	Printing, publications, postage, and shipping	15	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)	5c	-2,055	16	Other expenses (describe ▶ SEE STATEMENT 3)	16	643
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		SEE STMT 2	17	Total expenses. Add lines 10 through 16	17	6,383
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,837
b	Less: direct expenses other than fundraising expenses	6b		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	151,875
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		20	Other changes in net assets or fund balances (attach explanation)	20	-428
7a	Gross sales of inventory, less returns and allowances	7a		21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	146,610
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	1,546				

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
2	Cash, savings, and investments	151,875	146,610
3	Land and buildings		
4	Other assets (describe ▶ _____)		
5	Total assets	151,875	146,610
6	Total liabilities (describe ▶ _____)	0	0
7	Net assets or fund balances (line 27 of column (B) must agree with line 21)	151,875	146,610

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

Form **990-EZ** (2008)

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SCANNED MAR 19 2010

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		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	33		X
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	34		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 your reason for not reporting the income on Form 990-T.			
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr	37a		
b Did the organization file Form 1120-POL for this year?	37b		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 unpaid at the start of the period covered by this return?	38a		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 Section 501(c)(7) organizations Enter:			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> _____; section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____			
b Section 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," complete Schedule L, Part I	40b		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d Enter amount of tax on line 40c reimbursed by the organization			
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	40e		X
41 List the states with which a copy of this return is filed. <input type="checkbox"/> NONE			
42a The books are in care of <input type="checkbox"/> WILLIAM HENRION 8380 CONSERVATION NE Located at <input type="checkbox"/> ADA, MI			
Telephone no. <input type="checkbox"/> 616-581-0846			
ZIP + 4 <input type="checkbox"/> 49301-9705			
b 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)?	42b		X
If "Yes," enter the name of the foreign country: <input type="checkbox"/> _____			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
If "Yes," enter the name of the foreign country: <input type="checkbox"/> _____			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43			
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		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	45		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
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 operating 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(s) a section 527 organization?		

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Total number of other employees paid over \$100,000 ▶

51 Complete this table for the 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

Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

▶ *William Henrion* ▶ *Feb 15, 2010*
 Signature of officer Date
▶ **WILLIAM HENRION** **TREASURER**
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: *Robert White* Date: *2/13/10* Check if self-employed: Preparer's Identifying Number (See instr): **P00075561**
 Firm's name (or yours if self-employed): **WEXLER & WHITE, INC. CPAS** EIN: **▶ 34-1303295**
 address, and ZIP + 4: **520 MADISON AVENUE, SUITE 939** Phone no: **▶ 419-244-5557**
TOLEDO, OH 43604-1306

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

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities

How Received	Description	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
39.469 SH - DFA US LARGE CO PORT DONATION			VARIOUS	12/05/08	\$ 1,000	\$ 1,385	\$	-385
348.432 SH - DFA US LARGE CAP VALUE DONATION			VARIOUS	4/07/09	3,975	5,673		-1,698
TOTAL					\$ 4,975	\$ 7,058	\$ 0	\$ -2,083

Statement 2 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

How Received	Description	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
TOTAL	CAPITAL GAIN DISTRIBUTIONS				\$ 28	\$	\$ 0	\$ 28
					\$ 28	\$ 0	\$ 0	\$ 28

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
DIVIDENDS	\$
INVESTMENT MANAGEMENT FEE	643
TOTAL	\$ 643

Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
FEDERAL INCOME TAX PAID	\$ -428
TOTAL	\$ -428

Statement 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description
THE ORGANIZATION, FOR ITS PARENT, HAD HELD TITLE TO THE FRATERNITY CHAPTER'S HOUSE. SUCH CHAPTER'S HOUSE HAVING BEEN SOLD ON JULY 18, 1996. THE ORGANIZATION NOW PROVIDES SCHOLARSHIP MONIES TO IT'S PARENT

Federal Statements

Form 990-EZ, Part I, Line 11 - Benefits Paid To or For Members

<u>Description</u>	<u>Amount</u>
FURNISHING OF FRATERNITY MEMBERS HO	\$ <u>4,262</u>
TOTAL	\$ <u><u>4,262</u></u>

Part I (8868) - Books in care of

Name			
<input type="checkbox"/>	Person		
<input checked="" type="checkbox"/>	Business	WEXLER & WHITE, INC.	
Address		Fax no.	Telephone no.
520 MADISON AVE. #939		419-244-4702	419-244-5557
City	State	Zip code	Foreign country
TOLEDO	OH	43604	

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization 2 E HOLDING CORP.	Employer identification number 34-6557127
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. C/O 8380 CONSERVATION	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ADA	MI 49301

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ See attached worksheet

Telephone No. ▶ 419-244-5557 FAX No. ▶ 419-244-4702

- 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 this is for the whole group, 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 members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15/2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning 7/1/2008, and ending 6/30/2009

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	<u>0</u>
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	<u>0</u>
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	<u>0</u>

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

SENT TO:
 DEPARTMENT OF THE TREASURY
 INTERNAL REVENUE SERVICE CENTER
 OGDEN, UT 84201-0012