Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JULY 01 **, 2009, and ending** JUNE 30 **, 2010**

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

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

C Name of organization Epsilon Nu House Corporation

Doing Business As

Number and street (or P.O box if mail is not delivered to street address) | Room/suite

903 S. Main Street

City or town, state or country, and ZIP + 4

Stillwater OK 74074

D Employer identification number 06-1696568

E Telephone number (405)359-6214

G Gross receipts $ 346,267

F Name and address of principal officer

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status [X] 501(c)(7) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ N/A

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1979

M State of legal domicile OK

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

Providing housing and related activities for sorority members while they obtain higher education.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
5	Total number of employees (Part V, line 2a)	5	3
6	Total number of volunteers (estimate if necessary)	6	25
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	21,714	7,000
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	229	141
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	282,699	339,126
	12	Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	304,642	346,267
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	27,474	28,401
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	235,320	246,937
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	262,794	275,338
	19	Revenue less expenses Subtract line 18 from line 12	41,848	70,929
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	417,529	534,926
	21	Total liabilities (Part X, line 26)	220,026	270,405
	22	Net assets or fund balances Subtract line 21 from line 20	197,503	264,521

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JAN 03 2011
OGDEN, UT
IRS-OSC
4308

SCANNED JAN 18 2011

Part II Signature Block

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

Sign Here

▶ Joyce L. Cupp
Signature of officer | Date

▶ JOYCE L. CUPP, TREASURER EN HOUSE CORP 26 Dec 2010
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Mark E Gunkel CPA | Date 12/17/10 | Check if self-employed ▶ [ ] | Preparer's identifying number (see instr)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Mark E Gunkel CPA PC, 903 S Main, Stillwater, OK 74074 | EIN ▶ | Phone no ▶ (405)624-9999

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2009)

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Part III **Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission

Providing housing and related activities for sorority members while they obtain higher education.

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 275,338 including grants of $) (Revenue $ 339,126)

See attachment #1

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services. (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 275,338

Part IV **Checklist of Required Schedules**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II N/A	4		
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III N/A	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	• Did the organization report an amount for investments -- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional — 12A: Yes [ ] No [X]			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes" complete Schedule G, Part I	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes,' complete Schedule H	20		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? N/A	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		N/A	3b		
4a	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)?			4a		X
b	If "Yes," enter the name of the foreign country ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		N/A	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A	6b		
7	***Organizations that may receive deductible contributions under section 170(c).***					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		N/A	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	X	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		X
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		X
b	If "Yes " enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body — 1a: 8			
b	Enter the number of voting members that are independent — 1b:			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? N/A	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? N/A	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done N/A	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? N/A	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ OK

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ See attachment #2

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

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Sherry Ashbaugh President	10.00			X				0	0	0
Terry Ann Johnston Vice President	10.00			X				0	0	0
Joyce L. Cupp Treasurer	10.00			X				0	0	0
Torri Steers Secretary	10.00			X				0	0	0
Kaitlin Scepanski Chapter President	10.00			X				0	0	0
Madi Taylor Chapter Treasurer	10.00			X				0	0	0
Mary Kate Blair Chapter House Manager	10.00			X				0	0	0
Tiffany Hill Chapter Advisor	10.00							0	0	0
Jay Clanahan Board Advisor	10.00							0	0	0
Jamie Clanahan Board Advisor	10.00							0	0	0
Michelle Blair Parent's Club President	10.00							0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total							▶			

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b 7000				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, & similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f	$				
	h **Total.** Add lines 1a-1f ▶		7000			
PROGRAM SERVICE REVENUE		**Business Code**				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶					
OTHER REVENUE	3 Investment income (including dividends, interest, and other similar amounts) ▶		141	141		
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6a Gross Rents	(i) 339123				
	b Less rental expenses					
	c Rental income or (loss)	(i) 339123				
	d Net rental income or (loss) ▶		339123	339123		
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	**Business Code**				
	11a FDIC Insurance Reimbur		3	3		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶		3			
	12 **Total revenue.** See instructions ▶		346267	339267		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	24765	24765		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	3636	3636		
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	3490	3490		
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	155	155		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	16402	16402		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25720	25720		
23 Insurance	9341	9341		
24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Food	106668	106668		
b Utilities	22846	22846		
c Repairs & Maintenance	21952	21952		
d Supplies	11577	11577		
e Landscape Services	9383	9383		
f All other expenses #3	19403	19403		
25 **Total functional expenses.** Add lines 1 through 24f	275338	275338		
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
ASSETS	1 Cash -- non-interest bearing		67,582	1	105,005
	2 Savings and temporary cash investments			2	
	3 Pledges and grants receivable, net			3	
	4 Accounts receivable, net			4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges			9	
	10a Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D	10a 562,538			
	b Less accumulated depreciation	10b 132,617	349,948	10c	429,921
	11 Investments -- publicly traded securities			11	
	12 Investments -- other securities See Part IV, line 11			12	
	13 Investments -- program-related See Part IV, line 11			13	
	14 Intangible assets			14	
	15 Other assets See Part IV, line 11		-1	15	
	16 **Total assets.** Add lines 1 through 15 (must equal line 34)		417,529	16	534,926
LIABILITIES	17 Accounts payable and accrued expenses		4,145	17	11,076
	18 Grants payable			18	
	19 Deferred revenue			19	
	20 Tax-exempt bond liabilities			20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23 Secured mortgages and notes payable to unrelated third parties		212,902	23	254,780
	24 Unsecured notes and loans payable to unrelated third parties			24	
	25 Other liabilities Complete Part X of Schedule D		2,979	25	4,549
	26 **Total liabilities.** Add lines 17 through 25		220,026	26	270,405
NET ASSETS OR FUND BALANCES	**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27 Unrestricted net assets		197,503	27	264,521
	28 Temporarily restricted net assets			28	
	29 Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds			30	
	31 Paid-in or capital surplus, or land, building, or equipment fund			31	
	32 Retained earnings, endowment, accumulated income, or other funds			32	
	33 Total net assets or fund balances		197,503	33	264,521
	34 Total liabilities and net assets/fund balances		417,529	34	534,926

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [X] Cash [ ] Accrual [ ] Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits N/A	3b		

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
Epsilon Nu House Corporation

Employer identification number
06-1696568

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

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

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

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

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

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

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

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

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

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 8

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ________
(ii) Assets included in Form 990, Part X ▶ $ ________

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

a Revenues included in Form 990, Part VIII line 1 ▶ $ ________
b Assets included in Form 990, Part X ▶ $ ________

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ____________

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

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

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

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

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

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

a Board designated or quasi-endowment ▶ ________ %

b Permanent endowment ▶ ________ %

c Term endowment ▶ ________ %

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

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

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

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

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	91,000			91,000
b	Buildings	226,365		57,275	169,090
c	Leasehold improvements				
d	Equipment	46,224		29,858	16,366
e	Other	198,949		45,484	153,465
Total.	Add lines 1a through 1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) ▶				429,921

Part VII **Investments -- Other Securities** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

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

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

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

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

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
Payroll Liabilities	2,579
Housing Deposit	1,970
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	4,549

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

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

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

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

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

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines 3 and **4c.** (This must equal Form 990, Part I, line 18.)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	**Supplemental Information to Form 990** Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990	OMB No 1545-0047 **2009** **Open to Public Inspection**

Name of the organization	Employer identification number
Epsilon Nu House Corporation	06-1696568

Part VI line 11: The return is reveiwed by the Treasurer before it is signed and sent to the Internal Revenue Service.

Part VI line 19: The organization makes its governing documents and financial statements available to the public upon request.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2009, or tax period beginning 07-01-2009, and ending 06-30-2010.

Name of Organization	Employer Identification Number
Epsilon Nu House Corporation	06-1696568

Part III - Statement of Program Service Accomplishments

Code	Expenses	275,338	including Grants of		Revenue	339,126

Exempt Purpose Achievements

Providing housing and related activities for sorority members while they obtain higher education.

BOOKS ARE IN CARE OF

Attachment 2: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01 , and ending 06-30-2010.
Name of Organization Epsilon Nu House Corporation	**Employer Identification Number** 06-1696568

Part VI - Line 91a

Individual Name or Business Name: Mark E Gunkel, CPA, PC

Street Address: 903 S. Main

U S Address,

Zip code 74074 City Stillwater State OK

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (405)624-9999

Fax Number

SCHEDULE OF OTHER EXPENSES

Attachment 3: Form 990 Page 10, Line 24 - Other Expenses

Open to Public Inspection	For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

Name of Organization	Employer Identification Number
Epsilon Nu House Corporation	06-1696568

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Telephone	2,926	2,926		
Dues & Subscriptions	2,770	2,770		
Equipment Rental	2,641	2,641		
Cable	2,427	2,427		
Credit Card Charges	1,905	1,905		
Deposit Refund	1,600	1,600		
Storage	989	989		
Security Expense	956	956		
Postage & Delivery	725	725		
Pest Control	599	599		
Property Taxes	542	542		
Linens	499	499		
Miscellaneous	335	335		
Contract Labor	195	195		
Bank Service Charges	164	164		
Printing	80	80		
Safety Deposit Box	50	50		
Total	19,403	19,403		

Form 4562 — Department of the Treasury, Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172
2009
Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
Epsilon Nu House Corporation	FOR FORM 990	06-1696568

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	$250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	$800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	250,000

6 (a) Description of property	(b) Cost (busn use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property Instead use Part V

Part II Special Depreciation Allowance and Other Depreciation (**Do not** include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (**Do not** include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	24,870
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B -- Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property See Statement						743
d 10-year property						
e 15-year property See Statement						107
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C -- Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations -- see instructions	22	25,720
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

7-YEAR ASSETS PLACED IN SERVICE DURING 2009
USING GENERAL DEPRECIATION SYSTEM

Epsilon Nu House Corporation
06-1696568

19c Asset Description	(b) Date in Service	(c) Basis	(d) Period	(e) Convention	(f) Method	(g) Depreciation
50Gal Hot Water Tank	05-17-2010	1,194	7	MQ	200 DB	43
52" NO Ceiling Fan	08-06-2009	109	7	MQ	200 DB	27
52" Spfd Ceiling Fan	08-06-2009	160	7	MQ	200 DB	40
Matresses	04-21-2010	4,805	7	MQ	200 DB	172
Steamtable Unit	07-31-2009	1,612	7	MQ	200 DB	403
Twin Mattress	01-18-2010	108	7	MQ	200 DB	12
Vaccum	02-25-2010	434	7	MQ	200 DB	46
					Total	743

15-YEAR ASSETS PLACED IN SERVICE DURING 2009
USING GENERAL DEPRECIATION SYSTEM

Epsilon Nu House Corporation
06-1696568

19e Asset Description	(b) Date in Service	(c) Basis	(d) Period	(e) Convention	(f) Method	(g) Depreciation
Carpet	07-29-2009	373	15	MQ	150 DB	33
Parking Lot Improv	06-14-2010	5,900	15	MQ	150 DB	74
					Total	107

2009 Federal Depreciation Schedule

Epsilon Nu House Corporation
06-1696568

12-15-2010

Description	Date	Method	Year	Cost	Land/ Other	Prior §179	Current §179	Pr Spec Allow	Cur Spec Allow	Basis	Prior	Current	Accum Depr	Adj Basis
Improvements														
Building Improvement	12-31-03	S/LMM	27 5	122,292	0	0	0	0	0	122,292	24,644	4,447	29,091	93,201
Building Improvement	07-27-04	S/LMM	27 5	7,700	0	0	0	0	0	7,700	1,388	280	1,668	6,032
Building Improvement	08-26-04	S/LMM	27 5	2,624	0	0	0	0	0	2,624	463	95	558	2,066
Building Improvement	08-26-04	S/LMM	27 5	1,600	0	0	0	0	0	1,600	283	58	341	1,259
Improvements-Carpet	10-12-04	S/LMM	27 5	11,424	0	0	0	0	0	11,424	1,954	415	2,369	9,055
New Carpet	07-18-07	150DBHY	15	6,002	0	0	0	0	0	6,002	870	513	1,383	4,619
Reroof Building	12-10-07	150DBHY	15	13,800	0	0	0	0	0	13,800	2,001	1,180	3,181	10,619
Parking Lot	07-24-08	150DBHY	15	6,200	0	0	0	0	0	6,200	310	589	899	5,301
Yard Sprinkler House	08-20-08	150DBHY	15	6,200	0	0	0	0	0	6,200	310	589	899	5,301
Parking Lot deposit	04-18-09	150DBHY	15	1,000	0	0	0	0	0	1,000	50	95	145	855
Carpet	07-29-09	150DBMQ	15	373	0	0	0	0	0	373	0	33	33	340
11 Assets			Totals	179,215	0	0	0	0	0	179,215	32,273	8,294	40,567	138,648
Buildings														
Building	07-01-03	S/LMM	27 5	226,365	0	0	0	0	0	226,365	49,044	8,231	57,275	169,090
1 Asset			Totals	226,365	0	0	0	0	0	226,365	49,044	8,231	57,275	169,090
Furniture & Fixtures														
Work Table	06-08-05	200DBHY	7	445	0	0	0	0	0	445	347	40	387	58
Furniture	06-13-07	200DBHY	7	1,936	0	0	0	0	0	1,936	1,090	242	1,332	604
2 Sofas	07-05-07	200DBHY	7	1,860	0	0	0	0	0	1,860	722	325	1,047	813
Sectional	06-10-08	200DBHY	7	1,674	0	0	0	837	0	837	325	146	471	366
2 Armoires	07-20-08	200DBHY	7	716	0	0	0	0	0	716	102	175	277	439
Mattresses	07-31-08	200DBHY	7	290	0	0	0	0	0	290	41	71	112	178
Chairs - Big Lots	05-04-09	200DBHY	7	103	0	0	0	0	0	103	15	25	40	63
52" Spfd Ceiling Fan	08-06-09	200DBMQ	7	160	0	0	0	0	0	160	0	40	40	120
52" NO Ceiling Fan	08-06-09	200DBMQ	7	109	0	0	0	0	0	109	0	27	27	82
Twin Mattress	01-18-10	200DBMQ	7	108	0	0	0	0	0	108	0	12	12	96
Vaccum	02-25-10	200DBMQ	7	434	0	0	0	0	0	434	0	46	46	388
Matresses	04-21-10	200DBMQ	7	4,805	0	0	0	0	0	4,805	0	172	172	4,633
50Gal Hot Water Tank	05-17-10	200DBMQ	7	1,194	0	0	0	0	0	1,194	0	43	43	1,151
13 Assets			Totals	13,834	0	0	0	837	0	12,997	2,642	1,364	4,006	8,991

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

2009 Federal Depreciation Schedule

Epsilon Nu House Corporation
06-1696568

12-15-2010

Description	Date	Method	Year	Cost	Land/ Other	Prior §179	Current §179	Pr Spec Allow	Cur Spec Allow	Basis	Prior	Current	Accum Depr	Adj Basis
Parking Lot														
Land for Parking Lot	07-01-09	LandMQ	0	91,000	91,000	0	0	0	0	0	0	0	0	0
Parking Lot Improv	06-14-10	150DBMQ	15	5,900	0	0	0	0	0	5,900	0	74	74	5,826
2 Assets		Totals		96,900	91,000	0	0	0	0	5,900	0	74	74	5,826
Equipment & Machinery														
Equipment	11-12-03	200DBHY	5	496	0	0	0	0	0	496	496	0	496	0
Fax Machine	11-13-03	200DBHY	5	98	0	0	0	0	0	98	98	0	98	0
Computers	10-12-04	200DBHY	5	6,038	0	0	0	0	0	6,038	5,691	347	6,038	0
Kitchen Equipment	01-11-05	200DBHY	7	1,452	0	0	0	0	0	1,452	1,128	130	1,258	194
Kitchen Equipment	02-14-05	200DBHY	7	508	0	0	0	0	0	508	394	45	439	69
6 Burner Stove	07-19-05	200DBHY	7	1,500	0	0	0	0	0	1,500	1,030	134	1,164	336
2 Air Units	06-26-06	200DBHY	7	7,747	0	0	0	0	0	7,747	5,327	692	6,019	1,728
Refrigerator	09-01-06	200DBHY	7	488	0	0	0	0	0	488	275	61	336	152
AC Condenser	09-07-06	200DBHY	7	3,151	0	0	0	0	0	3,151	1,773	394	2,167	984
Garland Oven-Griddle	09-19-06	200DBHY	7	4,548	0	0	0	0	0	4,548	2,559	568	3,127	1,421
HP LaserJet Printer	12-10-07	200DBHY	5	829	0	0	0	0	0	829	431	159	590	239
Air Conditioner	07-24-08	200DBHY	7	9,500	0	0	0	0	0	9,500	1,358	2,327	3,685	5,815
Washer & 3 Dryers	04-20-09	200DBHY	7	1,939	0	0	0	0	0	1,939	277	475	752	1,187
Dell Computers	04-22-09	200DBHY	5	6,318	0	0	0	0	0	6,318	1,264	2,022	3,286	3,032
Steamtable Unit	07-31-09	200DBMQ	7	1,612	0	0	0	0	0	1,612	0	403	403	1,209
15 Assets		Totals		46,224	0	0	0	0	0	46,224	22,101	7,757	29,858	16,366
42 Assets		Grand Totals		562,538	91,000	0	0	837	0	470,701	106,060	25,720	131,780	338,921

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

2009 AMT Depreciation Schedule

Epsilon Nu House Corporation
06-1696568

12-15-2010

Description	Date	Method	Year	Bus. Use %	Cost	Land/Other	§179	Spec Allow	Basis	Prior	AMT	Regular	Adjust
Improvements													
Building Improvement	12-31-03	S/LMM	27 5	100 00	122,292	0	0	0	122,292	24,644	4,447	4,447	0
Building Improvement	07-27-04	S/LMM	27 5	100 00	7,700	0	0	0	7,700	1,388	280	280	0
Building Improvement	08-26-04	S/LMM	27 5	100 00	2,624	0	0	0	2,624	463	95	95	0
Building Improvement	08-26-04	S/LMM	27 5	100 00	1,600	0	0	0	1,600	283	58	58	0
Improvements-Carpet	10-12-04	S/LMM	27 5	100 00	11,424	0	0	0	11,424	1,954	415	415	0
New Carpet	07-18-07	150DBHY	15	100 00	6,002	0	0	0	6,002	870	513	513	0
Reroof Building	12-10-07	150DBHY	15	100 00	13,800	0	0	0	13,800	2,001	1,180	1,180	0
Parking Lot	07-24-08	150DBHY	15	100 00	6,200	0	0	0	6,200	310	589	589	0
Yard Sprinkler House	08-20-08	150DBHY	15	100 00	6,200	0	0	0	6,200	310	589	589	0
Parking Lot deposit	04-18-09	150DBHY	15	100 00	1,000	0	0	0	1,000	50	95	95	0
Carpet	07-29-09	150DBMQ	15	100 00	373	0	0	0	373	0	33	33	0
11 Assets		Totals			179,215	0	0	0	179,215	32,273	8,294	8,294	0
Buildings													
Building	07-01-03	S/LMM	27 5	100 00	226,365	0	0	0	226,365	49,044	8,231	8,231	0
1 Asset		Totals			226,365	0	0	0	226,365	49,044	8,231	8,231	0
Furniture & Fixtures													
Work Table	06-08-05	150DBHY	7	100 00	445	0	0	0	445	310	55	40	-15
Furniture	06-13-07	150DBHY	7	100 00	1,936	0	0	0	1,936	868	237	242	5
2 Sofas	07-05-07	150DBHY	7	100 00	1,860	0	0	0	1,860	555	280	325	45
Sectional	06-10-08	200DBHY	7	100 00	1,674	0	0	837	837	325	146	146	0
2 Armoires	07-20-08	150DBHY	7	100 00	716	0	0	0	716	77	137	175	38
Mattresses	07-31-08	150DBHY	7	100 00	290	0	0	0	290	31	55	71	16
Chairs - Big Lots	05-04-09	150DBHY	7	100 00	103	0	0	0	103	11	20	25	5
52" Spfd Ceiling Fan	08-06-09	150DBMQ	7	100 00	160	0	0	0	160	0	30	40	10
52" NO Ceiling Fan	08-06-09	150DBMQ	7	100 00	109	0	0	0	109	0	20	27	7
Twin Mattress	01-18-10	150DBMQ	7	100 00	108	0	0	0	108	0	9	12	3
Vaccum	02-25-10	150DBMQ	7	100 00	434	0	0	0	434	0	35	46	11
Matresses	04-21-10	150DBMQ	7	100 00	4,805	0	0	0	4,805	0	129	172	43
50Gal Hot Water Tank	05-17-10	150DBMQ	7	100 00	1,194	0	0	0	1,194	0	32	43	11
13 Assets		Totals			13,834	0	0	837	12,997	2,177	1,185	1,364	179
Parking Lot													
Land for Parking Lot	07-01-09	LandMQ	0	100 00	91,000	91,000	0	0	0	0	0	0	0
Parking Lot Improv	06-14-10	150DBMQ	15	100 00	5,900	0	0	0	5,900	0	74	74	0
2 Assets		Totals			96,900	91,000	0	0	5,900	0	74	74	0
Equipment & Machinery													
Equipment	11-12-03	150DBHY	5	100 00	496	0	0	0	496	496	0	0	0
Fax Machine	11-13-03	150DBHY	5	100 00	98	0	0	0	98	97	0	0	0

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

2009 AMT Depreciation Schedule

Epsilon Nu House Corporation
06-1696568

12-15-2010

Description	Date	Method	Year	Bus. Use %	Cost	Land/Other	§179	Spec Allow	Basis	Prior	AMT	Regular	Adjust
Equipment & Machinery													
Computers	10-12-04	150DBHY	5	100 00	6,038	0	0	0	6,038	5,536	502	347	-155
Kitchen Equipment	01-11-05	150DBHY	7	100 00	1,452	0	0	0	1,452	1,008	178	130	-48
Kitchen Equipment	02-14-05	150DBHY	7	100 00	508	0	0	0	508	351	62	45	-17
6 Burner Stove	07-19-05	150DBHY	7	100 00	1,500	0	0	0	1,500	857	184	134	-50
2 Air Units	06-26-06	150DBHY	7	100 00	7,747	0	0	0	7,747	4,425	949	692	-257
Refrigerator	09-01-06	150DBHY	7	100 00	488	0	0	0	488	218	60	61	1
AC Condenser	09-07-06	150DBHY	7	100 00	3,151	0	0	0	3,151	1,414	386	394	8
Garland Oven-Griddle	09-19-06	150DBHY	7	100 00	4,548	0	0	0	4,548	2,041	557	568	11
HP LaserJet Printer	12-10-07	150DBHY	5	100 00	829	0	0	0	829	335	148	159	11
Air Conditioner	07-24-08	150DBHY	7	100 00	9,500	0	0	0	9,500	1,017	1,817	2,327	510
Washer & 3 Dryers	04-20-09	150DBHY	7	100 00	1,939	0	0	0	1,939	208	371	475	104
Dell Computers	04-22-09	150DBHY	5	100 00	6,318	0	0	0	6,318	948	1,611	2,022	411
Steamtable Unit	07-31-09	150DBMQ	7	100 00	1,612	0	0	0	1,612	0	302	403	101
15 Assets		Totals			46,224	0	0	0	46,224	18,951	7,127	7,757	630
42 Assets		Grand Totals			562,538	91,000	0	837	470,701	102,445	24,911	25,720	809

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

2009 DETAIL STATEMENTS

Epsilon Nu House Corporation
06-1696568

STATEMENT #1 - Other investment (SCH D, PG 2 Line 1e(a))

Building Improvements..........................	179,215	
Furniture & Fixtures...........................	13,834	
Parking Lot....................................	5,900	
TOTAL CARRIED TO SCH D, PG 2 Line 1e(a)....................		198,949

STATEMENT #2 - Other depreciation (SCH D, PG 2 Line 1e(c))

Building Improvements..........................	40,567	
Furniture & Fixtures...........................	4,843	
Parking Lot....................................	74	
TOTAL CARRIED TO SCH D, PG 2 Line 1e(c)....................		45,484