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• Form 990

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 1545-0047

Department of the Treasury Internal Revenue Service

2011

Open to Public Inspection

		enue Service				a copy of this re						inspection
A	or th	e 2011 cale	ndar year, or ta	x year beg	inning JULY	01	, 20	011, a	nd endin	g JUNE	30	, 20 12
BC	heck if		C Name of orga				rporation	on		D Emple	oyer Id	entification number
		change	Doing Busine							D6-16	<u>96</u> 5	68
H	ame ch	_	Number and stre	eet (or PO bo	x if mail is not del	vered to street ad	dress)	Ro	om/Suite	E Telepi	none n	umber
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H	erminat				untry, and ZIP +	- 4				G Gross		
H			Stillwat		•					receip		424,592
H		ion pending			principal office	er	•	H(a)	Isthisa	group returi	n for affi	liates? Yes X No
⊔ ^		.o ponomy	. ,,,,,,,,,					1		ffiliates incli		Yes No
1 T	ax-ex	empt status	501(c)(3)	X 501(c)(7)∢ (insert no) 4947(a)(1)	or 527	1 ` ′		attach a list		
	Website: ▶ N/A H(c) Group exemption number ▶											
			X Corporation	Trust	Association	Other >	L Yea	<u> </u>		1979		ate of legal domicile OK
	rt I	Summa		11031	Association	Other P	1 = 1 = 1					
	1	·	cribe the organiz	zation'e mie	eion or most su	anticant activitie						
		orridin	a housin	anonsins a and	sion of most sign	giillicani activiti activit	ies fo	nr s	FOTOT	ity m	emb	ers while
A	# To					accivic	168 10		OLOI	LCy II		CID WILLC
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į	2		box ▶ If the				or disposed c	יטווו וכ	e man z	376 OI II.3 I	3	7
TN	3		f voting member	-			d M. lino dh)				4	7
ESC	4		f independent vo								——	
۶ C	5		ber of individuals			ar 2011 (Part V,	line 2a)				5	6
& _	6		ber of volunteers								6	25
			lated business re						•		7a	
	, t	Net unrela	ted business tax	able incom	e from Form 99	90-T, line 34	- <u>-</u>				7b	0
	ļ								P	rior Year		Current Year
R E V	8	e i i i i i i i i i i i i i i i i i i i									700	
V	9	Program s	am service revenue (Part VIII, line 2g) . 372, 5.							32	423,781	
กุพิ	10								58	111		
CUID ECZE	11	Other reve	enue (Part VIII, c	(Part VIII, column (A) lines of od 180 90, 10c and 11e)								<u>; </u>
	12	Total revei	Total revenue add lines estirough 11 (must equal Part VIII, column (A), line 12) 378, 2							90	424,592	
? <u>}</u> ⊜	13	Grants and	Grants and similar amounts and (Part IX, Golumn (A), Jines 47-3) Benefits paid to or for members (Part IX, column (A), line 10. Salaries, other compensation, employee perfetts (Part IX column (A), lines 5-10) 30,4									
	14	Benefits p										
≾χ	15								89	22,948		
EXPENSES	16a	Profession	nal fundraising fe	es (Pari IX)	column (A), Inf	ெ் 11e) े !						
ΩÑ			raising expenses									
E S			enses (Part IX, c							251,9	53	311,298
٤٤			enses Add lines				ne 25)			282,4	42	334,246
	19		ess expenses S							95,84	48	90,346
JANGE HOZI	В	•	······						Beginni	ing of Curre	nt Year	End of Year
FR	[20	Total asse	ts (Part X, line 16	6)						567,9	71	700,248
SF	A 21		ities (Part X, line							207,6	05	249,536
FND	E 22		or fund balance		t line 21 from lii	ne 20				360,3		450,712
	rt II		re Block				·					
					us return uncluden		hedules and st	tatemer	nts and to	the nest of	mv knov	wledge and behef, it is true,
corre	ct, and	complete Dec	Jaration of prepare	r (other than o	fficer) is based or	all information of	which preparer	r has a	ny knowled	dge	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Si~	_	Sind	porture of officer	$\frac{\wedge}{\alpha}$			· -					Date /
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пег	e		JOYCE L		19/3, 199		0,2,07	<u>, </u>			-7	<u> </u>
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Mark E Guiker CPA Wolf of 1 /// Sell-emp												
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			LLWATER			,	>			(405)	24-	
<u>_</u>			his return with th				ns)					X Yes No
For	-		ction Act Notice	e, see the s	eparate instru	ctions.					1	Form 990 (2011)
JVA	11	9901	TWF 990 Copy	yright Forms	(Software Only) - :	2011 TW					,	' <i>)</i>

Form	1990 (2011) Epsilon Nu House Corporati 06-1696568	Page 2
Pai	Till Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission	
	Providing housing and related activities for sorority members whi	le
	they obtain higher education.	
	Did the organization undertake any significant program services during the year which were not listed on	
-	the prior Form 990 or 990-EZ?	X
	If "Yes," describe these new services on Schedule O.	£1 ·
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	X
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 334,246 including grants of \$) (Revenue \$ 423,892)
	See attachment #1	
4h	(Code) (Expenses \$ including grants of \$) (Revenue \$	
70	(Code) (Expenses 5) (Nevenue 5)	<u> </u>
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
•		
•		
•		
-		
•		
-		
-		
-		
,		
ld (Other program services (Describe in Schedule O)	
((Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses ▶ 334,246	-

TWF 990

	14. 14 Officially of Medulies			T:.
1	. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
·	complete Schedule A	1		X
2		2	 -	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u>├</u>	<u> </u>	
_	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, or have a section 501(h)	<u> </u>	 	
·	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,	<u> </u>	 	<u> </u>
	or similar amounts as defined in Revenue Procedure 98–19? 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 for which donors have the	-		
Ī	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		1		
·	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	<u> </u>		
·	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,			
	permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,			
	or X as applicable			,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule		:	
	D, Part VI	11a	Х	
b	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	11b		Х
c	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 Vill	11c		X
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ľ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
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, investment, & program service activities outside the United States, or aggregate foreign investments			
	valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV	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, Parts II and IV	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, Parts III and IV	16	ĺ	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 (see instructions)	17		<u>X</u>
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?		\Box	
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? N/A	20b		

Par	T IV Checklist of Required Schedules (continued)			
<u> </u>			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	[Х
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 2º If "Yes," complete Schedule I, Parts I and III	22	1	Х
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,"	1		
	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?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	24d		
2 5a	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,"		l	
	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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of		İ	
	any of these persons? 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)		.	
а	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,		1	
	Part IV	28b		_X_
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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
	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		<u> </u>
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ſ	••
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		1	~-
	III, IV, and V, line 1	34		<u>X</u> _
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
	Did the organization receive any payment from or engage in any transaction with a controlled entity		1	37
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>X</u>
	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		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		- 1	w
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	\dashv	<u> </u>
	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	

Form 990 (2011)

Part				П			
	Check if Schedule O contains a response to any question in this Part V	<u>.</u>		للہ			
		·····	Yes	No			
1a '	Enter the number reported in Box 3 of Form 1096 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	-	1	1			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			X			
	gaming (gambling) winnings to prize winners?	1c		_^			
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 6		(
	State months, filed for the state real year of tall year of the state	2b	x	1			
b	•						
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	Х			
3a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O N/A	3b					
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	-		 			
4a	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						
D	See instructions for 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	i 1	х			
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?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization						
- Ou	solicit any contributions that were not tax deductible?	6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or						
_	gifts were not tax deductible?	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 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					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	required to file Form 8282?	7c	İ	X			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? N/A	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098–C? N/A	7h					
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.						
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	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						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter						
а	Gross income from members or shareholders		1				
b	Gross income from other sources (Do not net amounts due or paid to other sources	[
	against amounts due or received from them.)	┨ │					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	X			
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	X			
	Note. See the instructions for additional information the organization must report on Schedule O						
b	Enter the amount of reserves the organization is required to maintain by the states in which			l			
	the organization is licensed to issue qualified health plans	-					
C	Enter the amount of reserves on hand 13c	140	 -				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . N/A	14b		L			

JVA

Form	990 (2011) Epsilon Nu House Corporati 06-1696568		P	age 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "	'No" re	spons	e to
	· line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response to any question in this Part VI	· · · · ·		X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7	_		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	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			i
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,			
	or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following	1		
а	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a				
	Did the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A	10b	7/	X
11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?		Х	X
11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b 11a	Х	
11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . N/A Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	10b	Х	X
11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . N/A Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give	10b 11a 12a	Х	
11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . N/A Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10b 11a	X	
11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? N/A Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10b 11a 12a 12b	X	
11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done N/A	10b 11a 12a 12b	Х	X
11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Did the organization have a written whistleblower policy?	10b 11a 12a 12b	X	X
11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	10b 11a 12a 12b	X	X
11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	10b 11a 12a 12b	X	X
11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13	X	X X X
11a b 12a b c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? N/A Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done N/A Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	X	х х х
11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? N/A Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done N/A Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10b 11a 12a 12b 12c 13	X	X X X
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11a b 12a b c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?. N/A has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? N/A Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done N/A Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	10b 11a 12a 12b 12c 13 14 15a 15b	X	X X X
11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? N/A Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done N/A Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14	X	X X X
11a b 12a b c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?. N/A has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? N/A Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done N/A Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	10b 11a 12a 12b 12c 13 14 15a 15b	X	X X X X
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11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? N/A Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done N/A Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	10b 11a 12a 12b 12c 13 14 15a 15b	X	X X X X
11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? N/A Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done N/A Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow 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	10b 11a 12a 12b 12c 13 14 15a 15b	X	X X X X
11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? N/A Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done N/A Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow 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 N/A C. Disclosure	10b 11a 12a 12b 12c 13 14 15a 15b	X	X X X
11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? N/A Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done N/A Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow 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 Disclosure	10b 11a 12a 12b 12c 13 14 15a 15b	X	X X X
11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? N/A Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done N/A Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow 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 Pin C. Disclosure	10b 11a 12a 12b 12c 13 14 15a 15b	X	X X X

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organization ▶ See attachment #2

State the name, physical address, and telephone number of the person who possesses the books and records of the

policy, and financial statements available to the public during the tax year

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

· and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

- 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, if any 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

K Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per	box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organiza- tions in Schedule O)	TRUSTEE O		OFF-CER	KEY LOYEE	EMPLOYEE COMPLOYEE H-GHEST	FORMER	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Sherry Ashbaugh President Terry Ann Johnston	10.00	х		Х				0	0	0
Vice President Joyce L Cupp	10.00	Х		X				o	0	o
Treasurer Allison Nicole Miles	10.00	X		X				Ю	ю	O
Secretary Maggie Tully Chapter President	10.00	X		X				0	0	0
Kaitlin Thomas Chapter Treasurer	10.00	X		X				0	0	0
Megan Heck House Manager	10.00	x		х				0	o	0
					!					
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Pari	VIII	Statement of Revenue						(D)
	•	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
- C O	12	Federated campaigns	1a					
G T H E B			1b	700			,	
			1c	700				
T S R			1d		ı			
' R '.		_						
BAT	е	Government grants (contributions)	1e					
TSR	f	All other contributions, gifts, grants, &						
OAA			1f					
0 A A N N M S D T	1	Noncash contributions included in lines 1a-1f	\$ _		700	٠.		
s	h	Total. Add lines 1a-1f		Business Code	700			
P R		D	-		422 701	423.781		
กร		Rental Income	— F	31110	423.781	423.761		
G E	ь		_ }			-		
RRR			— ¦					
MIV.	u		<u></u>					
CE EN	е		}			-		
U		All other program service revenue	Ĺ		422.791			
E		Total. Add lines 2a-2f		<u> </u>	423.781		<u> </u>	<u></u>
	3	Investment income (including dividends, in	nteres		111	111		
	_	other similar amounts)		>	111	111	-	
	4	Income from investment of tax-exempt bo	na pi					
	5	Royalties		<u> </u>				
		(ı) Real		(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses		· · ·				
	C	Rental income or (loss)			•	1	1	1
	d	Net rental income or (loss)		(v) Other				
	7a	Gross amount from sales (i) Securities	S	(II) Other	-			
		of assets other than						
	١.	inventory .			-			
	b	Less cost or other basis						
0		and sales expenses			1			
Ť		Gain or (loss)			-	1	1	1
Н	1	Net gain or (loss)	1	<u> </u>				
E	8a	Gross income from fundraising						
R	1	events (not including \$						
R		of contributions reported on line 1c)	а					
E	_	See Part IV, line 18 Less direct expenses	b		1			
٧		Net income or (loss) from fundraising ever			1	1		
E N		Gross income from gaming activities See						
ΰ	9a	Part IV, line 19	а					
Ε		Less direct expenses	b					
		Net income or (loss) from gaming activities		•	†	1		1
	1	Gross sales of inventory, less				1		-
	IUA	returns and allowances	а					
	h	Less cost of goods sold	b		1			
		Net income or (loss) from sales of invento	_	<u> </u>	1	1		1
		Miscellaneous Revenue	·,	Business Code				
	11a				1			
	b		_					
	C							
	d	All other revenue						
	1 -	Total. Add lines 11a-11d		>				
		Total revenue. See instructions		•	424.592	423 892		

Part 1X 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)

comp	ete columns (B), (C), and (D)			······································	
	Check if Schedule O contains a response to any question	,	·		. , , , ,
Do no	f include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b	, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				·····
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			ļ	
	trustees, and key employees				
6	Compensation not included above, to disqualified	ļ	}	ļ	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	20,828	20,828		
8	Pension plan accruals and contributions (include section)		
_	401(k) and 403(b) employer contributions)	-			
9	Other employee benefits		2 120		
10	Payroll taxes	2,120	2,120	 	<u></u> -
11	Fees for services (non-employees)	ļ]	
a	Management				<u>-</u>
b	Legal	2.555	2.575		
ب 0	Accounting	3,575	3,575		·
d	Lobbying				
e 4	Professional fundraising services See Part IV, line 17	<u> </u>			
f	Investment management fees .				-
g 12	Other				
12 13	Advertising and promotion Office expenses	35,825	35,825		
14	Information technology	33,623	33,823		
15	D. It				
16	Cocupancy	84,259	84,259		
17	Travel	2,235	2,235		
18	Payments of travel or entertainment expenses	2,233	2,233		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Internet	10,085	10,085		
21	Douments to affiliates		10,000		
22	Depreciation, depletion, and amortization	35,148	35,148		
23	Insurance	5,800	5,800		
24	Other expenses Itemize expenses not covered above				
-	(List miscellaneous expenses in line 24e If line 24e				
	amount exceeds 10% of line 25, column (A) amount,				
	list line 24e expenses on Schedule O)				
а	Food Service Expense	127.889	127.889		
b	Contributions	6,482	6 482		
c			_		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	334,246	334.246		
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		}		
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				
JVA	11 99010 TWF 990 Copyright Forms (Software Only) - 201	1 TW		<u></u>	Form 990 (2011)

Part X Balance Sheet (A) (B) Beginning of year End of vear 138,489 1 169,307 Cash -- non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net . , . . . 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations ASSETS 6 of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions) . . . Notes and loans receivable, net , , . . 8 Inventories for sale or use 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment cost or other 10a 725,717 basis Complete Part VI of Schedule D 194,776 429,482 10c 530,941 b Less accumulated depreciation . . 11 11 Investments -- publicly traded securities 12 12 Investments -- other securities See Part IV, line 11 13 13 Investments -- program-related See Part IV, line 11 14 14 Intangible assets 15 Other assets. See Part IV, line 11 . . . 15 700,248 567,971 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 9,435 17 10,703 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D. 22 Payables to current and former officers, directors, trustees, key L employees, highest compensated employees, and disqualified 22 Ţ persons Complete Part II of Schedule L 198,170 **2**3 238,833 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 207,605 26 249,536 26 Total liabilities. Add lines 17 through 25 ... Organizations that follow SFAS 117, check here > X and complete lines 27 through 29, and lines 33 and 34. N E T 27 Unrestricted net assets . . 360,366 27 450,712 U N 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets ASSETS В Organizations that do not follow SFAS 117, check here ALAN and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 0 32 32 Retained earnings, endowment, accumulated income, or other funds 33 450,712 360,366 33 Total net assets or fund balances 34 34 Total liabilities and net assets/fund balances 567,971 700,248

JVA

Forn	n 990 (2011)			Pa	ge 12		
Pa	Reconciliation of Net Assets						
	*Check if Schedule O contains a response to any question in this Part XI	<u> </u>	·.				
1	Total revenue (must equal Part VIII, column (A), line 12)		424	, 592	2		
2							
3	Revenue less expenses Subtract line 2 from line 1		90	, 346	<u> </u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		360	, 366	;		
5	Other changes in net assets or fund balances (explain in Schedule O)						
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,						
	column (B))		450	,712	:		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				\Box		
				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				1		
2a							
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
С	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 of	n	İ				
	a separate basis, consolidated basis, or both						
	X Separate basis Consolidated basis Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				1		
	the Single Audit Act and OMB Circular A-133?		За		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		1		
VA	11 99012 TWF 990 Copyright Forms (Software Only) - 2011 TW		Form	990	(2011		

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990 ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer Identification number Name of the organization 06-1696568 Epsilon Nu House Corporation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I 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 Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) 4 Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 2a a Total number of conservation easements ... Total acreage restricted by conservation easements. 2c Number of conservation easements on a certified historic structure included in (a) . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ... Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕒 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? 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 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 (ASC 958), 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 (ASC 958), 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 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 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sobo	dule D (Form 990) 2011					Page 2			
	t III Organizations Maintaining Collecti	ions of Art, Historical T	reasures, or Other Simi	lar Assets (continued)		1 age 2			
<u></u>									
3	Using the organization's acquisition, accession	on, and other records, cl	neck any of the following	that are a significant use	e of its collection	1			
	tems (check all that apply)								
а	Public exhibition d Loan or exchange programs								
b	Scholarly research		e Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain ho	w they further the organi	zation's exempt purpose	e 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 colle	ection?	Yes	No.			
Par	t IV Escrow and Custodial Arrangemen	nts. Complete if the orga	nızatıon answered "Yes"	to Form 990,					
	Part IV, line 9, or reported an amoun	it on Form 990, Part X, lir	ne 21						
1a	Is the organization an agent, trustee, custodi	an or other intermediary	for contributions or other	r assets not					
	included on Form 990, Part X?				Yes	∐ No			
þ	If "Yes" explain the arrangement in Part XIV	and complete the follow	ing table						
				/	Amount				
С	Beginning balance		:	1c					
d	Additions during the year			1d					
е	Distributions during the year			1e					
f	Ending balance	•		1f					
2a	Did the organization include an amount on F	orm 990, Part X, line 21?			∐ Yes	∐ No			
_	If "Yes," explain the arrangement in Part XIV								
Par	t V Endowment Funds. Complete if the	organization answered	"Yes" to Form 990, Part I						
	(a) Current	year (b) Prior yea	ar (c) Two years ba	ck (d) Three years bac	k (e) Four year	rs back			
1a	Beginning of year balance								
þ	Contributions .								
С	Net investment earnings,				}				
	gains, and losses								
d	Grants or scholarships								
е	Other expenditures for								
	facilities and programs								
f	Administrative expenses .								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balance (lir	ne 1g, column (a)) held a	IS					
а	Board designated or quasi-endowment	%							
þ	Permanent endowment >	%							
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c shou								
3a	Are there endowment funds not in the posse	ssion of the organization	that are held and admir	nistered for the	<u> </u>				
	organization by				Ye	es No			
	(I) unrelated organizations		•	•	3a(i)	_			
	(II) related organizations				3a(ii)				
b	If "Yes" to 3a(II), are the related organizations				3b				
	Describe in Part XIV the intended uses of the								
rar	t VI Land, Buildings, and Equipment.			/=\ A = = · · · ·	(-N.D.)				
	Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book v	aiue			
		(investment)	basis (other)	depreciation	 				
1a	Land	91,000	<u> </u>	54 -55	91,				
	Buildings	226,365		74,575	151,	/90			
С	Leasehold improvements								

Part VII	Investments Other Securities. See Fo		
	 a) Description of security or category 	(b) Book value	(c) Method of valuation
	 (including name of security) 		Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely-l	held equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l)			
	(=)	<u> </u>	<u></u>
Part VIII	Investments Program Related. See F		<u> </u>
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(4)			Cook of our of year market raise
(1)			
(2)			
(3)		- 	
(4)		<u> </u>	
(5)		 	
(6)			
(7)			
(8)			
(9)		 -	
(10)	(b) Trust court Form 000 Part V col (P) line 12	<u> </u>	
Part IX	Other Assets. See Form 990, Part X, col. (B) line 13.)		<u> </u>
EMIL IN		Description	(b) Book value
(1)	(4)	20001121011	
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	mn (b) must equal Form 990, Part X, col. (B) li	ne 15)	>
Part X	Other Liabilities. See Form 990, Part X, II		
1.	(a) Description of liability	(b) Book value	
	Income taxes	(5) 55511 14115	
	income taxes		1
(2)			†
(3)			†
(4)		- 	-
(5)			-
(6)		 	-
(7)		- 	1
(8)		 	-
(9)			-
(10)			-
(11)	on (b) must coural Form 990 Part Y col (B) line 25)		1

2. FIN 48 (ASC 740) 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 (ASC 740)

Sche	edune D (Form 990) 2011	8	Page 4
Pa	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	
Pai	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		
b	Donated services and use of facilities , , ,		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV.)	_	
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIV.)	_	
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Par	† XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	_	
þ			
С		4	
d	Other (Describe in Part XIV)	_	
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV.)	_	
	Add lines 4a and 4b	4c	
_		5	
Par	XIV Supplemental Information		
	The state of the s		Ole Dent M. Jon. A

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 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

Employer Identification number

Epsilon Nu House Corporation

06-1696568

Part VI line 11: The return is reviewed 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.

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment	1: 1	Form	990	Pag	e 2,	Рa	rt J	[II									
Open to Public					_												
		ndar yea	ar 2011	, or tax p	period t	eginnir	ng	07-	-01-2	2011,	and end			30-2			-
ame of Organization Spsilon_Nu		- C	m	rati	on									lentificat 5568	ion N	umber	
Part III - Statement						ıts						100	1070	3300			
	01110						ıncl	uding G	irants of				Reveni	ле 	4	23,8	392
						Exe	empt Pu	ırpose A	Achieven	nents							
Providing hebtain high	nous	Expe	nses	3 rela	34,2	246 Exe	empt Pu	ırpose A	irants of Achieven for	nents	ority		Revenu			they	

990 BOOKS ARE IN CARE OF

Attachment	2: Form 990 Page 6, Part V	I, Section C, Line 20
Open to Public		
Inspection	For calendar year 2011 or tax period beginning	07-01 , and ending 06-30-2012
Name of Organization		Employer Identification Number
Epsilon Nu	House Corporation	06-1696568
Part VI - Line 20		
Individual Name	••	Mark E Gunkel, CPA
or		
Business Name		
Street Address ,		903 S Main
U S Address		
	74074 Ch 133a a basa	077
Zıp code	74074 cmy Stillwater	State <u>OK</u>
or		
Foreign Address		
City .	· ·	
D	No.	
Province or S	state .,	
Country		
Country .		
Postal code		
Postal Code	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·
Phone Numb	oor.	(405)624-9999
r none ranti	, , , , , , , , , , , , , , , , , , ,	(405) 624-9999
Fax Number		
Fax Nullibel	• • • • • • • • • • • • • • • • • • • •	·· ·· · · · · · · · · · · · · · · · ·

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2011

	partment of the Treasury ernal Revenue Service (99)	See separate	instructions.		► Attach to v	our tax return			Attachment Sequence No 179
Nε	ame(s) shown on return			ss or ac	ctivity to which t			_	identifying number
	osilon Nu House (Corporati			M 990				06-1696568
_	art I Election To Expe								00 1030300
L	Note: If you have any					ırt I			
1	Maximum amount (see instruction	ons)						1	
	Total cost of section 179 proper	,	rice (see instructio	ns)				2	
	Threshold cost of section 179 p	, ,	•	•	e instructions)			3	
4	Reduction in limitation. Subtract			•	•			4	
5	Dollar limitation for tax year Sui					ed filing separa	itely,		
	see instructions						•	5	500,000
6	(a) Description	of property		(b) Co	st (busn use or	nlv) (c) Ele	cted cos	t	
_				, , ,			·		
7	Listed property Enter the amou	nt from line 29				7			
8	Total elected cost of section 179	property Add a	mounts in columi	n (c), lı	nes 6 and 7			8	
9	Tentative deduction Enter the s	mailer of line 5	orline8	, ,-	•			9	· · · · · · · · · · · · · · · · · · ·
	Carryover of disallowed deduction			4562				10	
11	Business income limitation Ente	er the smaller of b	ousiness income ((not les	s than zero) or	line 5 (see instr	uctions)	11	500,000
12	Section 179 expense deduction.	. Add lines 9 and	l 10, but do not el	nter mo	ore than line 11			12	
13	Carryover of disallowed deduction	on to 2012 Add	lines 9 and 10, le	ss line	12	3			
Not	te: Do not use Part II or Part III b	elow for listed pr	operty Instead, u	ise Par	t V				
Pa	art II Special Deprecia	tion Allowan	ce and Other	Dep	reciation (Do	not include lis	ted prop	erty.) ((See instructions)
	Special depreciation allowance t								·
	during the tax year (see instructi	ons) ,		•				14	
15	Property subject to section 168(1	n)(1) election						15	
16	Other depreciation (including AC	CRS)						16	
Pá	rt III MACRS Deprecia	tion (Do not in	clude listed prope	erty.) (S	See instructions)			
				Section		<u>. </u>			
17	MACRS deductions for assets p	laced in service i	n tax years begin	ning be	efore 2011			17	26,385
18	If you are electing to group any	assets placed in	service during the	e tax ye	ear into one or n	nore			
	general asset accounts, check h	ere	•						
	Section B A	Assets Placed In	Service During	2011 T	ax Year Using	the General D	epreciat	ion Sy	stem
	(a) Classification of annuals	(b) Month and	(c) Basis for de		(d) Recovery	(e)	(f) Met	hod	(g) Depreciation
	(a) Classification of property	year placed in service	(business/investme only see instruc		period	Convention			deduction
19a	3-year property								
b							<u> </u>		
C		tement							2,973
d	1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		· · · · · · · · · · · · · · · · · · ·			ļ			
е	15-year propertySee Sta	tement				ļ	ļ <u> </u>		5,790
f	20-year property						ļ		
g	25-year property				25 yrs	ļ	S/L	-	
h	Residential rental				27.5 yrs	MM	S/L		
	property	<u></u>			27 5 yrs	MM	S/L	$\overline{}$	<u> </u>
i	Nonresidential real				39 yrs	MM	S/L	$\overline{}$	
	property					MM	S/L		
	Section C As	sets Placed In S	Service During 20	011 Ta	x Year Using th	e Alternative	Deprecia	tion S	ystem
0a	Class life					_	S/L		
b	12-year				12 yrs	ļ	S/L		<u> </u>
_	40-year				40 yrs	MM	S/L		
	rt IV Summary (See instri								
	Listed property Enter amount fro		•		•		. [21	
	Total. Add amounts from line 12	_					here		
	and on the appropriate lines of y				ons see instri	uctions		22	35,148
	For assets shown above and pla			year,			İ		
	enter the portion of the basis attri	ihiitahle to sectic	nn 2634 coete		23				

7-YEAR ASSETS PLACED IN SERVICE DURING 2011 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
Asset Description 2 50 gal watr heater 5 ton AC unit 5 ton Furnace Computer Equipment Refrigerator		4,755 9,031 2,993 499 3,061		HY HY HY HY HY HY		

Total

2,973

11_LS45627YR

15-YEAR ASSETS PLACED IN SERVICE DURING 2011 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
Building Improvemnts Parking Lot	06-27-2012 02-17-2012	35,733	15 15	НУ	150 DB 150 DB	1,787 4,003
J						
					i	

Total

5,790

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Epsilon Nu House Corporation 06-1696568	Sorporation												į	11-29-2012	
Description	Date	Method Year	Year	Cost	Land/ Other	Prior §179	Current §179	t Pr Spec Allow	Cur Spec Allow	Basis	Prior	Current	Accum Depr	Adj Basis	<u> is</u>
Home Improvements	ints														
Building Improvement	12-31-03	S/LMM	27 5	122,292		0	0	0	0	122,292	33,538	4,447	37,985	84.307	201
Building Improvement	07-27-04	S/LMM	27 5	7,700	_	0	0	0	0	7.700	1,948	280	2,228	5.472	172
Building Improvement	08-26-04	S/LMM	27 5	2,624	_	0	0	0	0	2,624	653	95	748	1,876	921
Building Improvement	08-26-04	S/LMM	27 5	1,600	<i>-</i>	0	0	0	0	1,600	399	28	457	1.143	43
Improvements- Carpet	10-12-04	S/LMM	27 5	11,424		0	0	0	0	11,424	2.784	415	3,199	9 8.225	525
New Carpet	07-18-07	150DBHY	15	6,002	-	0	0	0 0	0	6.002	1,845	416	2,261	3,741	14
Reroof Building	12-10-07	150DBHY	15	13,800	_	0		0 0		13,800	4,244	956	5,200	009'8	000
Yard Sprinkler House	08-20-08	150DBHY	12	6.200		0	0	0	0	6,200	1,429	477	1,906	3 4,294	594
Carpet	07-29-09	07-29-09 150DBMQ	15	373		0			0	373	67	31	86		275
Building Improvemnts	07-07-10	07-07-10 150DBHY	15	14,200		0	0	0		14,200	710	1,349	2.059	12,141	141
Building Improvemnts	06-27-12	06-27-12 150DBHY	15	35,733		0	0	0	0	35,733	0	1,787	1,787	33,946	946
11 Assets	its		Totals	221 948		0	0	0 0	0 0	221,948	47.617	10 311	57.928	3 164 020	20
Buildings					ļ										
Building	07-01-03	S/LMM	27 5	226,365		0	0	0	0 0	226,365	66,344	8,231	74,575	5 151,790	96
1 Asset	et		Totals	226 365		0	0	0	0 0	226 365	66 344	8.231	74 575	5 151 790	290
Furniture & Fixtures	ires														
Work Table	06-08-05		7	445		0	0	0	0 0	445	427				0
Furniture	06-13-07			1,936		0				1,936	1,505		•		258
2 Sofas	07-05-07			1,860		0	0	0	0 0	1.860	1,279		Ψ.		415
Sectional	06-10-08	300DBHY	7	1,674		0				1,674	680	_			845
2 Armoires	07-20-08	200DBHY		716		0				716			•		225
Mattresses	07-31-08		7	290		0	0		0 0	290	-		_		9
Chairs - Big Lots	05-04-09	200DBHY	7	103		0		0	0 0	103	58				32
52" Spfd Ceiling Fan	60-90-80	200DBMQ		160		0			0	160	74	24	86		62
52" NO Ceiling Fan		08-06-09 200DBMQ	7	109		0	0	0	0 0	109	20	17	. 67		42

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

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Epsilon Nu House Corporation 06-1696568

276 328 4,076 692 153 214 7,740 2.624 402 2,565 28 286 4,294 2,363 2.048 138 1 438 446 198 134 587 Adj Basis 1,906 629 67 428 14 938 2,442 912 282 174 207 97 .291 437 236 1,297 87 92 84 607 Accum Depr 819 110 131 61 629 966 9 77 55 576 178 .291 437 67 428 477 946 235 60 53 Current 0000 7 942 1.429 64 76 36 231 372 32 32 336 104 157 478 Prior 535 4,755 469 6,200 1,000 250 9,031 3,061 2,993 43 224 4.805 3,345 218 225 2,350 728 450 1,194 Basis 00000 000 000 000 Current Pr Spec Cur Spec Allow 00 00000 000 0000 0 Allow 00 00 0000 000 0000 0 000 §179 00 000 0000 0 0000 Prior §179 00000 0 0 0 000 000 0 00 Other Land/ 4,755 469 43 224 2,350 535 250 9,031 3,061 2,993 6,200 1.000 .805 3,345 225 450 1,194 728 434 Cost Totals Method Year 5 5 05-16-11 200DBHY 11-17-11 200DBHY 32-20-12 200DBHY 04-20-12 200DBHY 04-21-10 200DBMQ 11-17-11 200DBHY 07-24-08 150DBHY 04-18-09 150DBHY 01-18-10 200DBMQ 02-25-10 200DBMQ 05-17-10 200DBMQ 35-07-11 200DBHY 04-24-12 200DBHY 09-08-10 200DBHY 09-25-10 150DBHY 39-30-10 200DBHY **2000BHY** 200DBHY 2-03-10 200DBHY 200DBHY 02-24-11 200DBHY 01-07-11 11-03-10 11-03-10 Transportation Equipment Date Furniture & Fixtures 28 Assets 2 50 gal watr heater Parking Lot deposit Rm 101 Furniture 50Gal Hot Water Kitchn Equip & Utens Description 5 ton Furnace **Fwin Mattress** Shutter Panel Onyx Shower 5 ton AC unit Double Door Shower Door Refrigerator Table Base Parking Lot Matresses Washers /accum Freezer Carpet Dining **Fank** Door

4,718 1,370

.182 232

525 152

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06-14-10 150DBMQ

Parking Lot Improv

Parking Lot

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10-11-10 150DBHY

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07-01-09 LandMQ

Land for Parking

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1,602

1,444

76.064

246 4.003

161 4.003

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02-17-12 150DBHY

Parking Lot

PUD 412 S Walnut 04-04-11 150DBHY

^{*} Asset disposed this year

[~]C Carryover basis in like-kind exchange transaction ~B Excess basis in like-kind exchange transaction

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Epsilon Nu House Corporation 06-1696568

422 609 2.966 909 617 88 582 0000-68 345 64 1,091 428 47 Adj Basis 6.038 1.452 1,432 7,402 424 2 729 3,939 6,534 1,333 5,227 995 7 877 507 Accum Depr 64 23 34 692 1.187 242 728 5 395 44 247 000 281 406 Current 4,499 748 6,038 1,388 1,298 6,710 380 2,448 5,347 1.091 3,533 2 482 98 484 Prior 1,939 6,318 9,500 1,612 96 459 4,548 6,038 1,452 508 1,500 7,747 488 3,151 499 Basis 00000 00000 00 Current Pr Spec Cur Spec 8179 Allow 0000000 00000 Allow 000000000 00000 6119 00000 000000000 0 Prior 6119 00000 0000000 91 000 Land/ Other 1,939 6,318 187 459 9,500 1,612 6,038 508 1,500 7.747 488 3,151 4,548 1,452 Cost Method Year Totals 2 2 5 07-31-09 200DBMQ 04-22-09 200DBHY **200DBHY** 08-25-11 200DBHY **200DBHY 200DBHY 200DBHY** 200DBHY **200DBHY** 200DBHY **200DBHY 200DBHY 2000BHY** 11-12-03 200DBHY 11-13-03 200DBHY **200DBHY** 09-19-06 12-10-07 07-24-08 04-20-09 09-01-06 90-00-60 10-12-04 01-11-05 02-14-05 07-19-05 06-26-06 Date Equipment & Machinery 7 Assets HP LaserJet Printer Washer & 3 Dryers Kitchen Equipment Kitchen Equipment Steamtable Unit Dell Computers Air Conditioner 6 Burner Stove AC Condenser Description Oven-Griddle Fax Machine Refrigerator Computer Equipment Computers 2 Air Units Equipment Garland

7 264

39 459

4 215

35 244

46 723

0 0

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46 723

Totals

439 942

194 777

35 148

159 629

634 719

0 0

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91 000

725 719

Grand Totals

16 Assets 63 Assets

^{*} Asset disposed this year

C Carryover basis in like-kind exchange transactionExcess basis in like-kind exchange transaction

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Epsilon Nu House Corporation 06-1696568

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Description	Date	Method	Year	Use %	Cost	Land/Other	§179	Allow	Basis	Prior	AMT	Regular	Adjust
Home Improvements													
Building Improvement	12-31-03	S/LMM	27 5	100 00	122,292	0	0		122,292	33,538	4,447	4.447	0
Building Improvement	07-27-04	S/LMM	27 5	100 00	7,700	0	0		7.700	1,948	280	280	0
Building Improvement	08-26-04	S/LMM	27 5	100 00	2,624	0	0		2,624	653	95	95	0
Building Improvement	08-26-04	S/LMM	275	100 00	1,600	0	0		1,600	399	58	58	0
Improvements-Carpet	10-12-04	S/LMM	27 5	100 00	11,424	0	O		11,424	2,784	415	415	0
New Carpet	07-18-07	150DBHY	15	100 00	6,002	0	O		6,002	1,845	416	416	0
Reroof Building	12-10-07	150DBHY	15	100 00	13,800		0		13,800	4,244	926	926	0
Yard Sprinkler House	08-20-08	150DBHY	15	100 00	6,200	0	U		6.200	1,429	477	477	0
Carpet	07-29-09	150DBMQ	15	100 00	373		U	0	373	49	31	31	0
Building Improvemnts	07-07-10	150DBHY	15	100 00	14,200		0		14,200	710	1,349	1,349	0
Building Improvemnts	06-27-12	150DBHY	15	100 00	35,733	0	O		35,733	0	1,787	1,787	0
11 Assets		Totals			221,948	0	0	0 (221,948	47,617	10,311	10,311	0
Buildings													
Building	07-01-03	S/LMM	27 5	100 00	226,365	0	0	0	226,365	66,344	8,231	8,231	0
1 Asset		Totals			226,365	0)	0 0	226,365	66,344	8,231	8,231	0
Furniture & Fixtures													
Work Table	06-08-05	150DBHY	7	100 00	445	0	J	0	445	420	25	18	7-
Furniture	06-13-07	150DBHY	7	100 00	1,936	0	J	0 0	1,936	1,342	237	173	-64
2 Sofas	07-05-07	150DBHY	7	100 00	1.860		_		1,860	1,063	228	166	-62
Sectional	06-10-08	150DBHY	7	100 00	1,674	0	_	0 0	1,674	929	202	149	-56
2 Armoires	07-20-08	150DBHY	7	100 00	716	0	Ū		716	322	88		-
Mattresses	07-31-08	150DBHY	7	100 00	290	0	J		290	130	98	36	0
Chairs - Big Lots	05-04-09	150DBHY	7	100 00	103	0	_	0 0	103	46	13	13	0
52" Spfd Ceiling Fan	60-90-80	150DBMQ	7	100 00	160	0		0	160	58	22	24	2
52" NO Ceiling Fan	60-90-80	150DBMQ	7	100 00	109					39	15		2
Twin Mattress	01-18-10	150DBMQ	7	100 00	108		_		108	30	17		က
Vaccum	02-25-10	150DBMQ	7	100 00	434		•		434	121	29	. 19	12
Matresses	04-21-10	150DBMQ	7	100 00	4,805	0		0	4,805	1,131	788	946	158
50Gal Hot Water Tank	05-17-10	150DBMQ	7	100 00	1,194	0		0 0	1,194	281	196	235	39
Double Door Freezer	09-08-10	150DBHY	7	100 00	3,345	0			3,345	358	640		179
Rm 101 Furniture	09-25-10	150DBHY	15	100 00	630	0		0 0	630	32	9		0
Table Base	09-30-10	150DBHY	7	100 00	218				218	23	42		1
Shower Door	11-03-10	150DBHY	7	100 00	225	0		0	225	24	43	55	12
Onyx Shower	11-03-10	150DBHY	7	100 00	2,350	0			2	252	450	929	126
Kitchn Equip & Utens	12-03-10	150DBHY	7	100 00	728	0		0 0	728	78	139	178	39
* Asset disposed this year													

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

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Epsilon Nu House Corporation 06-1696568

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Steamtable Unit Dell Computers

-24 -8 -50 -257 -16

64 23 134 692

88 31 184

475 1,225

> 1,500 7.747

1,500 747 488 3,151 4.548

100 00 100 00 100 00 100 00 100 00 100 00 00 00 100 00 100 00 00 001

ISODBHY

02-14-05

150DBHY

07-19-05

6 Burner Stove

150DBHY

01-11-05

Kitchen Equipment Kitchen Equipment **50DBHY** 150DBHY 50DBHY

06-26-06 09-01-06

1,452 508

1,364

1,452

949

6,323

-151

44 281 406 96 .187

386

557

3,155

4,548

9

338 2,186

488

3,151

42

138 ,164 238 1,053

621

829

829

50DBHY **50DBHY** 150DBHY 150DBHY 150DBHY

Garland Oven-Griddle

AC Condenser

Refrigerator

2 Air Units

HP LaserJet Printer

Nasher & 3 Dryers

Air Conditioner

07-24-08 04-20-09 04-22-09

12-10-07

90-00-60 09-19-06 9,500

1,939 6,318 1,612

150DBMQ

07-31-09

325 26

242 728 247

870

3,687

4,262

9,500 1,939 6,318 1,612

^{*} Asset disposed this year

[~]C Carryover basis in like-kind exchange transaction

[~]B Excess basis in like-kind exchange transaction

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	Epsilon Nu House Corporation 06-1696568

06-1696568													11-29-2012
Description	Date	Date Method Year Bus.	ear (Bus. Jse %	Cost	Land/Other §179	8179	Spec	Basis	Prior	AMT	Regular	Adjust
Equipment & Machinery													
Computer Equipment	08-25-11	08-25-11 150DBHY 7 100 00	7	100 00	499	0	0	0	499	0	53	71	18
16 Assets		Totals			46,723	0	0	0	46,723	31,720	5,122		-907
63 Assets	Š	Grand Totals			725,719	91,000	0	0	634,719	i i	34,848	35,148	300

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

Schedule
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Epsilon Nu House Corporation 06-1696568

11-29-2012

Description	Date	Method Year	Year	Bus. Use %	Cost	Land/Other	8179	Spec Allow	Basis	Prior	2011	2012	2013
Home Improvements										į			
Building Improvement	12-31-03	S/LMM	27 5	100 00	122,292	0	0	0	122,292	33,538	4,447	4,448	4,447
Building Improvement	07-27-04	S/LMM	27 5	100 00	7.700		0	0	7,700	1.948	280	280	280
Building Improvement	08-26-04	S/LMM	27 5	100 00	2,624	0	0	0	2,624	653	95	95	95
Building Improvement	08-26-04	S/LMM	27 5	100 00	1,600		0	0	1,600	399	58	58	58
Improvements-Carpet	10-12-04	S/LMM	27 5	100 00	11,424		0	0	11,424	2,784	415	415	415
New Carpet	07-18-07	150DBHY	15	100 00	6,002		0	0	6,002	1,845	416	374	354
Reroof Building	12-10-07	150DBHY	15	100 00	13,800		0	0	13,800	4,244	926	860	814
Yard Sprinkler House	08-20-08	150DBHY	15	100 00	6.200		0	0	6.200	1,429	477	430	386
Carpet	07-29-09 150DBMQ	50DBMC	15	100 00	373	0	0	0	373	29	31	28	25
Building Improvemnts	07-07-10 150DBHY	150DBHY	15	100 00	14,200		0	0	14,200	710	1,349	1.214	1,093
Building Improvemnts	06-27-12	150DBHY	15	100 00	35,733		0	0	35,733	0	1,787	3,395	3,055
11 Assets		Totals			221,948	0	0	0	221,948	47,617	10,311	11,597	11,022
Buildings													
Building	07-01-03	S/LMM	27 5	100 00	226,365		0	0	226,365	66,344	8,231	8,233	8,231
1 Asset		Totals			226,365	0	0	0	226,365	66,344	8,231	8,233	8,231
Furniture & Fixtures													
Work Table	06-08-05	200DBHY	۲ .	100 00	445	0	0	0	445	427	18	0	0
Furniture	06-13-07	200DBHY	۲	100 00	1,936	0	0	0	1,936	1,505	173	173	85
2 Sofas	07-05-07	200DBHY	۲.	100 00	1,860		0	0	1,860	1,279	166	166	166
Sectional	06-10-08	200DBHY	7	100 00	1,674	0	0	0	1,674	680	149	149	149
2 Armoires	07-20-08	200DBHY	,	100 00	716		0	0	716	402	89	64	64
Mattresses	07-31-08	200DBHY	7	100 00	290		0	0	290	163	36	26	26
Chairs - Big Lots	05-04-09	200DBHY	,	100 00	103		0	0	103	58	13	6	6
52" Spfd Ceiling Fan	08-06-09 200DBMQ	200DBMC	7	100 00	160		0	0	160	74	24	17	14
52" NO Ceiling Fan	08-06-09 200DBMQ	200DBMC	7	100 00	109	0	0	0	109	20	17	12	10
Twin Mattress	01-18-10 200DBMQ	200DBMC	۷ ۲	100 00	108		0	0	108	40	20	14	10
Vaccum	02-25-10 200DBMQ	200DBMC	۷	100 00	434		0	0	434	157	79	57	40
Matresses	04-21-10 200DBMQ	200DBMC	~	100 00	4,805		0	0	4.805	1,496	946	929	482
50Gal Hot Water Tank	05-17-10 200DBMQ	200DBMC	7	100 00	1,194		0	0	1,194	372	235	168	120
Double Door Freezer	09-08-10 200DBHY	200DBHY	۷,	100 00	3,345		0	0	3,345	478	819	585	418
Rm 101 Furniture	09-25-10	150DBHY	, 15	100 00	630	0 (0	0	630	32	90	54	49
Table Base	09-30-10	200DBHY		100 00	218		0	0	218	31	53	38	27
Shower Door	11-03-10	200DBHY	,	100 00	225	0	0	0	225	32	55	39	28
Onyx Shower	11-03-10 200DBHY	200DBH)	7	100 00	2,350	0	0	0	2,350	336	576	411	294
Kitchn Equip & Utens	12-03-10 200DBHY	200DBH)	7	100 00	728	0	0	0	728	104	178	127	91
* Asset disposed this year	<u>.</u>												

^{*} Asset disposed this year

C Carryover basis in like-kind exchange transaction

B Excess basis in like-kind exchange transaction

Schedule
Depreciation
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Epsilon Nu House Corporation 06-1696568

11-29-2012

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Description	Date Method Year	Year	Bus. Use %	Cost 1	Land/Other	§179	Spec Allow	Basis	Prior	2011	2012	2013
Furniture & Fixtures												
Carpet	01-07-11 200DBHY	7	100 00	450	0	0	0	450	64	110	79	26
Door	02-24-11 200DBHY	7	100 00	535	0	0	0	535	92	131	94	67
Shutter Panel Dining	05-07-11 200DBHY	7	100 00	250	0	0	0	250	36	61	44	31
Bed	05-16-11 200DBHY	7	100 00	350	0	0	0	350	20	86	61	44
5 ton AC unit	11-17-11 200DBHY	7	100 00	9,031	0	0	0	9,031	0	1,291	2,212	1,580
2 50 gal watr heater	11-17-11 200DBHY	7	100 00	4,755	0	0	0	4,755	0	619	1,165	832
Refrigerator	02-20-12 200DBHY	7	100 00	3,061	0	0	0	3.061	0	437	750	535
Washers	04-20-12 200DBHY	7	100 00	469	0	0	0	469	0	29	115	82
5 ton Furnace	04-24-12 200DBHY	7	100 00	2,993	0	0	0	2,993	0	428	733	523
28 Assets	Totals			43,224	0	0	0	43,224	7,942	966'9	8,038	5,832
Transportation Equipment	nt											
Parking Lot	07-24-08 150DBHY	15	100 00	6,200	0	0	0	6,200	1,429	477	430	386
Parking Lot deposit	04-18-09 150DBHY	15	100 00	1,000	0	0	0	1.000	231	77	69	62
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	657	525	472	425
Parking Lot Improve	10-11-10 150DBHY	15	100 00	1,602	0	0	0	1,602	80	152	137	123
PUD 412 S Walnut	04-04-11 150DBHY	15	100 00	1,690	0	0	0	1,690	85	161	144	130
Parking Lot	02-17-12 150DBHY	15	100 00	80,067	0	0	0	80,067	0	4,003	7,606	6.846
7 Assets	Totals			187,459	91,000	0	0	96,459	2,482	5,395	8,858	7,972
Equipment & Machinery												
Equipment	11-12-03 200DBHY	5	100 00	496	0	0	0	496	496	0	0	0
Fax Machine	11-13-03 200DBHY	Ŋ	100 00	98	0	0	0	86	98	0	0	0
Computers	10-12-04 200DBHY	5	100 00	6,038	0	0	0	6,038	6,038	0	0	0
Kitchen Equipment	01-11-05 200DBHY	~	100 00	1,452	0	0	0	1,452	1,388	64	0	0
Kitchen Equipment	02-14-05 200DBHY	7	100 00	508	0	0	0	508	484	23	0	0
6 Burner Stove	07-19-05 200DBHY	7	100 00	1,500	0	0	0	1,500	1,298	134	29	0
2 Air Units	06-26-06 200DBHY	7	100 00	7.747	0	0	0	7,747	6,710	692	345	0
Refrigerator	09-01-06 200DBHY	7	100 00	488	0	0	0	488	380	44	44	20
AC Condenser	09-07-06 200DBHY	7	100 00	3,151	0	0	0	3,151	2,448	281	281	141
Garland Oven-Griddle	09-19-06 200DBHY	7	100 00	4.548	0	0	0	4,548	3,533	406	406	203
HP LaserJet Printer	12-10-07 200DBHY	S.	100 00	829	0	0	0	829	989	96	47	0
Air Conditioner	07-24-08 200DBHY	7	100 00	9,500	0	0	0	9,500	5,347	1,187	848	847
Washer & 3 Dryers	04-20-09 200DBHY	7	100 00	1,939	0	0	0	1,939	1,091	242	173	173
Dell Computers	04-22-09 200DBHY	2	100 00	6,318	0	0	0	6,318	4,499	728	728	363
Steamtable Unit	07-31-09 200DBMQ	7	100 00	1,612	0	0	0	1,612	748	247	176	141
Contract Acces to												

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

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Description	Date	Date Method Year Bus. C	Bus. Ise %	Cost	Land/Other	8
Equipment & Machinery						

Epsilon Nu House Corporation

Description	Date	Date Method Year	ear	Bus. Use %	Cost	Land/Other	§179	Spec Allow	Basis	Prior	2011	2012	2013
Equipment & Machinery								ı.					
Computer Equipment	08-25-11	08-25-11 200DBHY	7	100 00	499	0	0	0	499	0	71	122	87
16 Assets		Totals			46,723	0	0	0	46,723	35,244	4,215	3,237	1,975
63 Assets		Grand Totals	5		725,719	91,000	0	0	634,719	159,629	35,148	39,963	35,032

^{*} Asset disposed this year

C Carryover basis in like-kind exchange transaction

B Excess basis in like-kind exchange transaction

2011 DETAIL STATEMENTS

Epsilon Nu House Corporation 06-1696568

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STATEMENT #1 - Acct. payable and exp. end yr (990-E	O PG 11 Line	17b)
	Beginning	Ending
Accounts Payable	7,077	8,103
Housing Deposits	1,970	1,570
Payroll Liabilities	388	1,030
TOTAL CARRIED TO 990-EO PG 11 Line 17b	9,435	10,703
STATEMENT #2 - Other investment (SCH D, PG 2 Line 1	e(a))	
Parking Lot	96,459	
Furniture & Fixtures	43,224	
Building Improvements	221,948	
TOTAL CARRIED TO SCH D, PG 2 Line le(a)		361,631
STATEMENT #3 - Other depreciation (SCH D, PG 2 Line	1e(c))	
Parking Lot	7,877	
Furniture & Fixtures	14,938	
Building Improvements	57,928	
TOTAL CARRIED TO SCH D, PG 2 Line 1e(c)		80,743