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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation)
Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 07-01-2013, and ending 06-30-2014

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

C Name of organization: 2 E HOLDING CORP
Number and street (or P O box, if mail is not delivered to street address) Room/suite: C/O 6059 TRIPLE CROWN DR
City or town, state or province, country, and ZIP or foreign postal code: MEDINA, OH 442567475

D Employer identification number: 34-6557127
E Telephone number: (330) 321-1747
F Group Exemption Number

G Accounting Method: [X] Cash [ ] Accrual Other (specify)

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-exempt status (check only one): [ ] 501(c)(3) [X] 501(c)(2) (insert no ) [ ] 4947(a)(1) or [ ] 527

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

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$6,840

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns: Line number, Description, Amount. Revenue section (lines 1-9) and Expenses section (lines 10-17) are detailed. Net Assets section (lines 18-21) shows a deficit of -1,151 for the year and ending assets of 156,779.

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	158,028	<b>22</b> 156,779
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25 Total assets</b> . . . . .	158,028	<b>25</b> 156,779
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	158,028	<b>27</b> 156,779

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

What is the organization's primary exempt purpose?  
FRATERNAL ORDER

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**28** THE ORGANIZATION, FOR ITS PARENT, HAD HELD TITLE TO THE FRATERNITY CHAPTER'S HOUSE SUCH CHAPTER'S HOUSE HAVING BEEN SOLD ON JULY 18, 1996 THE ORGANIZATION NOW PROVIDES SCHOLARSHIP MONIES TO IT'S PARENT  
(Grants \$ ) If this amount includes foreign grants, check here

**28a**

**29**  
(Grants \$ ) If this amount includes foreign grants, check here

**29a**

**30**  
(Grants \$ ) If this amount includes foreign grants, check here

**30a**

**31** Other program services (describe in Schedule O)  
(Grants \$ ) If this amount includes foreign grants, check here

**31a**

**32 Total program service expenses** (add lines 28a through 31a)

**32**

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BILL HENRION DIRECTOR	000 00	0		
FRANK MASICK TREASURER	000 00	0		
BILL HANRAHAN DIRECTOR	000 00	0		
JOHN SOHOSKI DIRECTOR	000 00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2013) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and organizational details. Includes fields for Form 990-T, Form 1120-POL, and foreign account information.

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

49b If "Yes," was the related organization a section 527 organization?

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

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation

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

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

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

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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

Sign Here: Signature of officer (FRANK MASEK TREASURER) and Date (2015-02-15)

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date (2015-01-16), Check self-employed, PTIN, Firm's name (DAVENPORT HANF & COMPANY LLC), Firm's EIN (41-2173670), Firm's address (28276 KENSINGTON LN, PERRYSBURG, OH 435514178), Phone no

May the IRS discuss this return with the preparer shown above? See instructions

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

**▶ Attach to Form 990 or 990-EZ.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization  
2 E HOLDING CORP

**Employer identification number**

34-6557127

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	DIVIDENDS BANKING 9 LICENSES 25 TOTAL 34
FORM 990-EZ, PART I, LINE 20	FEDERAL INCOME TAX -98
FORM 990-EZ, PART III, LINE 28	THE ORGANIZATION, FOR ITS PARENT, HAD HELD TITLE TO THE FRATERNITY CHAPTER'S HOUSE SUCH C HAPTER'S HOUSE HAVING BEEN SOLD ON JULY 18, 1996 THE ORGANIZATION NOW PROVIDES SCHOLARSHI P MONIES TO IT'S PARENT

# TY 2013 Compensation Explanation

**Name:** 2 E HOLDING CORP

**EIN:** 34-6557127

Person Name	Explanation
BILL HENRION	
FRANK MASICK	
BILL HANRAHAN	
JOHN SOHOSKI	