

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

2014

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Openito!Public

OMB No 1545-0047

_	F 4	h - 2011 law	dar year, or tax year beginning Jul 1 , 2014, and ending	7	20	2015	
				Jun	30	, 2015	
В	Check	ıf applicable	C Name of organization Epsilon Nu House Corporation		D Employe	r identification n	Imber
	A	ddress change	Doing business as		06-1	696568	
	\prod_{N}	ame change	Number and street (or P O box if mail is not delivered to street address) Room/sul	lte	E Telephone	e number	
	\vdash	thal return	PO Box 72		(405) 372-11	70
	H		City or town, state or province, country, and ZIP or foreign postal code		(403	1 312 11	70
	H	nai return/terminated			_	^	
	∐Ar	mended return	Stillwater OK 74076	i	G Gross rec		,609.
	A	phication pending				or subordinates?	Yes X No
			Penny L Cupp 1523 W 4th Stillwater OK 74074	(b) Are all s	ubordinates inc	cluded? e instructions)	Yes No
T	Tax-	exempt status	501(c)(3) X 501(c) (7) (insert no) 4947(a)(1) or 527	11 140, 0	macii a iist (se	e manucuons)	
J		bsite: N/		(c) Group e	xemption numi	her ►	
<u>K</u>				1979			- 01/
		of organization		19/9	IVI Sta	ite of legal domicil	e OK
Ra		Summa					
	1	Briefly descri	be the organization's mission or most significant activities Providing	_housi	<u>ng and</u>	<u>related</u>	
a)		activiti	es for sorority members while they obtain highe	r_edu	cation.		
Governance							
Ë					-		
Š	2	Check this bo	x If the organization discontinued its operations or disposed of more that	n 25% of	its net ass	ets	
Ğ	3	Number of vo	ting members of the governing body (Part VI, line 1a)		. [3	5
≪	4		dependent voting members of the governing body (Part VI, line 1b)			4	5
<u>ë</u>	5	Total number	of individuals employed in calendar year 2014 (Part V, line 2a)			5	3
Activities &	6		of volunteers (estimate if necessary)		🗀	6	35
5	7a		d business revenue from Part VIII, column (C), line 12			7a	0.
_			business taxable income from Form 990-T, line 34			7b	0.
_	_ -	1101 4111 01410	Sacrification in Control of the Cont	D.	ior Year		rent Year
		Comtributions	and cuests (Dort VIII time 4h)	-	ioi itai	- Cui	
e	8		and grants (Part VIII, line 1h)	ļ	505 54		540 546
Revenue	9	-	ice revenue (Part VIII, line 2g)		537,74		543,546.
é			come (Part VIII, column (A), lines 3, 4, and 7d)		7	5.	<u>63.</u>
ш.	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		_		
	12	Total revenue	e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		537,82	0.	543,609.
	13	Grants and si	milar amounts raid (Flatt 🔀 column (A), lines 1-3)				
	14	Benefits paid	to or for members (Part IX, columiCA), line 4)				
	15	Salaries othe	er compensation, employee trenefits Part IX, column (A), lines 5-10)		27,95	.3	32,803.
es		Destance, only	fundraising fees (Part IX, column (40) line 11e)		21,00	,,,,,	32,003.
Expenses			1021				
ă	b	Total fundrais	sing expenses (Per HX, column (D), Tine 25) ►0.				
ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		336,88	34.	364,102.
1	18		es Add lines 13-17 (must equal Part IX, column (A), line 25)		364,83		396,905.
	19			 			
Ĵλ. ο	13	Keveriue less	expenses Subtract line 18 from line 12		172,98		146,704.
Stance	-	- (-) (-)			of Current		d of Year
	20		Part X, line 16)	1	<u>,479,12</u>		<u>,557,160.</u>
5	21	Total liabilitie	s (Part X, line 26)		732,03	10.	663,360.
rå:	22	Net assets or	fund balances Subtract line 21 from line 20		747,09	7.	893,800.
Pa	rtill	Signatu	re Block	·	<u> </u>		
$\overline{}$				of my knowle	dee and bolief	it is true persont	
Comp	olete De	eclaration of prepar	clare that I have examined this return including accompanying schedules and statements, and to the best of othe Or (other than officer) is based on all information of which preparer has any knowledge	of fifty Knowle	and belief	, it is true, confect,	anu
		/ /	OUR LANGE (1, DD	1 1	2/18/15	· · · · · · · · · · · · · · · · · · ·	
.e		Suggesti	ure of officer	Dat			
Sig			7.5.5.5.7				
He	re		ny L Cupp	<u>Treas</u>	urer		
<u> </u>			r print name and title				
33		Print/Type (preparer's signature Date	//	Check	if PTIN	
Pa	id	Mark	E Gunkel CPA Win / Jun 401 12/18.	111-	ـــــ self-employed	P0028	5582
	iu epar				- 4,50	120020	
	e Or				Eirm's EINI >	72 1270	. n c
J	. . .	IIY Firm's addr			Firm's EIN	73-13795	
			Stillwater OK 74076		Phone no ((405) 624	
May	the I	RS discuss th	s return with the preparer shown above? (see instructions)			IXI Ye	s No

	990 (2014) Epsilon Nu House Corporation	06-1696568 Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	_
	Providing housing and related	
	activities for sorority members while they obtain higher education	n
2	Did the organization undertake any significant program services during the year which were not listed on the pr	ior
	Form 990 or 990-EZ?	· · · · · Yes X No
	If 'Yes,' describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	· · · Ves X No
	If 'Yes,' describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s measured by expenses
	and revenue, if any, for each program service reported	ers, the total expenses,
4 a	(Code) (Expenses \$ 396,905. including grants of \$) (Re	evenue \$ 543,609.)
	Providing housing and related activities for sorority members whi	
	they obtain higher education.	
4 b	(Code) (Expenses \$ including grants of \$) (Re	evenue \$)
	<u>.</u>	
4 c	(Code) (Expenses \$ including grants of \$) (Re	venue \$)
	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)
4 e	Total program service expenses > 396, 905.	

Form 990 (2014) Epsilon Nu House Corporation 06-1696568 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 2 Х is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I Χ 3 Section 501(c)(3) organizations. 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III Χ 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the Χ environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Х 9 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 Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did_the organization report an amount for land, buildings and equipment in Part X, line 109 If 'Yes,' complete Schedule Х 11 a 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 Χ 11 b Χ 11 c 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 Х 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 e Χ 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. Χ 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Χ Schedule D, Parts XI, and XII 12a 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 and XII is optional Χ 12b Х 13 Х 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? . b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV Χ 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Х or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV . . . 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Χ 17 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 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III Х 19

20

20 b

Х

20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .

ra	The Checkist of Required Schedules (Continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of	25		
24	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 25a.	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		Х
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 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)	18	* *	() :-
i	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		х
	c 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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	

BAA

Form 990 (2014)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V.	<u> </u>	Yes	I Ala
4	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		res	No
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1	ŀ	
	Zento de nambo o y cinio y ze naciona militar a marcappination	1 .		i
(c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 :	a 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 . 2 a 3		, 	
(b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 ;	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
1	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 :	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
i	b If 'Yes,' enter the name of the foreign country	3	4.4	, ,×
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5 a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
•	tf 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		х
t	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	٠ -	; ;	
ē	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?	-≟ ₫ 7 a		
t	o If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		
c	If 'Yes,' indicate the number of Forms 8282 filed during the year	3.5		``
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
ç	g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
ŀ	as required?	7 g		
_	Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	 		
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a 9 b		
	o Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 0		
	The state of the s	, ,	• •	
	of Initiation fees and capital contributions included on Part VIII, line 12			
11		i		
	a Gross income from members or shareholders.			
_	o Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	12a		-
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . of Yes,' enter the amount of tax-exempt interest received or accrued during the year	124		
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13 a		
•	Note. See the instructions for additional information the organization must report on Schedule O			
ŀ	Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	off 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Form 990 (2014) Epsilon Nu House Corporation 06-1696568 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions. Х Section A. Governing Body and Management Yes Nο 1 a Enter the number of voting members of the governing body at the end of the tax year . . . 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 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other \overline{X} 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х . 5 Х Did the organization become aware during the year of a significant diversion of the organization's assets? X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 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? . Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? ... 8 a b Each committee with authority to act on behalf of the governing body? Х 8 b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No 10 a Χ 10 a Did the organization have local chapters, branches, or affiliates? 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?.... 10 h 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13... Χ 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Χ 13 Did the organization have a written whistleblower policy? 13 Χ 14 Did the organization have a written document retention and destruction policy? . 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a Χ b Other officers or key employees of the organization 15b Χ If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Χ taxable entity during the year? 16 a b 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 take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Own website Another's website Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

(405) 624-9999

Mark E Gunkel, CPA, PC 115 E 4th Ave

Stillwater

Form 990 (2014)	Epsilon	Nu	House	Corporation

06-1696568

Dane .

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1 a 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

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

	i	(C)								
(A) Name and Title		Average hours per					n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Sherry Ashbaugh	10.00	X		х						
President				^						
(2) Terry Ann Johnston Vice President	_5.00	х	ŀ	Х						
(3) Joyce L Cupp	10.00									
Treasurer		Х		Х						
_(4)_Allison_Nicole_Miles	5.00									
Secretary		Х		X						
_(5) Christine Evans	5.00	l								
Chapter President		Х		X						
_(6)_Elizabeth_Barolak	_5.00	١.,		.,						
Chapter Treasurer		Х		Χ						·
_(7)_Christina Danzi	<u>5.00</u>	,,								
House Manager		Х								
(8) Shannon Custard Chapter Advisor	<u>1.00</u>	Х								
(9) Michell Blair President Parents Club	1.00	Х								
(10) Gina Wells House Mother	1.00	Х								
(11) Jay Clanahan Board Advisor	1.00	Х								
(12) Jamie Clanahan Board Advisor	1.00	Х								
(13) Samantha Lancaster At Large	<u>5.</u> 00	х		х						
(14)										

Form 990 (2014) Epsilon Nu House Corpor			_						06-16965				ge 8
Part VII Section A. Officers, Directors, Tru	ustees, (B)	Key 	En	_	oye C)	es,	an	id Highest Con	npensated Em	plo	yee	S (cont	inued)
(A) Name and title	Average hours per week (list any	off	c, unfe	Position t check more than one fless person is both an and a director/trustee)		an lee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)		amou	(F) timated nt of oth pensation	ner .	
	hours for related organiza - tions below dotted ime)	or director	nstitutional trustee	Officer	Key employee	employee	ormer	(44-211035-141130)	(W-2/1099-MISC)		orga	inization I related Inization	l
(15)													
(16)												****	
(17)		 											
(18)													
(19)		_								_	-		
(20)		-								+			
(21)													
(22)							<u>-</u>		<u></u>				
(23)					_								
(24)													
(25)	-	_							····-				
1 b Sub-total							> > >						
2 Total number of individuals (including but not limited from the organization ►	to those	listed	abo	ove)	who	rece	ive	d more than \$100,0	000 of reportable c	ompe	ensati	on	
3 Did the organization list any former officer, director,						_		•	•			Yes	No
on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the	ortable co	mpe	nsat	ion a	and	other	. coi			-	3	:	Х
such individual				•	• •						4 ~		Х
for services rendered to the organization? If 'Yes,' consection B. Independent Contractors										.	5		Х
Complete this table for your five highest compensation compensation from the organization. Report compensation.	ed indepensation for	nden the	t cor cale	ntrac ndar	tors yea	that er end	rec	eived more than \$1 with or within the	00,000 of organization's tax	ear		_	
(A) Name and business addre	:ss 							(B) Description o		Со	mper	;) nsatior —	n
Benchmark Food Group 7314 N Western Ave O	OKC		-	OK		312	20	Provide Meals f	or residents		1:	27,2	05.
2 Total number of independent contractors (including	but not fire	nted 1	to th	ose	liste	d abo	ove) who received mor	re than				
\$100,000 of compensation from the organization	<u> 1</u>	TEEAO						,		F	(90 /2	2014\

		Check if Schedule O contain	ns a respons	e of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, a similar amounts not included above. Noncash contributions included in line	1 b 1 c . 1 d 1 e . 1 f			e e e e e e e e e e e e e e e e e e e		
	_	Total. Add lines 1a-1f			a specific party and an arrange of the contract of		' ', ', '	·
wenue	2 a	Rental Income	5	Business Code 31110	543,546.	543,546.	0.	0.
Program Service Revenue	b c							
n Ser	d							
gran	f	All other program service reve	nue					
Pro	g	Total. Add lines 2a-2f			543,546.	()	, ,	
	3	Investment income (including other similar amounts)	dıvıdends, ın	terest and	63.	63.	0.	0.
	4	Income from investment of tax						
	5	Royalties	(i) Real	(II) Personal			, , , , , , , , , , , , , , , , , , ,	
	6 a	Gross rents	(//) · · · · · · · · · · · · · · · · · · ·	,	٠	
	b	Less rental expenses					, " , " , " , " , " , " , " , " , " , "	
		Rental income or (loss)				:		
		Net rental income or (loss)) Securities	(II) Other			9-2	u vis vene n er
	7 a	Gross amount from sales of assets other than inventory					,	
	b	Less cost or other basis and sales expenses			,	,		, ,
	С	Gain or (loss)						
		Net gain or (loss)	•					
Other Revenue	8 a	Gross income from fundraisin (not including .\$				\$ 1	?	,
ě		of contributions reported on li See Part IV, line 18				1		
ē	b		b]			.
₹	c	: Net income or (loss) from fun	draising ever	nts >				
		Gross income from gaming a See Part IV, line 19	ctivities a			,		
	i	Less direct expenses						
	1	: Net income or (loss) from gar		s				
		Gross sales of inventory, less and allowances .	a					
	1	, 2000 000. 0. 90020 00.0	b		-			
	-	Net income or (loss) from sal- Miscellaneous Revenue	es of invento	Business Code				
	11 a	·			<u> </u>			
	ŀ)						
	9	d All other revenue						
	1	Total. Add lines 11a-11d.	_					
		Total revenue. See instruction			543,609	543,609.	0.	0.

Pa	rtilX Statement of Functional Expen	ses			
Sec	ction 501(c)(3) and 501(c)(4) organizations must co				
	Check if Schedule O contains a re				
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21			, , , , , , , , , , , , , , , , , , ,	, ,
2	Grants and other assistance to domestic individuals See Part IV, line 22			, /	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16.			- 3	
4	Benefits paid to or for members				, " ,
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	30,342.	30,342.	0.	0,
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,461.	2,461.	0.	0.
11	Fees for services (non-employees)				
	Management				
	Legal				
	: Accounting	3,850.	3,850.	0.	0.
	Lobbying				
	Professional fundraising services See Part IV, line 17		3 - 35 - 35,	- \$844 - \$1\\$293.	
-	Investment management fees				
g	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	14,726.	14,726.	0.	0.
12	Advertising and promotion	_ 50.	50.	0.	0.
13	Office expenses	13,225.	13,225.	0.	0.
14	Information technology				
15	Royalties				
16	Occupancy	252,957.	252,957.	0.	0.
17	Travel	376.	376.	0.	<u> </u>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	33,005.	33,005.	0.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	35,322.	35,322.	0.	0.
23 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).	10,591.	10,591.	0.	0.
а					
b					
C					
d					
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	396,905.	396,905.	0.	0.
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)				

Pa	art.X	Balance Sheet			
_		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing .	230,990.	1	323,130.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	. <u> </u>
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	akadaga aran a <u>—a</u> annon aranga
	6	Loans and other 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 of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	,
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	in the state of th	Nap to 2	* *
	b	Less accumulated depreciation 10b 305,696.	1,248,137.	10 c	1,234,030.
	11	Investments — publicly traded securities		11	
	12	Investments — other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,479,127.	16	1,557,160.
	17	Accounts payable and accrued expenses	6,719.	17	7,433.
	18	Grants payable		18	
	19	Deferred revenue	<u></u>	19	
	20	Tax-exempt bond liabilities		20	
es.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	<u> </u>
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	, , , , , , , , , , , , , , , , , , ,	22	or the second se
	23	Secured mortgages and notes payable to unrelated third parties	725,311.	23	655,927.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	
	26	Total liabilities. Add lines 17 through 25	732,030.	26	663,360.
Ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	, ;		
aŭ	27	Unrestricted net assets	747,097.	27	893,800.
3a	28	Temporarily restricted net assets		28	<u> </u>
豆	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
ŝ	30	Capital stock or trust principal, or current funds	, •	30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
et/	33	Total net assets or fund balances	747,097.	33	893,800.
Z	24	Total liabilities and net assets/fund balances	1 470 127	34	1 557 160

Forr	m 990 (2014) Epsilon Nu House Corporation	06-1	169 <u>6</u> 568	3 _	Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	$\cdot \cdot $	1	54	3,609.
2	Total expenses (must equal Part IX, column (A), line 25)	$\cdot \cdot \mid$	2	39	6,905.
3	Revenue less expenses Subtract line 2 from line 1	. [3	14	6,704.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. [4	74	7,097.
5	Net unrealized gains (losses) on investments		5		
6	Donated services and use of facilities	. [6		
7	Investment expenses	. [7		
8	Prior period adjustments	. [8		
9	Other changes in net assets or fund balances (explain in Schedule O)		9		-1.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	Γ			
-	column (B))		10	89	<u>3,800.</u>
Pa	rt:XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\cdot \cdot \cap$
		-			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			3	
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		1.	
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
ì	b Were the organization's financial statements audited by an independent accountant?			2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	:	~	1	, 1
	basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			- الأحسا	
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audıt,			
	·	•		2 c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			7.5	: ==. "
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle			
	Audit Act and OMB Circular A-133?			3 a	X
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	dit	1 1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>		3 b	
BAA	4			Form 9	90 (2014)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

Openito Public Inspection

Employer identification number

	Epsilon Nu House Corporation	n				- 60		
<u></u>			thar Cimilar Eun		06-16965	568		
Pai	Organizations Maintaining Donor Complete if the organization answer	red 'Yes' to Form 990	tner Similar Fun Part IV line 6	ds or Acco	unts.			
	Complete if the organization answer	· · · · · · · · · · · · · · · · · · ·		(b) F			-4-	
	Tatal number at and of upon	(a) Donor advise	Tunas	(b) Fur	nds and other	er accour	าเธ	_
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)	 						
4	Aggregate value at end of year					~-w-		
5	Did the organization inform all donors and donor are the organization's property, subject to the organization			vised funds 	. <u></u>	es es		No
6	Did the organization inform all grantees, donors, ar for charitable purposes and not for the benefit of th impermissible private benefit?		for any other purpos		. \	'es		No
Par	till Conservation Easements.	·····						
<u></u>	Complete if the organization answer	ed 'Yes' to Form 990,	Part IV, line 7.					
1	Purpose(s) of conservation easements held by the	organization (check all that	apply)					
	Preservation of land for public use (e.g., recrea	ation or education)	Preservation of	a historically in	nportant lan	d area		
	Protection of natural habitat		Preservation of	a certified histo	one structure	е		
	Preservation of open space							
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation	contribution in the form	m of a conserv	ation easen	nent on th	he	
	last day of the tax year			F-0 :	 <u></u> -			
					d at the En	d of the	Tax	Year
	Total number of conservation easements			2 a				
	Total acreage restricted by conservation easement			2 b				
	Number of conservation easements on a certified h		` '	2 c				
C	Number of conservation easements included in (c) structure listed in the National Register	acquired after 8/17/06, and	not on a historic	2 d	<u>. </u>			
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguish	ed, or terminated by t	the organizatio	n during the	9		
4	Number of states where property subject to conser	vation easement is located	·					
5	Does the organization have a written policy regards and enforcement of the conservation easements it	•	nspection, handling o	of violations,	. \	es	יו	No
6	Staff and volunteer hours devoted to monitoring, in	specting, and enforcing con	servation easements	during the yea	ır		_	
7	Amount of expenses incurred in monitoring, inspec ▶\$	ting, and enforcing conserv	ation easements durir	ng the year				
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?		rements of section 1		. \ Y	es	<u></u>	No
9	In Part XIII, describe how the organization reports of include, if applicable, the text of the footnote to the						and	
Γ	conservation easements	liana of Ant Illiatanias	I Tropouros or	Other Cimil	lan Assat			
<u> </u>	Organizations Maintaining Collect Complete if the organization answer	ed 'Yes' to Form 990,	Part IV, line 8.	Other Simil	ar Asset	s. 		
1 a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financial st	I for public exhibition, educa	tion, or research in fu					
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for following amounts relating to these items							
	(i) Revenue included in Form 990, Part VIII, line 1				► \$			
	(ii) Assets included in Form 990, Part X				. ▶\$			
2	If the organization received or held works of art, his amounts required to be reported under SFAS 116 (storical treasures, or other s (ASC 958) relating to these	mılar assets for fınanı tems	cial gain, provi	de the follov	ving		
а	Revenue included in Form 990, Part VIII, line 1				. ▶\$			
b	Assets included in Form 990, Part X				▶ \$			

Partill Organizations Maintaining	Collections of Art, His	torical Treasures, o	or Other Similar Ass	sets (continued)
 Using the organization's acquisition, accestems (check all that apply) 	ssion, and other records, chec	k any of the following tha	t are a significant use of it	s collection
a Public exhibition	d Loar	or exchange programs		
b Scholarly research	e Othe	ır		
c Preservation for future generations				
4 Provide a description of the organization's Part XIII	s collections and explain how the	ney further the organization	on's exempt purpose in	
5 During the year, did the organization solid to be sold to raise funds rather than to be	maintained as part of the orga	nization's collection?		Yes No
Part IV Escrow and Custodial Arra			swered 'Yes' to Form	990, Part IV,
1 a Is the organization an agent, trustee, cust on Form 990, Part X?	odian, or other intermediary for	contributions or other as	sets not included	Yes No
b If 'Yes,' explain the arrangement in Part X	III and complete the following t	able	,	
	-			Amount
c Beginning balance			1c	
d Additions during the year			. 1 d	
e Distributions during the year	<i>:</i>		1e	
f Ending balance	<i>.</i>		1f	
2 a Did the organization include an amount or	n Form 990, Part X, line 21, for	escrow or custodial acco	ount liability?	Yes No
b If 'Yes,' explain the arrangement in Part X			, i	
Part V Endowment Funds. Comple	ete if the organization an	swered 'Yes' to Forn	n 990 Part IV line 10)
	Current year (b) Prior yea			(e) Four years back
1 a Beginning of year balance	Current year (by 1 hor year	(o) The Jours Bue	(a) Tribe years buck	(c) i our years book
b Contributions				
			- 	
c Net investment earnings, gains, and losses				
d Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance				<u> </u>
2 Provide the estimated percentage of the c	current year end balance (line 1	g, column (a)) held as		
a Board designated or quasi-endowment	·			
b Permanent endowment ►	olo			
c Temporarily restricted endowment	<u> </u>			
The percentages in lines 2a, 2b, and 2c s	hould equal 100%			
3 a Are there endowment funds not in the pos organization by	ssession of the organization tha	it are held and administer	red for the	Yes No
(i) unrelated organizations				3a(i)
(ii) related organizations				3a(ii)
b If 'Yes' to 3a(ii), are the related organization	ons listed as required on School	lule R?		3b
4 Describe in Part XIII the intended uses of	•			. 1 00 1
Part VI Land, Buildings, and Equip		Tulius		
Complete if the organization		990, Part IV, line 11	a. See Form 990, Pa	rt X, line 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	853,950.			853,950.
b Buildings	226,365.		99,133.	127,232.
c Leasehold improvements .				
d Equipment	104,460.		85,179.	19,281.
e Other	354,951.		121,384.	233,567.
Total. Add lines 1a through 1e (Column (d) mu		ımn (B), line 10c)		1,234,030.
DAA		1-7,	Schod	ile D (Form 990) 2014

BAA

Schedule D (Form 990) 2014

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-o	f-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other		<u> </u>	
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total (Column (b) musi equal Form 990, Pari X, column (B) line 12)		24 , 25 , 21 , 300	
Part VIII Investments - Program Related.			
Complete if the organization answered 'Y			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			<u> </u>
(8)			
(9)			
(10)			
			T E
Total (Column (b) must equal Form 990, Part X, column (B) line 13)			m minist
Part IX Other Assets.			Neg .
Part IX Other Assets. Complete if the organization answered 'Y			art X, line 15.
Part IX Other Assets. Complete if the organization answered 'Y (a) Description			15mg
Complete if the organization answered 'Y (a) Description			art X, line 15.
Complete if the organization answered 'Y (a) Description (2)			art X, line 15.
Complete if the organization answered 'Y (a) Description (2) (3)			art X, line 15.
Complete if the organization answered 'Y (a) Description (2) (3) (4)			art X, line 15.
Complete if the organization answered 'Y (a) Description (2) (3) (4) (5)			art X, line 15.
Complete if the organization answered 'Y (a) Description (a) (b) (c) (3) (4) (5) (6)			art X, line 15.
Complete if the organization answered 'Y (a) Description (2) (3) (4) (5)			art X, line 15.
Part IX Other Assets. Complete if the organization answered 'Y (a) Desc (1) (2) (3) (4) (5) (6) (7) (8)			art X, line 15.
Complete if the organization answered 'Y (a) Description (a) Description (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c			art X, line 15.
Part IX Other Assets. Complete if the organization answered 'Y (a) Description (a) Descr	cription		art X, line 15.
Complete if the organization answered 'Y (a) Description (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Inc.	cription	Part IV, line 11d. See Form 990, P	art X, line 15.
Part IX Other Assets. Complete if the organization answered 'Y (a) Description (a) Des	ne 15)	Part IV, line 11d. See Form 990, P	art X, line 15.
Complete if the organization answered 'Y (a) Description (b) Description (a) Description (b) Description (c)	ne 15)	Part IV, line 11d. See Form 990, P	art X, line 15.
Complete if the organization answered 'Y (a) Description (b) must equal Form 990, Part X, column (B), Irr Part X Other Liabilities. Complete if the organization answered 'Yes' to Foliability (1) Federal income taxes	ne 15)	Part IV, line 11d. See Form 990, P	art X, line 15.
Complete if the organization answered 'Y (a) Description (b) must equal Form 990, Part X, column (B), ling Part X Other Liabilities. Complete if the organization answered 'Yes' to Folical (Column (b) must equal Form 990, Part X, column (B), ling Part X Other Liabilities. Complete if the organization answered 'Yes' to Folical (a) Description of liability (1) Federal income taxes (2)	ne 15)	Part IV, line 11d. See Form 990, P	art X, line 15.
Complete if the organization answered 'Y (a) Description (B), Irr (b) Must equal Form 990, Part X, column (B), Irr (c) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3)	ne 15)	Part IV, line 11d. See Form 990, P	art X, line 15.
Complete if the organization answered 'Y (a) Description (B), Irr (b) Must equal Form 990, Part X, column (B), Irr (c) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4)	ne 15)	Part IV, line 11d. See Form 990, P	art X, line 15.
Complete if the organization answered 'Y (a) Description (B), Interest (Column (b) must equal Form 990, Part X, column (B), Interest (Column (b) must equal Form 990, Part X, column (B), Interest (Column (b) Federal income taxes (2) (3) (4) (5)	ne 15)	Part IV, line 11d. See Form 990, P	art X, line 15.
Complete if the organization answered 'Y (a) Description (b) must equal Form 990, Part X, column (B), Inc. (c) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	ne 15)	Part IV, line 11d. See Form 990, P	art X, line 15.
Complete if the organization answered 'Y (a) Description (b) must equal Form 990, Part X, column (B), lir (c) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	ne 15)	Part IV, line 11d. See Form 990, P	art X, line 15.
Complete if the organization answered 'Y (a) Description (B) Institute (Column (B) Inst	ne 15)	Part IV, line 11d. See Form 990, P	art X, line 15.
Complete if the organization answered 'Y (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), ling Part'X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	ne 15)	Part IV, line 11d. See Form 990, P	art X, line 15.
Complete if the organization answered 'Y (a) Description (b) must equal Form 990, Part X, column (B), ling (c) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	ne 15)	Part IV, line 11d. See Form 990, P	art X, line 15.
Complete if the organization answered 'Y (a) Description (B) Income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Incomplete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	ne 15)	Part IV, line 11d. See Form 990, P	art X, line 15.

TEEA3303 08/25/14

Part:XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.				
 Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a 				
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 (losses) on investments 2 a				
b Donated services and use of facilities 2 b				
c Recoveries of prior year grants 2 c				
d Other (Describe in Part XIII)				
e Add lines 2a through 2d	2 e			
3 Subtract line 2e from line 1	. 3			
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a Investment expenses not included on Form 990, Part VIII, line 7b	² 2			
b Other (Describe in Part XIII)	- 23			
c Add lines 4a and 4b	4 c			
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 5			
Part:XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return			
<u></u>	····			
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.				
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	. 1			
	T			
1 Total expenses and losses per audited financial statements	T			
1 Total expenses and losses per audited financial statements	T			
1 Total expenses and losses per audited financial statements	1			
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	T			
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities				
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	1			
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	1 2 2 e			
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	1 2 2 e			
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	1 2 2 e			
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	2 e 3			
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	2 e 3			

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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

BAA

Schedule D (Form 990) 2014

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

2014

《Openito Publica

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

06-1696568

Epsilon Nu House Corporation

The return is reviewd by the Treasurer before it is signed and sent to

Pt VI, Line 11b

the Internal Revenue Service.

Pt XI

This is a rounding difference.