

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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.

Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final 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 Cash Accrual Other (specify) _____

H Check 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) 501(c)(2) (insert no) 4947(a)(1) or 527

K Form of organization 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. \$ 17,408

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

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

Revenue	
1	Contributions, gifts, grants, and similar amounts received 4,575
2	Program service revenue including government fees and contracts
3	Membership dues and assessments
4	Investment income 6,733
5a	Gross amount from sale of assets other than inventory 5a 6,100
b	Less cost or other basis and sales expenses 5b 4,318
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 1,782
6	Gaming and fundraising events
a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b
c	Less direct expenses from gaming and fundraising events 6c
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d
7a	Gross sales of inventory, less returns and allowances 7a
b	Less cost of goods sold 7b
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c
8	Other revenue (describe in Schedule O) 8
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 13,090
Expenses	
10	Grants and similar amounts paid (list in Schedule O) 10 2,159
11	Benefits paid to or for members 11
12	Salaries, other compensation, and employee benefits 12
13	Professional fees and other payments to independent contractors 13 1,015
14	Occupancy, rent, utilities, and maintenance 14
15	Printing, publications, postage, and shipping 15
16	Other expenses (describe in Schedule O) 16 2,122
17	Total expenses. Add lines 10 through 16 17 5,296
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 7,794
Net Assets	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 163,490
20	Other changes in net assets or fund balances (explain in Schedule O) 20 0
21	Net assets or fund balances at end of year. Combine lines 18 through 20 21 171,284

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

Table with columns for question number, description, and Yes/No columns. Rows include questions 33 through 41e regarding organizational activities, financials, and tax shelter status.

42a The organization's books are in care of FRANK MASEK Telephone no (330) 321-1747 Located at 6059 TRIPLE CROWN DR MEDINA, OH ZIP + 4 442567475

Table with columns for question number, description, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, description, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

		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	46		No

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	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

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 "

(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 "

(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 must attach a completed Schedule A ▶ Yes No

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	2019-10-30 Date
FRANK MASEK TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name WILLIAM M SCOTT	Preparer's signature	Date 2019-09-25	Check <input type="checkbox"/> if self-employed	PTIN P01537115
	Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746749	
	Firm's address ▶ ONE SEAGATE SUITE 2650 TOLEDO, OH 436041558			Phone no (419) 244-3711	

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

Additional Data

Software ID:
Software Version:
EIN: 34-6557127
Name: 2 E HOLDING CORP

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

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
<p>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 FURNISHINGS FOR THE CHAPTER'S NEW HOUSE</p> <p>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>28a 0</p>

**TY 2018 Transfers Personal Benefits
Contracts Declaration**

Name: 2 E HOLDING CORP

EIN: 34-6557127

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

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 4 - OTHER INVESTMENT INCOME	DESCRIPTION DIVIDEND INCOME AMOUNT 6,724 DESCRIPTION INTEREST INCOME AMOUNT 9 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 6,733

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME PI KAPPA ALPHA FRATERNITY - EPSILON EPSILON CHAPTER AMOUNT OF PAYMENT 2,159

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION ADVISOR FEES AMOUNT 1,005 DESCRIPTION BANK SERVICE FEES AMOUNT 177 DESCRIPTION MISCELLANEOUS AMOUNT 25 DESCRIPTION FEDERAL TAX PAYMENT AMOUNT 915 TOTAL TO FORM 990-EZ, LINE 16 2,122